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# Knowle Dental Practice

## Inspection report

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### Overall summary

We undertook a focused inspection of Knowle Dental Practice on 21 July 2021. 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 Knowle Dental Practice on 8 January 2020 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 good governance 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 Knowle Dental Practice on our website [www.cqc.org.uk](http://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 breach we found at our inspection on 8 January 2020.

# Summary of findings

## Background

Knowle Dental Practice is in Knowle, Bristol and provides private treatment for adults and children.

There is a small step upon entrance into the practice for people who use wheelchairs and those with pushchairs. There was no patient parking available at the practice. However, the practice was on a bus route and there was the ability to park on the street near the practice. People who use wheelchairs could be dropped off directly outside the practice.

The dental team includes two dentists (who also managed the practice), three dental nurses and one receptionist. The practice has two 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.

During the inspection we spoke with the principal dentist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

- Monday 8:30am to 8pm
- Tuesday 8:30am to 5:30pm
- Wednesday 8:30am to 3pm
- Thursday 8:30am to 8pm
- Friday 8:30am to 1pm

## Our key findings were:

- Outstanding equipment and electrical checks had now been undertaken to mitigate risks to patient safety.
- Risks had been mitigated to reduce the possibility of Legionella or other bacteria developing in the water systems.
- Fire systems had been improved to ensure relevant legislation and guidelines were followed.
- Risks had been mitigated to ensure all substances hazardous to health had been risk assessed ensuring legislation requirements were met.
- Referrals were monitored to ensure patients receive treatment in a timely manner.
- Recommendations identified for radiation protection had now been completed.

# 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 our previous inspection on 8 January 2020 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 21 July 2021 we found the practice had made the following improvements to comply with regulation 17 good governance:

- At our last inspection we found the provider had not addressed the recommendations from the legionella risk assessment. During this inspection we found the provider had completed a legionella risk assessment in May 2020 and had now addressed the recommended actions.
- At our last inspection we found some equipment had not been maintained or serviced in accordance with legislation and guidelines. During this inspection we saw evidence of servicing records for the compressor and the manual X-ray developer. The provider had completed all works necessary and had a satisfactory electrical installation safety certificate.
- Previously we found fire safety procedures required improving to ensure risks were mitigated in accordance with guidelines and legislation. During this inspection we saw evidence that a new fire alarm system had recently been installed and we saw weekly checks of it were carried out. We saw evidence of a recent completed fire drill. There was a plan in place to complete the actions from the fire risk assessment and a quote had been sourced for works to be completed. We saw evidence that one of the dentists had completed fire marshal training in June 2021. This had been delayed due to the pandemic. The dentist discussed this training with the team at their team meeting in July 2021. All staff had completed an online fire safety course in June and July 2021.
- At our last inspection we found substances hazardous to health required practice specific risk assessments to meet legislation requirements. During this inspection we saw evidence of completed risk assessments for hazardous substances within the practice. We noted that these required a date of completion and review date. The provider informed us these dates would be added. Staff were made aware of where the risk assessments were, and the provider informed us these will be discussed within a team meeting.
- Previously we found systems required implementing to ensure actions were addressed in relation to radiation protection. During this inspection we saw evidence the recommendations made by the radiation protection advisor had been addressed and the X-ray unit was now positioned correctly. A new X-ray unit had been installed since the last inspection and we saw appropriate checks had been undertaken for its safe use. The provider was not aware of the new Faculty of General Dental Practitioners safe use of X-ray guidelines. They assured us they would review these and take action, where necessary, to follow the guidelines.
- Previously we found referrals were not monitored to ensure patients receive treatment in a timely manner. During this inspection we saw evidence of the referral log used and this was monitored to ensure the patient had received an appointment. The provider informed us they would further improve this by checking the referral had been received by the recipient.
- At our last inspection we found there was not a system in place to ensure patient safety alerts were monitored. During this inspection we saw evidence that the provider had signed up to the alerts, these were monitored and acted upon, where necessary.
- At our last inspection we found systems required improvement to ensure patient access was assessed under current legislation to ensure the practice can meet all patient's needs, where possible. During this inspection we saw evidence of a completed Disability and Discrimination Act audit, which included contact details for British Sign Language and translation services, if needed.

The practice had also made further improvements:

# Are services well-led?

- Previously we found infection prevention and control audits did not always have documented learning demonstrated. During this inspection we saw evidence of the latest infection control audit, which included an action plan to address areas for improvement identified.
- Previously we found the provider should improve the practice protocols regarding auditing patient dental care records to check that necessary information is recorded. During this inspection we saw evidence of a completed comprehensive dental record audit undertaken in 2020. The provider had updated how they record patient information to ensure they capture all the necessary information during appointments.
- At the last inspection we found the provider should ensure the clinicians take into account the guidelines issued by the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention' when promoting the maintenance of good oral health. During this inspection we saw evidence that fluoride products were used, and the provider had a good understanding of when these should be used.
- At the last inspection we found the provider should implement audits for prescribing of antibiotic medicines taking into account the relevant guidance. During this inspection we saw evidence of a thorough audit for prescribing antibiotics undertaken in 2020 with clear outcomes.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with regulation 17 good governance, when we inspected on 21 July 2021.