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Bearwood Dental Care

Inspection Report

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Overall summary

We undertook a focused inspection of Bearwood Dental Care on 8 May 2019. 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 Bearwood Dental Care on 14 January 2019 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 12 and 17 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 Bearwood Dental Care on our website 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 (requirement notice only). 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 14 January 2019.

Background

Bearwood Dental Care is in Smethwick and provides private treatment to adults and children.

There is ramped access for people who use wheelchairs and those with pushchairs. Two car parking spaces are available at the front of the practice and parking is also available on local side roads.

The dental team includes two dentists, three trainee dental nurses, one qualified dental nurse who is also the practice manager and one dental hygiene therapist. The practice has two treatment rooms.

The practice is owned by an individual who no longer undertakes any clinical work at the practice. Providers who are individuals and are not in day-to-day charge of carrying on the regulated activity must have a registered manager in respect of the regulated activities carried on at each location. At the time of inspection, there was no registered manager in post as required as a condition of registration. A registered manager is legally responsible for the delivery of services for which the practice is

Summary of findings

registered. The provider was reviewing registration conditions to ensure the regulated activities at Bearwood Dental Care are managed by an individual who is registered as a manager.

During the inspection, we spoke with one dental nurse and the dental hygiene therapist and we looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday and Tuesday 9.30am to 8pm, Wednesday to Friday 9.30am to 5pm.

Our key findings were:

- Three yearly assessments of X-ray machinery had taken place as appropriate and documentation to demonstrate this, was available. Local rules were fully completed.
- The provider had purchased a new blood pressure monitor in May 2019.
- The provider had amended dispensing labels for antibiotics and appropriate dispensing information was recorded on these labels.
- Discussions had taken place with staff regarding the current guidance on antibiotic prescribing.
- Systems had been implemented regarding the assessment of patients with presumed sepsis in line with National Institute of Health and Care Excellence guidance. Sepsis management had been discussed at a clinical meeting.
- Infection prevention and control audits were scheduled to take place on a six-monthly basis. The provider had completed an audit regarding sedation. Action plans were available from audits undertaken.

- The provider had documentation to demonstrate that all clinical staff had immunity against vaccine preventable infectious diseases.
- The provider was reviewing registration conditions to ensure the regulated activities at Bearwood Dental Care are managed by an individual who is registered as a manager.
- Systems had been put in place for checking and monitoring equipment and ensuring that all equipment was well maintained.
- Staff had completed training regarding the requirements of the Mental Capacity Act 2005. This had been discussed at a staff meeting in February 2019.
- The provider had reviewed the practice's current performance review systems and implemented a new process for the on-going assessment and supervision of all staff.
- The provider had reviewed the practice's protocols for completion of dental care records taking into account the guidance provided by the Faculty of General Dental Practice.

There were areas where the provider could make improvements. They should:

- Review the providers registration conditions to ensure the regulated activities at Bearwood Dental Care are managed by an individual who is registered as a manager.

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 ensuring three yearly assessments of X-ray machinery had taken place, purchase of a new blood pressure monitor, and providing evidence to demonstrate that all clinical staff had immunity against vaccine preventable infectious diseases. They had also implemented systems regarding the assessment of patients with presumed sepsis. Infection prevention and control audits were scheduled to take place on a six-monthly basis. A sedation audit had been completed. Action plans were available for audits when completed. Discussions had taken place with staff regarding the current guidance on antibiotic prescribing. Systems had been put in place for checking and monitoring equipment and ensuring that all equipment was well maintained. 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 14 January 2019 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 8 May 2019, we found the practice had made the following improvements to comply with the regulation:

Documentation was available to demonstrate that three yearly assessments had been completed for the intra-oral X-ray machinery in February 2019 and in January 2017 for the Orthopantomogram. Local rules were available for each treatment room and these had been fully completed.

The provider had purchased a new blood pressure monitor in May 2019.

Amendments had been made to the practice's dispensing labels for antibiotics and dispensing information, such as the practice name and address, were recorded as appropriate.

Discussions had been held with staff regarding the current guidance on antibiotic prescribing at a practice meeting in February 2019. A prescribing policy had been developed and prescribing guidelines were available to staff.

The practice had implemented systems regarding the assessment of patients with presumed sepsis in line with National Institute of Health and Care Excellence guidance. Sepsis management was discussed, training provided and a review of the policy took place at the practice meeting held in February 2019.

Regulations section is primarily information for the provider

Infection prevention and control audits were scheduled to be completed on a six-monthly basis. We saw the audit for January 2019. The audit appeared to have been incorrectly analysed with scores recorded as lower than achieved. An action plan had been developed dated February 2019. The practice had completed an audit regarding sedation, audit documentation seen was not dated. Action plans were available for audits once completed.

The provider had obtained evidence that all clinical staff had immunity against vaccine preventable infectious diseases.

The provider's sharps risk assessment had been amended to include the use of matrix bands at the practice but did not include details of all sharp instruments in use at the practice.

The practice had also made further improvements:

We were told that the compliance manager was in the process of applying to become registered manager at the practice.

The provider had reviewed the practice's systems for checking and monitoring equipment taking into account relevant guidance to ensure that all equipment was well maintained. A new data logger had been fitted to the practice's autoclave to ensure that it was working within the correct parameters. Information was downloaded to the practice computer on a weekly basis. Staff were completing a fire safety maintenance programme weekly check sheet. This recorded, amongst other things, that emergency lighting was being checked on a weekly basis. A letter was available from an electrician stating that they were carrying out monthly checks of emergency lighting and fire and smoke alarms at the practice to ensure they were functioning correctly. The provider had purchased a new blood pressure monitor.

The provider had reviewed staff awareness of the requirements of the Mental Capacity Act 2005 to ensure all staff were aware of their responsibilities under the Act as it related to their role. Certificates were available to demonstrate training undertaken. The Mental Capacity Act and Gillick competence was discussed at a staff meeting in February 2019.

The provider had reviewed the practice's current performance review systems and established an effective process for the on-going assessment and supervision of all staff. New performance review and personal development documentation had been developed which included, for example, space for signatures of appraiser and appraisee and recording of comments.

The provider had reviewed the practice's protocols for completion of dental care records taking into account the guidance provided by the Faculty of General Dental Practice. Patient dental care records that we saw contained details of options, risks and benefits; consent, both verbal and written was recorded.

Are services well-led?

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulation when we inspected on 8 May 2019.