

Ivory Bespoke Dentistry Ltd

Ivory Bespoke Dentistry

Inspection Report

215 High Street
Henley In Arden
West Midlands
B95 5BG

Tel: 01564 794908

Website: www.ivorybespokedentistry.co.uk

Date of inspection visit: 9 July 2020

Date of publication: 31/07/2020

Overall summary

We undertook a follow up desk-based review of Ivory Bespoke Dentistry on 9 July 2020. This review was carried out to examine 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 desk-based review was led by a CQC inspector.

We undertook a comprehensive inspection of Ivory Bespoke Dentistry on 24 September 2019 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 Ivory Bespoke Dentistry on our website www.cqc.org.uk.

As part of this review we asked:

- Is it well-led?

When one or more of the five questions are not met we require the service to make improvements and send us an action plan (requirement notice only). We then review again after a reasonable interval, focusing on the areas where improvement was required.

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 24 September 2019.

Background

Ivory Bespoke Dentistry is in Henley in Arden and provides NHS and private dental treatment to adults and children. The services are provided under two separately registered providers at this location. This report only relates to the provision of general dental care provided by Ivory Bespoke Dentistry Ltd. An additional report is available in respect of the general dental care services which are registered under Dr. Matthew Jones.

There is access for people who use wheelchairs and those with pushchairs with the use of a portable ramp. Car parking spaces, including spaces for blue badge holders, are available in the free shopper's car parks near the practice.

The dental team includes the principal dentist, three dental nurses, one dental hygienist and one receptionist. The practice has two treatment rooms.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting

Summary of findings

the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Ivory Bespoke Dentistry is the principal dentist.

The practice is open:

Monday from 9am to 5pm.

Tuesday from 9am to 6pm.

Wednesday from 9am to 4.30pm.

Thursday from 9am to 4:30pm.

Friday from 9am to 5pm.

Our key findings were:

The provider had made improvements to the management of the service. These included completing analysis and action plans for infection prevention and control audit and radiography audit; completing risk assessments for lone working, sharps and general health and safety; implementing and completing regular review of legionella and fire risk assessments; evidencing appropriate safeguarding training for the practice safeguarding lead; updating recruitment processes; implementing monitoring and tracking systems for prescriptions and improving detail recorded in patients dental assessments. These improvements provided a sound footing for the ongoing development of effective governance arrangements at the practice.

Summary of findings

The five questions we ask about services and what we found

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.

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 our previous inspection on 24 September 2019 we judged the provider was not providing well led care and was not complying with the relevant regulation. We told the provider to take action as described in our requirement notice. At the review on 9 July 2020 we found the practice had made the following improvements to comply with the regulation:

- At the time of our initial inspection on 24 September 2019 we found that audits had been completed for infection prevention and control, and radiography. However, we found that analysis and action plans had not been completed for the infection prevention and control audit and there were inaccuracies detailed in the radiography audit. An infection prevention and control audit completed in June 2020 and a radiography audit completed in January 2020 demonstrated that the practice was meeting the required standards. Analysis detailing action plans and learning outcomes to drive improvement were completed for these audits.
- At the time of our initial inspection on 24 September 2019 we found that not all appropriate risk assessments had been completed for lone working, sharps or general practice health and safety. These three risk assessments were implemented and sent to us within 48 hours of the inspection. We found that the fire risk assessment required further detail and the legionella risk assessment had not been reviewed. A process was implemented by the provider to ensure that all risk assessments were reviewed every year. The reviewed legionella and fire risk assessment were sent to us as evidence of this.
- At the time of our inspection on 24 September 2019 we were not shown evidence that the safeguarding lead had completed safeguarding vulnerable adults training. A copy of the training certificate was sent to us following the inspection.
- At the time of our initial inspection on 24 September 2019 recruitment procedures were not robust and essential pre-employment information such as references were not obtained for all staff. A copy of the practice recruitment policy which detailed a comprehensive procedure was sent to us within 48 hours of the inspection. We were not able to verify that this had been embedded during our review on the 9 July 2020 as no new staff members had been recruited since our last inspection.
- At the time of our initial inspection on 24 September 2019 the practice held NHS prescriptions; we found improvement was required in ensuring that they were stored securely and could be tracked and monitored. During our review on 9 July 2020 the provider shared with us new security processes and sent evidence of a completed prescription log that had been implemented to track and monitor prescriptions.
- At the time of our initial inspection on 24 September 2019 patients' dental assessments were not recorded in accordance with nationally recognised evidence-based guidance. During our review on the 9 July 2020 the provider shared with us a template that had been introduced to ensure that greater detail was routinely recorded within patients' dental assessments.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulation when we completed a desk-based review on 9 July 2020.