

B & A Group Limited

Finest Dental Leicester

Inspection Report

Unit MSU11C,
Highcross,
2 Causeway Lane,
Leicester
LE1 4AP

Tel: 07794623336

Website: www.finestdental.co.uk

Date of inspection visit: 9 January 2019

Date of publication: 04/02/2019

Overall summary

We undertook a follow up focused inspection of Finest Dental in Leicester on 9 January 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 Finest Dental, Leicester on 21 August 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 Finest Dental Leicester on our website www.cqc.org.uk.

As part of this inspection we asked: Remove as appropriate:

- 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 breach we found at our inspection on 21 August 2018.

Background

Finest Dental Leicester is close to the city centre and provides private dental treatment to adults and children.

There is level entry into the practice, which is of benefit for people who use wheelchairs and those with pushchairs. There is pay and display car parking in the area around the practice and a bus stop outside the front door.

The dental team includes three dentists, one qualified dental nurse and one practice manager. The practice has one treatment room which is located on the ground floor with level access.

The practice is owned by an organisation 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

Summary of findings

for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at the time of the inspection was one of the dentists.

The practice is open: Tuesday: 11am to 8pm, Wednesday: 9am to 6pm, Thursday: 11am to 8pm, Friday: 9am to 6pm and Saturday: 10am to 5pm. The practice is closed on Sunday and Monday.

Our key findings were:

- The practice had a system for receiving and acting on safety alerts from the Medicines and Healthcare products Regulatory Agency. When relevant this information was shared with all team members.
- The provider had made improvements in relation to the control and storage of substances hazardous to health identified by the Control of Substances Hazardous to Health Regulations 2002 (COSHH).
- The provider had reviewed their systems and processes for checking that medicines and emergency equipment were in date, and working correctly and had taken account of the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.
- The provider had introduced systems for checking that dental materials in the treatment room were in date, and fit for purpose.
- The provider had the necessary documentation that demonstrated the X-ray equipment and particularly the cone beam computed tomography machine had been installed safely.

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 introducing systems and processes to ensure that medicines and equipment were within the manufacturer's expiry date, carrying out a review of the information held in the practice relating to the Control of Substances Hazardous to Health to ensure they complied with the Control of Substances Hazardous to Health Regulations 2002 (COSHH), and introducing systems and processes to ensure all staff were aware of relevant safety alerts received from the Medicines and Healthcare products Regulatory Agency.

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 21 August 2018 we judged the provider was not providing well led care and was not complying with the relevant regulations. On 9 January 2019 we found the practice had made the following improvements to comply with the regulation(s):

- The provider had introduced a system for receiving and acting on safety alerts from the Medicines and Healthcare products Regulatory Agency. This included sharing relevant safety information with all staff at the practice.
- The provider had produced risk assessments and obtained manufacturer's product safety sheets in relation to the control and storage of substances hazardous to health identified by the Control of Substances Hazardous to Health Regulations 2002 (COSHH).
- The provider had introduced systems and processes for checking that medicines and emergency equipment were in date, and working correctly. Systems were effective and considered guidelines issued by the Resuscitation Council (UK) and the General Dental Council. Equipment that we identified as faulty at the inspection on 21 August 2018 had been replaced. We saw that all emergency medicines at the practice were within their expiry date.
- The provider had introduced systems for checking that dental materials in the treatment room were in date, and fit for purpose. This had included an audit of all materials and a log of expiry dates.

- During the inspection on 21 August 2018 the provider was not able to produce the necessary documentation that demonstrated the X-ray equipment and particularly the cone beam computed tomography machine had been installed safely. During this follow-up inspection on 9 January 2019 we saw the necessary documentation, which identified the equipment had been installed correctly.

The practice had also made further improvements:

- The provider had reviewed the policies and procedures for obtaining patient consent to care and treatment. The updated policy followed legislation, and took account of relevant guidance.
- The provider had reviewed the need for an induction hearing loop to assist people with a disability, including those with hearing impairments. The practice manager said this was still under review, and a hearing loop would be purchased when the most suitable one had been identified for the practice.
- The provider had reviewed the availability of an interpreter service for patients who do not speak English as their first language. The practice had registered with Leicester City Council who were able to supply both face to face interpreters and a telephone interpreting service.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 when we inspected on 9 January 2019.