

Dr. Scott Aaron

Berry Lane Dental Clinic

Inspection Report

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Overall summary

We carried out a focused inspection of Berry Lane Dental Clinic on 11 January 2018.

The inspection was led by a CQC inspector who was supported by a specialist dental adviser. We carried out the inspection to follow up concerns we originally identified during a comprehensive inspection at this practice on 13 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 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 questions of safe and responsive as we had made recommendations for the provider relating to these key questions. We noted that improvements had been made.

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 13 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.

Risk assessments had been undertaken in fire and Legionella, and appropriate checks completed on an on-going basis in line with the recommendations of the risk assessments.

The practice had completed infection control audits and an X-ray audit. The decontamination process was carried out in line with the standards set out in national guidance in the newly commissioned dedicated decontamination room.

The practice had a process in place to record, investigate and review incidents and significant events, and was able to demonstrate this process in action, and improvements made as a result of the process.

Recruitment processes demonstrated that appropriate background checks were completed prior to commencing employment at the practice.

Documentation was available in large print for patients with impaired vision. The practice had considered installing a hearing loop. The practice had access to a telephone translation service. 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 13 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 11 January 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 fire, Legionella bacteria and stock control.
- 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 an effective system in place to manage significant events. Staff we spoke with were aware of the process and all staff had been trained as part of a presentation by the principal dentist. We saw evidence of the process having instigated some staff training to

resolve an issue. The practice could not demonstrate a policy on the day of the inspection. This was sent to us following the inspection and e-mailed to all staff to ensure they understood the process.

- The practice demonstrated the decontamination process was completed in line with national guidance. The room that was previously used for decontamination of instrument had been decommissioned and the new room completed.
- Background checks were performed and recorded for new staff to the service, including disclosure and barring service checks. The practice had implemented a new policy to this effect.
- The practice had given consideration and taken steps to ensure that they met their responsibilities to the needs of people with a disability.
- The practice had access to a telephone translation service to assist patients who do not speak English as a first language.

These improvements showed the provider had taken action to address the shortfalls we found when we inspected on 13 June 2017.