

Mr. Robert Carter

Bell House Dental Practice

Inspection report

7 New Church Street
Tetbury
GL8 8DS
Tel: 01666503788

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Overall summary

We undertook a follow up focused inspection of Bell House Dental Practice on 5 July 2023.

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 carried out by a CQC inspector.

We had previously undertaken an inspection of Bell House Dental Practice on 28 March 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 Bell House 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 not providing well-led care in accordance with the relevant regulations.

Summary of findings

The provider had made significant improvements, however a number of the improvements required remained outstanding which meant they had not fully responded to the regulatory breach we found at our inspection on 28 March 2023.

Background

Bell House Dental Practice is situated in Tetbury and provides private dental care and treatment for adults and children.

There is step free access to the practice, via a ramp 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 access requirements.

The dental team includes 1 dentist, 2 dental nurses and a dental hygienist.

The practice has 2 treatment rooms.

During the inspection we spoke with the provider.

We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

- 8.30am to 5pm Monday and Thursday
- 9am to 5pm Tuesday, Wednesday and Friday
- 8.30am to 1pm Friday

We identified regulations the provider was not complying with. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

There were areas where the provider could make improvements. They should:

- Take action to ensure audits for prescribing of antibiotic medicines take into account the guidance provided by the College of General Dentistry.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services well-led?

Requirements notice



Are services well-led?

Our findings

Are services well-led?

We found that this practice was not providing well-led care and was complying with the relevant regulations.

At the inspection on 5 July 2023, we found that this practice was not complying with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report).

Infection Control

- Ultrasonic bath foil testing followed national infection prevention and control protocols.
- The dental operator's stool covering was intact.
- The skirting to floor seal was complete in a treatment room.
- Cleaning equipment (mops) storage arrangements followed national guidance.
- The sofa in the treatment room had a material cover which made cleaning a barrier. Cleaning equipment was seen but a formal schedule was not in place to keep it clean.

Recruitment

- Recruitment procedures were in place to ensure that appropriate checks were completed prior to new staff commencing employment at the practice.

Fire Safety

- Fire escape route signage positioning was effective (front door).
- Smoke detectors were tested at weekly intervals.
- Extension leads were used appropriately.

Control of Substances Hazardous to Health (COSHH)

- A blood spillage kit was available.
- COSHH products were stored securely in the kitchen.
- Sanitary bins were available in the practice in line with The Workplace (Health, Safety and Welfare) Regulations 1992.

Risk to staff and patients

- A lone worker risk assessment was available for the hygienist.
- A lone worker risk assessment was available for the dentist working out of hours.
- Sepsis detection and management information was available to staff.

Emergency medicines and equipment

- Oropharyngeal airway size 0 was available and within its expiry date.

General Data protection Requirements (GDPR)

- Security of paper patient care records was appropriate
- A GDPR compliant accident book was available.

We noted areas that remained outstanding which included:

- A legionella risk assessment had not been carried out. We have been informed that a risk assessment has been scheduled for the 12 July 2023.

Are services well-led?

- COSHH risk assessments were not available for COSHH relevant substances.
- A portable hearing loop was not available. We have since received photographic evidence to confirm this shortfall has been addressed.
- Staff did not maintain a log which confirmed emergency equipment and medicines were checked at appropriate intervals (at least weekly).
- A self-inflating bag with reservoir was not available. We have since received photographic evidence to confirm this shortfall has been addressed.
- Glucagon was not refrigerated. Its expiry date had not been adjusted to reflect the storage arrangement.
- Radiography audits were not carried out.
- Audits were not carried out of antimicrobial medicine prescribing.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>How the Regulation was not being met</p> <p>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <p>Legionella</p> <ul style="list-style-type: none">• A legionella risk assessment had not been carried out. <p>Control of Substances Hazardous to Health (COSHH)</p> <ul style="list-style-type: none">• COSHH risk assessments were not available for COSHH relevant substances. <p>Equality Act</p> <ul style="list-style-type: none">• A portable hearing loop was not available. <p>Medical Emergencies</p> <ul style="list-style-type: none">• Staff did not maintain a log which confirmed emergency equipment and medicines were checked at appropriate intervals (at least weekly).• A self-inflating bag with reservoir was not available. <p>Radiography</p> <ul style="list-style-type: none">• Radiography audits were not carried out.