

Mr David Frederick Stone

Avon House Dental Practice

Inspection Report

5A-7A High Street
Keynsham
Bristol
BS31 1DP

Tel: 0117 986 2992

Website: <http://www.avonhousedentalpractice.co.uk>

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Overall summary

We undertook a focused inspection of Avon House Dental Practice on 25 March 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.

We undertook a comprehensive inspection of Avon House Dental Practice on 29 October 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 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 Avon House Dental Practice 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. We then inspect again after a reasonable interval, focusing on the areas 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 29 October 2018.

Background

Avon House Dental Practice is in Keynsham and provides NHS and private treatment to adults and children.

There is no level access for people who use wheelchairs and those with pushchairs as the practice is on the first floor. Twin hand rails are provided on the staircase leading up to the practice. At the bottom of the stairs is a door bell and notice for anyone needing assistance on the stairs to use to alert the staff on reception. Car parking spaces are available near the practice.

The dental team includes two dentists and a foundation dentist, three dental nurses and one trainee dental nurse, one dental hygiene therapist, one receptionist and a practice manager. The practice has three treatment rooms.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

Summary of findings

During the inspection we spoke with the principal dentist, one dental nurse, one receptionist 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 – Friday 09.00am – 1.00pm and 2.00pm – 5.45pm
- Closed at weekends.

Our key findings were:

- The practice had systems to help them manage risk to patients and staff.
- The provider had comprehensive safeguarding processes. Staff had received training and knew their responsibilities for safeguarding vulnerable adults and children. They were clear about the need to have written evidence of a third party to consent to treatment for a child or vulnerable adult.
- The provider had reviewed the management of the practice and there was effective leadership and a culture of continuous improvement.

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 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. The improvements provided a sound footing for the ongoing development of effective governance arrangements at the practice.

The practice had arrangements to ensure the smooth running of the service and these were now being operated effectively.

These included systems for the practice team to discuss the quality and safety of the care and treatment provided.

The system for reporting, recording and managing significant events and the system for ensuring appropriate risk assessments had been reviewed and we were shown a robust system had been implemented.

No action



Are services well-led?

Our findings

At our previous inspection on 29 October 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 25 March 2019 we found the practice had made the following improvements to comply with the regulation:

- The provider demonstrated how they and the practice manager had worked together to establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- The provider demonstrated they had a robust system for significant event reporting, recording and management with a view to preventing further occurrences. We saw clear information of processes that would be followed to ensure improvements were made as a result of the review of any incident.
- The provider demonstrated they had implemented robust systems for assessing, monitoring and mitigating the various risks arising from the undertaking of the regulated activities.
- They described to us the risk management process and how they would act to mitigate the risks. We saw they had acted to address all the risks identified in the fire and legionella risk assessments.
- They showed us the system they had implemented to ensure they were reminded to contact an appropriate person for the fire and legionella risk assessments in the future.

The practice had also made further improvements:

- The provider had reviewed the security of NHS prescription pads in the practice and we saw they were securely stored. We were shown the system in place to track and monitor their use.
- The provider had reviewed the practice sharps procedures to ensure the practice is compliant with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- We saw the practice protocol for ensuring all clinical staff have adequate immunity from vaccine preventable infectious diseases had been reviewed and the practice was aware of the new policy guidance.
- The provider demonstrated they had reviewed the practice protocols for medicines management and we saw all medicines are stored securely and dispensed safely in accordance with legislation.
- We were shown a new system had been implemented for checking the automated external defibrillator (AED) in the practice which took account of the guidelines issued by the Resuscitation Council UK and the General Dental Council.
- The provider had reviewed the entrance to the decontamination room and made it into a fully enclosed place with a lockable door to prevent public entry and ensure the suitability and safety of the premises are fit for the purpose for which they are being used.
- The provider and practice manager had reviewed the practice arrangements for ensuring good governance so clear leadership is sustained in the longer term.

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 29 October 2019.