

Mr David Jarrett

# B74 Dental Practice

## Inspection report

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### Overall summary

We undertook a follow up focused inspection of B74 Dental Practice on 28 June 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 had access to a specialist dental adviser.

We undertook a comprehensive inspection of B74 Dental Practice on 8 June 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 safe or well led care and was in breach of regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 UK. We undertook a focussed follow up inspection of B74 Dental Practice on 5 October 2021 and found that some improvements had been made but the 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 B74 dental practice on our website [www.cqc.org.uk](http://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 (requirement notice only). We then inspect again after a reasonable interval, focusing on the area 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 breach we found at our inspection on 5 October 2021.

## Background

B74 Dental Practice is in Streetly, Sutton Coldfield and provides 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 are available at the front of the practice.

The dental team includes one dentist (the provider), one dental nurse and a receptionist. The practice has one treatment room.

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

The practice is open:

Tuesday & Friday from 9am to 1pm and 2pm to 5.30pm

Wednesday & Saturday – by appointment only

The practice is closed on all other days.

# 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 28 June 2022 we found the practice had made the following improvements to comply with the regulation:

- Improvements had been made to the systems for checking medical emergency equipment and checks were now completed at the frequency suggested in the UK Resuscitation Council guidelines.
- The provider had taken action to implement recommendations in the practice's Legionella risk assessment. A log was available to demonstrate that regular flushing was taking place of infrequently used water outlets and a separate log kept demonstrating that hot and cold-water temperatures were being monitored and were within the recommended guidance temperatures.
- Infection prevention and control audits were now undertaken on a six-monthly basis. Action plans were in place to demonstrate action taken to address issues raised.
- The provider had taken action to address all recommendations from the previous fire risk assessment.
- The provider had established a system for the on-going assessment, supervision and appraisal of staff. Since the last inspection two members of staff had been employed. A date for an appraisal meeting had been set for approximately 12 months following their initial employment. Documentation was available for use during the appraisal process.
- The provider had not completed any audits for prescribing of antibiotic medicines taking into account the guidance provided by the Faculty of General Dental Practice. The provider had prescribed a minimal number of antimicrobials since the last inspection and had a schedule for audits going forward.

The practice had also made further improvements:

- Improvements had been made to the practice's protocols for medicines management. Medicines were stored and dispensed safely and securely. The required information was now recorded on dispensing labels for medicines.
- Improvements had been made to the system for recording, investigating and reviewing incidents or significant events. A policy had been implemented and forms for reporting significant events or accidents were available.
- The sharps risk assessment recorded details of all sharp objects in use at the practice.
- Improvements had been made to the practice's policies and procedures for obtaining patient consent to care and treatment to ensure they are in compliance with legislation. A new computerised system was being implemented and we saw that this enabled the dentist to easily record details regarding treatment options, risks and benefits on each occasion in patient records. We also saw that a new consent form had been implemented until the computerised system was fully implemented.