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Blue Cross Dental Care

Inspection report

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Overall summary

We undertook a follow up focused inspection of Blue Cross Dental Care on 16 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 focused inspection of Blue Cross Dental Care on 4 August 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 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 Blue Cross Dental Care 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.

The provider had made improvements in relation to the regulatory breach we found at our inspection on 4 August 2021.

Background

Summary of findings

Blue Cross Dental Care is in Watford, Hertfordshire and provides NHS and a small amount of private dental care and treatment for adults and children.

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

The dental team includes four dentists, two qualified and two trainee dental nurses, one dental hygienist, and a practice manager. The practice has four treatment rooms, one of which is on the ground floor.

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

The practice is open:

Monday to Friday from 9am to 5.30pm.

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

Take action to ensure the availability of equipment in the practice to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.

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 16 February 2022 we found the practice had made the following improvements to comply with the regulation(s):

The practice had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. Disclosure and barring service checks had been or were being undertaken for those staff whose checks were completed prior to their employment at the practice and references obtained. Newly appointed staff had a structured induction.

The provider had implemented an effective system for ensuring all staff were fully protected against Hepatitis B.

The practice had infection control procedures which reflected published guidance. The infection control policy had been updated.

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals, this included training relating to sepsis awareness, safeguarding for children and vulnerable adults and infection control.

Not all emergency equipment was available and checked in accordance with national guidance. In particular, the defibrillator pads were out of date. We discussed this with the provider, they took immediate action and ordered new defibrillator pads during our inspection.?

The practice had procedures to reduce the risk of Legionella or other bacteria developing in water systems. Recommendations made in the Legionella risk assessment had been actioned.

The practice ensured the facilities were maintained in accordance with regulations. A five-yearly electrical fixed wiring test had been completed and action taken as required. Recommendations made in the fire risk assessment had been actioned.

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

The practice had implemented systems for reviewing and investigating when things went wrong.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of radiographs, record keeping, antimicrobial prescribing and infection prevention and control.

The provider had also made further improvements:

Improvements had been made to the security of NHS prescription pads in the practice and systems were in place to track and monitor their use.

The provider had implemented an effective system for receiving and responding to patient safety alerts, recalls and rapid response reports issued by the Medicines and Healthcare products Regulatory Agency, the Central Alerting System and other relevant bodies, such as Public Health England.