

Bourbon Street Dental Care

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Inspection report

8-10 Bourbon Street
Aylesbury
HP20 2RR
Tel: 01296331100

Date of inspection visit: 16 December 2022
Date of publication: 05/01/2023

Overall summary

We undertook a follow-up focused inspection of Bourbon Street Dental Care on 16 December 2022.

This inspection was carried out to review, 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 inspection was carried out by a Care Quality Commission (CQC) inspector who was supported by a specialist dental advisor.

At our inspection on 3 August 2022 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 Bourbon Street Dental Care on our website www.cqc.org.uk.

As part of this inspection 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. We then inspect again after a reasonable interval, focusing on the area where improvement was required.

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 3 August 2022.

Background

Summary of findings

Bourbon Street Dental Care is in Aylesbury and provides NHS and private dental care and treatment for adults and children.

The practice reception and treatment rooms are based on the first and second floor of the practice. New patients are advised of this when they contact the practice.

Car parking spaces, including dedicated parking for disabled people, are available outside the practice.

The dental team includes 5 dentists, 4 qualified dental nurses, 1 trainee dental nurse, 2 dental hygienists, a receptionist and a practice clinical and administration assistant.

The practice has three treatment rooms.

During the inspection we spoke with one dentist and the practice clinical and administration assistant.

We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

- Monday 8am to 5pm
- Tuesday 8am to 6pm
- Wednesday 8am to 5pm
- Thursday 8am to 6pm
- Friday 8am to 4pm

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

At our previous inspection on 3 August 2022 we judged the provider was not providing well-led care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notice.

At our follow-up inspection on 16 December 2022 we found the practice had made the following improvements to comply with the regulations:

Infection Control

- The provider's infection control procedures reflected published guidance.
- Cleaning equipment was stored appropriately.

Legionella

- A legionella risk assessment was carried out by someone who could demonstrate their competency in legionella risk management.
- Legionella water temperature testing was carried out routinely.

Facilities

- The decontamination room floor to wall seals were complete.
- A rusty electric water heater in the patient WC had been addressed.
- Step nosing to the patient stairs was complete on the second floor.
- The dental compressor was protected from unauthorised access.

Fire Safety

- A fire risk assessment was carried out by someone who could demonstrate their competency in fire safety risk management.
- Emergency lights servicing was carried out appropriately.
- Fire alarm servicing was carried out appropriately.
- Fire alarm testing was carried out appropriately.

Radiography

- Evidence of annual servicing for the x-ray machines was available.
- X-rays taken were graded using the current grading system.
- The practice carried out radiography audits appropriately and followed current guidance.

Sharps

- The sharps bin in the decontamination room was labelled appropriately.
- Sharps protocols seen followed the practice's policy for safer sharps.

Medical Emergencies

- Emergency equipment and medicines were available and checked as described in recognised guidance.

Control of Substances Hazardous to Health (COSHH)

- COSHH risk assessments were available for COSHH relevant substances.
- COSHH products were stored securely and labelled appropriately.

Are services well-led?

Prescriptions

- Prescription logs included the prescription number used.
- Prescriptions pads were logged appropriately.