

Dr. Colin Bailie

Bailie & Associates Dental Practice - Peckham

Inspection report

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Overall summary

We undertook a desk-based review of Bailie and Associates on 16 September 2020. This review was carried out to assess the actions taken by the registered provider to improve the quality of care and to confirm that the practice was now meeting legal requirements following a comprehensive inspection carried out on 3 December 2019.

The review was carried out by a CQC inspector who had access to a specialist advisor.

We undertook a comprehensive inspection of Bailie & Associates on 3 December 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 safe or well led care and was in breach of Regulation 12 Safe Care and Treatment, and 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 Bailie & Associates Dental Practice – Peckham on our website .

As part of this inspection we asked:

- Is it safe?
- 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 (requirement notice only). We then inspect again after a reasonable interval, focusing on the areas where improvement was required.

Our findings were:

Are services safe?

We found this practice was providing safe care in accordance with the relevant regulations.

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 3 December 2019.

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 3 December 2019.

Background

Summary of findings

Bailie & Associates Dental Practice – Peckham is located in the London Borough of Southwark and provides NHS and private treatment for adults and children.

The dental team includes the principal dentist, three associate dentists, one dental nurse and two trainee dental nurses. The clinical team are supported by a practice manager and a receptionist. The practice has three treatment rooms.

The practice is owned by the principal dentist. 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.

The practice is open between:

9.00am and 5.30pm - Monday to Thursday

9.00am and 12.30pm on Fridays

Our key findings were :

- The provider had implemented improvements as identified in the electrical installation certificate , fire risk assessment and the Legionella risk assessment
- The provider had improved the practice infection control procedures so that they reflected published guidance.
- There were arrangements to monitor staff performance, training and development needs and information in relation to suitable checks were available.
- There were effective systems for assessing and monitoring the practice premises and equipment and taking necessary action to ensure that these were well maintained.
- There were effective systems to ensure that audits were carried out, reviewed and acted upon to monitor and improve the safety and quality of the service.
- There were effective arrangements for assessing and mitigating risks to patients and staff.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?

No action



Are services well-led?

No action



Are services safe?

Our findings

We found that this practice was providing safe care and was complying with the relevant regulations.

At our previous inspection on 03 December 2019 we judged the practice was not providing safe care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notice. At the desk-based review on 16 September 2020 we found the practice had made the following improvements to comply with the regulations:

- The provider had reviewed the practice's electrical installation certificate which was carried out on 15 October 2019. We were provided with documents and photographs to show that improvements were carried out to the electrical systems and wiring. A five-year electrical fixed wiring safety check was carried out on 14 September 2020.
- The provider supplied evidence to confirm that they had reviewed the practice's fire risk assessment which was carried out on 4 September 2019. Documents and photographs were submitted to show that fire alarms

and emergency lighting had been installed on 14 September 2020. Photographs showed that appropriate signage had been placed for fire exit or escape routes. The provider assured us that an effective system to raise the alarm had been placed and can be heard from either end of the building. Further to this the staff had completed Fire Marshal and Warden training carried out on 13 January 2020; copy of certificates were provided to us.

- Arrangements were in place for regular checking and annual testing for fire safety equipment including fire extinguishers, emergency lighting and the fire alarm system.
- The provider had reviewed the practice's Legionella risk assessment, carried out on 4 October 2019 and all recommendations were acted upon.
- The provider had reviewed the Infection control audit and has made the required improvements identified.

These improvements showed the provider had taken action to comply with Regulation 12 when we undertook our review on 16 September 2020.

Are services well-led?

Our findings

At our previous inspection on 3 December 2019 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 16 September 2020 we found the practice had made the following improvements to comply with the regulation:

- A sharps risk assessment had been carried out on 5 December 2019 to assess and mitigate risks associated with the use, cleaning and disposal of dental sharps.
- The provider had implemented an appraisal system for staff to assess their learning and development needs. Documentation was provided to confirm plans for annual reviews
- The provider sent us photographs to assure us that the repairs at the practice premises and equipment were being carried out.

- The provider ensured that suitable checks were carried out for locum and agency staff who worked at the practice. We were provided with documents from the agency.
- The provider sent us documents to reflect the X-ray audits, in compliance with Ionising Radiation (Medical Exposure) Regulations 2017.

The practice had also made further improvements:

- Improvements were introduced so that patients' dental care records and antimicrobial prescribing audits were carried out taking into account the guidance provided by the Faculty of General Dental Practice.
- The provider confirmed that the use of closed circuit television was in accordance with the Information Commissioner's Office guidance and regulations.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with Regulation 17 when we undertook our review on 16 September 2020.