

Dr. Mohammed Fiaz

Bell Green Dental Surgery

Inspection Report

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Overall summary

We carried out a focused inspection of Bell Green Dental Surgery on 20 June 2018.

The inspection was led by a CQC inspector who was supported by a specialist dental adviser and a second CQC inspector. We carried out the inspection to follow up concerns we originally identified during a comprehensive inspection at this practice on 21 November 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

At a comprehensive inspection we always ask the following five questions to get to the heart of patients' experiences of care and treatment:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

When one or more of the five questions is 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.

At the previous comprehensive inspection we found the registered provider was providing safe, effective, caring and responsive care in accordance with relevant regulations. We judged the practice was not providing

well-led care in accordance with 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 Berry Lane Dental Clinic on our website www.cqc.org.uk.

We also reviewed aspects of the key question of safe as we had made recommendations for the provider relating to this key questions. We noted that improvements had been made.

Our key findings were:

- The practice had implemented a system to manage the risk of Legionella bacteria.
- The practice had implemented a system to oversee staff training.
- The practice had implemented a process of effective clinical audit to promote continuous improvement.
- The practice had implemented systems to manage the risks arising from the use of hazardous substances. We found that there remained scope to expand this further to ensure all risks were managed.
- The practice had a system to manage the risk arising to staff whose immunity to Hepatitis B could not be assured.

The provider had made improvements to put right the shortfalls and deal with the regulatory breach we found at our inspection on 21 November 2017.

Summary of findings

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

- Review the practice's systems for assessing, monitoring and mitigating the various risks arising from the undertaking of the regulated activities. In particular regarding the control of substances hazardous to health.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

We asked the following question(s).

Are services well-led?

We found this practice was providing well-led care in accordance with the relevant regulations.

The provider had made improvements to the management of the service.

Risk assessments had been undertaken in health and safety and Legionella.

The practice had a system in place to collate and confirm training carried out by all staff.

Clinical audit in infection control, radiography and record keeping had been completed with documented action plans and learning points.

Systems had been implemented for the control of substances hazardous to health.

The practice had mostly checked staff immunity to Hepatitis B.

The practice had addressed remedial works to the building to reduce the risks to patients, visitors and staff.

The practice had replaced bottle aspirators with spittoons in line with recommendation.

The practice were able to evidence that all staff (apart from the most recently employed member of staff) had completed training in basic life support.

The improvements provided a sound footing for the ongoing development of effective governance arrangements at the practice.

No action



Are services well-led?

Our findings

At our inspection on 21 November 2017 we judged it was not providing well led care and told the provider to take action as described in our requirement notice. At the inspection on 20 June 2018 we noted the practice had made the following improvements to meet the requirement notice and recommendations:

- The practice had implemented effective systems and processes to manage the risks relating to Legionella bacteria and Health and Safety. Actions that had been raised on the previous risk assessment had been completed. For example a fixed wire electrical test. Areas within the practice that we raised as possible risks had also been attended to for example the flooring in doorways and the hole in the patient toilet wall.
- The practice used clinical audit in infection control and X-ray quality to effectively monitor and improve these areas of clinical practice.
- The practice had access to a telephone translation service to assist patients who did not speak or understand English as a first language.
- The practice had a system in place to check continuing professional development (CPD) carried out by staff and therefore have oversight should recommended CPD be missing.

- The practice had implemented systems to mitigate the risks arising from the use of substances hazardous to health. We found there remained scope to include all hazardous substances in the practice and to simplify the system by which the information was obtained.
- The practice had effective systems to manage the risks arising for clinical staff whose immunity to Hepatitis B could not be assured. We found one member of staff for whom their immunity could not be assured and the practice had not conducted a risk assessment. Immediately following the inspection a risk assessment was completed and sent to us.
- The practice had replaced all bottle aspirators with spittoons.
- Staff training had been completed on basic life support for the whole practice team with the exception of the newest member of staff. The practice assured us that they would arrange training for this staff member.
- The practice kept a log of daily checks of the medical emergency medicines and equipment.

In addition the practice had addressed other points raised during the comprehensive inspection. For example; the infection control policy had been replaced, the compressor had been appropriately tested and the storage of a medicine had been appropriately amended.

These improvements showed the provider had taken action to address the shortfalls we found when we inspected on 21 November 2017.