

Mr. Liam Costello

# Boulevard Dental Practice

## Inspection Report

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### Overall summary

We carried out a focused inspection of Boulevard Dental Practice on 19 March 2018.

We carried out the inspection to follow up concerns we originally identified during a comprehensive inspection at this practice on 27 June 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 areas 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 Boulevard Dental Practice on our website [www.cqc.org.uk](http://www.cqc.org.uk).

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

#### **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 to put right the shortfalls and deal with the regulatory breach we found at our inspection on 27 June 2017.

# 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 well-led?**

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

This included making additional staff time available for management and administration and establishing clear roles and responsibilities for all the practice team.

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

**No action**



# Are services well-led?

## Our findings

At our inspection on 27 June 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 19 March 2018 we noted the practice had made the following improvements to meet the requirement notice:

- The provider had identified a member of staff to assist with the governance aspects of running the practice. They had set aside a period of time each week for this purpose.
- The provider had systems in place for assessing, monitoring and mitigating risk which were effectively operated. Risk assessments seen had been adapted from the templates to reflect the specific risks in the practice and how they would be mitigated.
- Since the last inspection the provider had instigated a system for recording and monitoring staff through induction and appraisal. We were shown the provider had implemented a system for monitoring staff training to ensure all continuing professional development was completed. Training records seen were up to date.
- Staff told us they had regular staff meetings at which a variety of topics were discussed and practice information communicated. We saw minutes of these meetings and that staff had signed to say they were present or had read the minutes. A daily diary system at the reception desk had been instigated as a system to ensure good communication between all staff as most were part time. The diary system was also used to identify when equipment required servicing and to ensure this happened in a timely way.
- The provider had implemented a system for recording and monitoring significant incidents. We were told these were reviewed at staff meetings. Staff meeting minutes seen showed this was a standing agenda item.

- We reviewed three staff files and saw all required recruitments checks had been undertaken prior to employing staff. We saw in one staff file an induction record had been completed but not signed by both parties. The provider told us when agency staff were used they had assumed all recruitment checks were completed by the agency and had not obtained evidence of this. They took immediate action to contact the agency which had supplied a member of staff to evidence safe recruitment had been undertaken.
- Since the last inspection the provider had undertaken a variety of audits to monitor and where required improve the service. We saw an x ray audit had been completed in December 2017 with a re-audit date identified. They had identified areas for improvement and an action plan had been devised and was being implemented. We were shown an infection prevention audit had been completed in January 2018 and a Health and Safety audit in February 2018. Both had action plans and re-audit dates identified.
- Staff told us, and records seen, corroborated the provider had implemented a system for staff supervision and appraisal. We saw two staff appraisal records from which personal development plans had been completed. Staff spoken with told us they felt well supported and the provider encouraged them to undertake training and helped them source it.

The practice had also made further improvements:

- The provider had reviewed the arrangements for the storage of oxygen and implemented the suggestions outlined in the Fire Risk assessment.

These improvements showed the provider had taken action to address the shortfalls we found when we inspected on 27 June 2017.