

Mr. Michael Clarke

The Bungalow Dental Practice

Inspection report

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Overall summary

We undertook a follow up focused inspection of The Bungalow Dental Practice on 20 February 2023. 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 The Bungalow Dental Practice on 22 November 2022 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 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 The Bungalow Dental Practice 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 well-led?

Our findings were:

Are services well-led?

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

Summary of findings

The provider had made improvements in relation to the regulatory breaches we found at our inspection on the 22 November 2022.

Background

The Bungalow Dental Practice is in Netherton on the outskirts of Wakefield and provides NHS care for adults and children.

The practice is on one level with disabled access and patient bathroom. The practice has its own car park at the front of the building and local transport routes are nearby.

The dental team includes, 1 dentist, 1 dental nurse and a receptionist. The practice has 1 treatment room.

During the inspection we spoke with the owner (principal dentist) and staff. 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 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 well-led?

No action



Are services well-led?

Our findings

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

At the inspection on 20 February 2023 we found the practice had made the following improvements to comply with the regulations:

Leadership capacity and capability

The practice demonstrated a transparent and open culture in relation to people's safety.

Infection prevention and control measures had improved and were now in accordance with HTM 01-05, in particular

- The foil tests of the ultrasonic bath had been completed.
- A sealed storage box for the transportation of dirty instruments to the decontamination room had been introduced.
- There was a full legionella risk assessment in place and robust protocols in place for the management of Legionella.

The system for managing the risks associated with fire were now safe and effective. Weekly fire systems checks were in place and fire emergency signage was now in place.

The system for ensuring medical emergency medicines and equipment were in place were now effective and met with national guidance.

The system for identifying and disposing of out of date medicines was now effective.

A fixed wiring safety assessment of the building was in place and works identified completed.

The system in place for monitoring prescriptions was now in place.

Governance and management

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

The practice had effective governance and management arrangements, audits of record keeping, fire safety checks and water system checks.