

# Rodericks Dental Limited

# Bilborough Dental Practice

## Inspection Report

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## Overall summary

We undertook a focused inspection of Bilborough dental practice on 21 September 2018. 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 Bilborough dental practice on 30 May 2018 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 in accordance with the relevant regulations 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 Bilborough 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. 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.

The provider had made improvements in relation to the regulatory breach we found at our inspection on 30 May 2018.

### **Background**

Bilborough Dental Practice is in Nottingham and provides mainly NHS dental treatment to both adults and children.

There is level access into the practice with a sliding automatic door. This is particularly of benefit for people who use wheelchairs and those with pushchairs. Car parking spaces, including spaces for blue badge holders, are available in the practice car park.

The dental team includes three dentists, one qualified dental nurse, two trainee dental nurses, and one practice manager. The practice has three treatment rooms, two on the ground floor.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission (CQC) as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. At the time of the inspection the practice manager was awaiting their interview with CQC to become the registered manager.

# Summary of findings

On the day of inspection, we received feedback from 16 patients.

During the inspection we spoke with the practice manager and an area manager representing the provider. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday: 8.30am to 5:30pm, Tuesday: 8am to 8pm, Wednesday: 8.30am to 5:30pm, Thursday: 8am to 8pm and Friday: 8.30am to 5:30pm, Saturday: 9am to 1pm. The practice is closed on Sunday.

## **Our key findings were:**

- The provider had reviewed the systems and processes for completing audits within the practice, particularly in respect of infection control, dental care records and radiography.
- The practice was holding regular staff meetings and recording the outcome of those meetings.
- The provider had reviewed the way in which incidents related to the duty of candour were managed.
- The practice had begun a process to ensure all staff members had an appraisal of their performance by the practice manager.
- The provider was in the process of ensuring there was a registered manager at the practice. The practice manager had an interview scheduled with the Care Quality Commission to become the registered manager of the service.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services caring?

<Findings here>

### Are services well-led?

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

The provider had made improvements to the management of the service. This included: reviewing the systems and processes for completing audits within the practice, particularly in respect of infection control, dental care records and radiography. Arranging regular staff meetings and recording the outcome of those meetings. Reviewing the way in which incidents related to the duty of candour were managed. Beginning a process to ensure all staff members had an appraisal of their performance by the practice manager. A new practice manager had been appointed. The practice manager had begun the process for applying to be the registered manager.

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 previous inspection on 30 May 2018 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 21 September 2018 we found the practice had made the following improvements to comply with the regulation(s):

The practice had reviewed their systems and processes relating to audits. There was an infection control audit had been completed on 9 August 2018 which scored 98%. The dental care records for all dentists at the practice had been audited during July 2018 and August 2018. When necessary action plans had been produced. A radiography audit had been completed between August 2018 and September 2018 for all dentists. Learning points had been identified and action taken as a result. Other audits which had been completed included: hand hygiene in August 2018 and September 2018 and a patient satisfaction survey completed in August 2018.

At the inspection on 30 May 2018 we identified there had been no recorded staff meeting since December 2016. On 21 September 2018 we saw the minutes of two staff meetings, one held during July 2018 and one during

September 2018. The next staff meeting was booked for 4 October 2018. The minutes showed that there had been detailed discussion, information sharing and feedback given to staff.

During a staff meeting on 17 September 2018 the duty of candour was discussed. The minutes showed a good understanding among the staff team of issues related to the duty of candour.

We discussed staff appraisals with the practice manager. The records showed three staff members had completed an appraisal with the manager during September 2018. Three dentists had completed a one to one meeting with the practice manager and all relevant staff had produced a personal development plan.

Since the inspection on 30 May 2018 a new practice manager had been appointed. We saw that they have begun the process for applying to be the registered manager.

These improvements showed the provider had acted to address the shortfalls we found when we inspected on 30 May 2018.

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