

Dumbledore Dental Care Limited

Pro-Dent Dental Surgery

Inspection report

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Date of inspection visit: 17 February 2022
Date of publication: 22/03/2022

Overall summary

We undertook a follow up focused inspection of Pro-Dent Dental Surgery on 17 February 2022. This inspection was carried out to review in detail the actions taken by the registered provider to improve the quality of care and to confirm that the practice was now meeting legal requirements.

The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We undertook a comprehensive inspection of Pro-Dent Dental Surgery on 20 October 2021 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We found the registered provider was not providing safe or well led care and was in breach of regulations 12, 15, 17, 18 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can read our report of that inspection by selecting the 'all reports' link for Pro-Dent Dental Surgery Dental Surgery on our website www.cqc.org.uk.

When one or more of the five questions are not met we require the service to make improvements and send us an action plan. We then inspect again after a reasonable interval, focusing on the areas where improvement was required.

As part of this inspection we asked:

- Is it safe?
- Is it well-led?

Our findings were:

Are services safe?

We found this practice was providing safe care in accordance with the relevant regulations.

Are services well-led?

Summary of findings

We found this practice was providing well-led care in accordance with the relevant regulations.

Background

The provider has 23 practices and this report is about Pro-Dent Dental Surgery.

Pro-Dent Dental Surgery is in Southampton and provides NHS and private dental care and treatment for adults and children.

There is step free access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for disabled people, are available near the practice.

The dental team includes three dentists, four trainee dental nurses, a practice manager and two receptionists. The practice has three treatment rooms.

During the inspection we spoke with a dentist, two trainee dental nurses, two receptionists, a compliance manager, an area manager and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

- Monday 8am to 6pm
- Tuesday 8am to 6pm
- Wednesday 8am to 6pm
- Thursday 8am to 6pm
- Friday 8am to 6pm
- Saturday 9am to 5.30pm

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?

No action



Are services well-led?

No action



Are services safe?

Our findings

At our previous inspection on 20 October 2021 we judged the provider was not providing safe care and was not complying with the relevant regulations.

At our follow up focused inspection on 17 February 2022 we found the practice had made the following improvements to comply with the regulations:

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

The practice had infection control procedures which reflected published guidance. The practice had introduced additional procedures in relation to COVID-19 in accordance with published guidance.

The practice had procedures to reduce the risk of Legionella or other bacteria developing in water systems, in line with a risk assessment.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

We saw the practice was visibly clean and there was an effective cleaning schedule to ensure the practice was kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation.

Clinical staff were qualified, registered with the General Dental Council and had professional indemnity cover.

The practice ensured there was sufficient equipment, which was safe to use and maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available.

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety, fire, sepsis awareness and lone working.

Emergency equipment and medicines were available and checked in accordance with national guidance.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year.

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health.

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were carried out.

Are services well-led?

Our findings

At our previous inspection on 20 October 2021 we judged the provider was not providing well-led care and was not complying with the relevant regulations.

At our follow up focused inspection on 17 February 2022 we found the practice had made the following improvements to comply with the regulations:

Leadership capacity and capability

The information and evidence presented during the inspection process was clear and well documented.

We saw the practice had effective processes to support and develop staff with additional roles and responsibilities.

Staff discussed their training needs during annual appraisals. They also discussed learning needs, general wellbeing and aims for future professional development.

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals.

Governance and management

Staff had clear responsibilities roles and systems of accountability to support good governance and management.

The practice had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

We saw there were clear and effective processes for managing risks, issues and performance.

Engagement with patients, the public, staff and external partners

Staff gathered feedback from patients, the public and external partners and a demonstrated commitment to acting on feedback.

The practice gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Continuous improvement and innovation

The practice had systems and processes for learning, continuous improvement and innovation.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, disability access, radiographs and infection prevention and control.

Staff kept records of the results of these audits and the resulting action plans and improvements.

The provider had also made further improvements:

- The provider had implemented audits for prescribing of antibiotic medicines taking into account the guidance provided by the Faculty of General Dental Practice.