

Sutherland Associates Limited

# Fourways Dental Surgery

## Inspection Report

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### Overall summary

We undertook a focused inspection of Fourways Dental Surgery on 19 December 2018. 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.

We undertook a comprehensive inspection of Fourways Dental Surgery on 5 April 2018 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 well led care and was in breach of regulation 17 Good Governance 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 Fourways Dental Surgery on our website [www.cqc.org.uk](http://www.cqc.org.uk).

As part of this inspection we asked:

- Is it well-led?

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 area's where improvement was required.

#### Our findings were:

#### Are services well-led?

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

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 5 April 2018

#### Background

Fourways Dental Surgery is in Sevenoaks and provides a very small NHS contract and private treatment for adults and children

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces, including some for blue badge holders, are available adjacent the practice.

The dental team includes five dentists, two dental hygienists, four dental nurses, two trainee dental nurses and two receptionists. The practice has four treatment rooms.

The practice is owned by a partnership and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting

# Summary of findings

the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Fourways Dental Surgery was one of the principal dentists.

During the inspection we spoke with two dentists and three dental nurses. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

- Monday to Friday 8.30am – 1.00pm & 2.00pm – 5.30pm.
- Saturdays 08.30am – 1.00pm. (alternate Saturdays)
- Closed Sundays.

# Summary of findings

## The five questions we ask about services and what we found

We asked the following question(s).

### **Are services well-led?**

We found that this practice was providing well-led care and was complying with the relevant regulations.

The provider had made improvements to the management of the service. This included providing additional staff time available for management and administration, establishing clear roles and responsibilities for all the practice team. The improvements provided a sound footing for the ongoing development of effective governance arrangements at the practice.

**No  
action**  


# Are services well-led?

## Our findings

At our previous inspection on 5 April 2018 we judged the provider was not providing well led care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notice. At the inspection on 19 December 2018 we found the practice had made the following improvements to comply with the regulation(s):

- There were systems and processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided.
- We saw that significant events were now being recorded and analysed, discussed and measures taken to reduce risks of these event recurring.
- There were systems and processes that enabled the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. We saw that all required risk assessments had been carried out, such as a legionella risk assessment with all actions addressed, a general practice risk assessment, fire risk assessment, a sharps risk assessment and a lone worker risk assessment for when the hygienist works with out chairside support.
- There were new systems and processes to ensure that accurate, complete and contemporaneous records for sedation had been recorded. We saw new templates for recording all the required information and these had been completed for treatments under sedation since our last visit.
- There were new systems and processes that enabled the registered person to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process. In

particular: audits for infection control and the quality of X-rays taken had been conducted and we saw the schedule for re-audit where gaps in processes had been identified.

- The registered person had created systems to enable the registered person to better maintain secure records. In particular: recruitment folders were now updated with all of the documents identified in Schedule 3 of the act. Hepatitis titre levels for staff had been obtained, references taken up where necessary and DBS checks had been carried out for all staff.

The practice had also made further improvements:

- All staff had completed safeguarding training to either level 3 or 2 as required by the role they held in the practice.
- The practice had compiled a business continuity plan to assist them should the service become disrupted for any reason and provisions made for their patients.
- The practice had conducted an infection control audit and had a process to ensure six monthly audits in line with current guidance and had an updated infection control policy for staff to refer to.
- The practice had complied a whistleblowing policy and staff were aware of what to do in the event of poor performance.
- There was a new recruitment policy and staff folders had been updated with all of the required documentation, including schedule 3 documents.
- An antimicrobial audit had been conducted, which indicated further work was required to reduce the amount of antibiotics prescribed.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulation 17 Good Governance when we inspected on 19 December 2018.