

Portman Healthcare Limited

Edgar Buildings Dental Care

Inspection report

7 Edgar Buildings
George Street
Bath
BA1 2EE
Tel: 01225466086
www.portmanhealthcare.co.uk

Date of inspection visit: 31 January 2024
Date of publication: 28/02/2024

Overall summary

We undertook a follow up focused inspection of Edgar Buildings Dental Care on 31 January 2024. This inspection was carried out to review 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 advisor.

We had previously undertaken a comprehensive inspection of Edgar Buildings Dental Care on 15 August 2023 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 Edgar Buildings Dental Care on our website www.cqc.org.uk.

When 1 or more of the 5 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 area(s) 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 15 August 2023.

Background

Edgar Buildings Dental Care is part of Portman Healthcare Limited, a dental group provider. The practice is in Bath and provides private dental care and treatment for adults and children.

There is no step free access to the practice for people who use wheelchairs and those with pushchairs due to the nature of the building. The practice has made reasonable adjustments to support patients with access requirements; patients are referred to a sister practice that is located a 5 minute walk away. Car parking spaces are available near the practice.

The dental team includes 7 dentists with specialisms in orthodontics, endodontics, dental implants and oral surgery, 4 qualified dental nurses, 2 trainee dental nurses, 2 dental hygienists, 1 administrator, 1 practice manager who was also the registered manager, 1 treatment co-ordinator, and 4 receptionists. The practice has 4 treatment rooms.

During the inspection we spoke with the practice manager and two compliance managers. We looked at practice policies, procedures and other records to assess how the service is managed.

We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday – Friday 8:30am – 5:30pm

Saturday – 9am – 1pm, once a month

There were areas where the provider could make improvements. They should:

- Further improve the practice's systems for assessing, monitoring and mitigating the various risks arising from the undertaking of the regulated activities.

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 31 January 2024 we found the practice had made the following improvements to comply with the regulation:

- There were arrangements to assess and mitigate the risk of Legionella or other bacterial growth in the water systems. All of the areas for improvement identified in the Legionella risk assessment had been completed.
- There were arrangements to assess and mitigate the risk of fire. All of the areas for improvement identified in the fire risk assessment had been completed.
- There were arrangements to assess and mitigate the risk to health and safety. All of the areas for improvement identified in the health and safety risk assessment had been completed.
- A recent Electrical Installation Condition Report (EICR) had been carried out and rated 'satisfactory.' However, staff were unsure which actions had been completed from the previous EICR and were unable to show evidence of all the works completed. Further improvement is needed to ensure there is oversight of actions taken and detailed records are kept.
- The majority of actions from the Disability Access Audit had been completed. There were several actions outstanding; we were told the practice is a listed building therefore planning permission is needed before any works could be carried out to the building. Staff told us the outstanding actions would be completed during the refurbishment once planning permission was granted. However, staff were unable to tell us when refurbishments would take place and had not completed a risk assessment to address the delay in completing the outstanding actions. The compliance manager confirmed they would arrange for this to be carried out as a priority.

The practice had also made further improvements:

- Improvements had been made to staff recruitment files. However, we noted one clinician's qualification certificate did not have a name or date of completion. We could not be assured this belonged to this member of staff. Further improvements are needed to the practice's recruitment policy and procedures to ensure accurate, complete and detailed records are maintained for all staff.