

Mr. Ian Wellings

Barkhill Dental Clinic

Inspection report

263 Highfield Road
Idle
Bradford
BD10 8QY
Tel: 01274659700
www.barkhilldental.com

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Overall summary

We undertook a follow up focused inspection of Barkhill Dental Clinic on 28 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 comprehensive inspection of Barkhill Dental Clinic on 17 November 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 Barkhill Dental Clinic on our website www.cqc.org.uk.

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 has made changes to the management team/structure and improvements in relation to the regulatory breaches we found at our inspection on 17th November 2021.

Background

Summary of findings

Barkhill Dental Clinic is on the outskirts of Bradford and provides specialist NHS care on a referral only basis and private dental treatment for adults and children, including orthodontics and implant work.

There is disabled access at this location with treatment rooms based on the ground floor. Car parking spaces are available at the practice car park.

The dental team includes six dentists, one dental hygienist, seven dental nurses, two receptionists and administrative staff. The practice has five treatment rooms.

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

The practice is open:

Monday to Friday 8am-8pm.

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

- Improved systems to monitor health and safety at the practice in particular Legionella management, maintenance of electrical systems and equipment maintenance including X-ray machines.
- Improved methods 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.
- Improved availability and management of documents for the day to day running of the practice.
- Improved leadership management and presence at the practice.

Leadership capacity and capability

We saw evidence of leadership and emphasis on continually striving to improve. They had prioritised the necessary improvements accordingly and submitted evidence of their ongoing progress.

We saw the practice had effective processes to support and develop staff with additional roles and responsibilities. Key staff had been identified to lead for infection prevention and control and legionella management. Management were visible and on site at the practice with further delegated responsibilities in place to improve the recruitment and overall day to day support of staff.

Systems and processes were in place, and staff worked together in such a way that the inspection did not highlight any issues or omissions.

The information and evidence presented during the inspection process was clear and well documented.

Culture

The practice could show how they ensured high-quality sustainable services and demonstrated improvements over time. Systems and processes were in the processes of being embedded and the practice engaged external companies to ensure the safety of the premises and equipment. Contracts were in place for ongoing servicing, checks and assurances.

Staff discussed their training needs during annual appraisals and one to one meetings. They also discussed learning needs, general wellbeing and aims for future professional development.

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals.

Governance and management

Staff had clear responsibilities roles and systems of accountability to support good governance and management.

The practice had a system of clinical governance in place. Policies, protocols and procedures were now easily accessible to all members of staff and were reviewed on a regular basis.

We saw there were now effective processes for managing risks, issues and performance. For example, radiography and sterilisation equipment had been serviced and validated and electrical and legionella safety checks had been improved. The practice now had a system for receiving and acting on safety alerts and national guidance updates.

Staff files had been compiled with evidence of essential recruitment checks, up to date training, professional indemnity and levels of immunity to blood borne diseases.

Are services well-led?

Staff appraisals were in place and regular staff meetings were being held.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

The practice gathered feedback from staff through meetings and informal discussions.

Continuous improvement and innovation

The practice had systems and processes for learning, continuous improvement and innovation.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, disability access, radiographs and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.