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Belmont Dental Practice

Inspection report

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Overall summary

We undertook a follow up focused inspection of Belmont Dental Practice on 23 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 had remote access to a specialist dental advisor.

We had previously undertaken a comprehensive inspection of Belmont Dental Practice on 8 June 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 Belmont Dental Practice dental practice 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 areas 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 8 June 2023.

Summary of findings

Background

The provider has 2 practices and this report is about Belmont Dental Practice.

Belmont Dental Practice is in the London Borough of Sutton and provides NHS and private dental care and treatment for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for disabled people, are available near the practice. The practice has made reasonable adjustments to support patients with specific needs.

The dental team includes 1 principal dentist, 2 associate dentists, 2 dental nurses, 2 receptionists, 1 administrator and 2 support staff. The practice has 2 treatment rooms.

During the inspection we spoke with the principal dentist and a dental nurse. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday to Friday from 9am to 5pm. (Closed for lunch between 1pm and 2pm)

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

- Emergency equipment and medicines were available and checked in accordance with national guidance. In particular, there was sufficient adrenaline to administer repeat doses if required and all equipment as recommended by Resuscitation Council UK was available. The fridge temperature was monitored to ensure the efficacy of Glucagon, a medicine used to treat low blood sugar. A bodily fluids spillage kit was available.
- We were shown evidence to confirm that Portable Appliance Testing had been carried out.
- The practice had comprehensive risk assessments to minimise the risk that could be caused from substances that are hazardous to health.
- The management of fire safety was effective. In particular we saw that all actions from a fire risk assessment had been completed. New emergency lighting had been installed and we saw evidence that in-house tests were carried out monthly. Evidence was also available to demonstrate that smoke alarms were checked, and fire drills took place at regular intervals. An evacuation plan was displayed.
- Audits of radiographs and infection prevention and control were being carried out at 6-monthly intervals in line with guidance. Staff kept records of the results of these audits and the resulting action plans and improvements.
- The practice had arrangements to ensure staff training was up to date but improvements were required to ensure the system was embedded to monitor this in the future.
- The practice had registered with the Health and Safety Executive (HSE) to work with ionising radiation.
- Governance arrangements had been improved. Policies and procedures were presented in an organised manner.

The practice had also made further improvements:

- An audit for prescribing of antibiotic medicines had been carried out. Analysis and an action plan had been documented but improvements were required as the audit had not identified that the prescriber had not fully followed the guidance provided by the College of General Dentistry. In particular, 7 day courses of antibiotics were being prescribed instead of 5 or 3 days according to the guidance.
- The provider had implemented systems for environmental cleaning taking into account the guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices.