

Garden City Dental

Beehive Dental Practice

Inspection report

27 Beehive Lane
Welwyn Garden City
AL7 4BH
Tel: 01707324562
www.beehivedental.co.uk

Date of inspection visit: 18 May 2022
Date of publication: 10/06/2022

Overall summary

We undertook a follow up focused inspection of Beehive Dental Practice on 18 May 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 led by a CQC inspector and was supported by a specialist dental adviser.

We undertook a focussed inspection of Beehive Dental Practice on 6 October 2021 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 Beehive Dental Practice on our website www.cqc.org.uk.

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 inspect again after a reasonable interval, focusing on the area 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 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 6 October 2021.

Summary of findings

Background

The provider has one practice and this report is about Beehive Dental Practice.

Beehive Dental Practice also known as Garden City Dental is in Welwyn Garden City and provides NHS and private dental care and treatment for adults and children.

There are two small steps into the practice with a ramp for people who use wheelchairs and those with pushchairs. However, there are no disabled toilet facilities at the practice. Car parking spaces are available at the rear of the practice and in nearby streets. The practice has made some adjustments to support patients with additional needs.

The dental team includes four dentists, five dental nurses, one dental hygienist, two receptionists and a full-time practice manager. The practice has four treatment rooms all on the ground floor.

During the inspection we spoke with one dental nurse, two receptionists and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday from 8.30am to 5.30pm.

Tuesday and Wednesday from 8.30am to 6pm.

Thursday from 9am to 7pm

Friday from 9am to 4pm.

Saturday from 8am to 1pm.

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

We found that this practice was providing well-led care and was complying with the relevant regulations.

At the inspection on 18 May 2022 we found the practice had made the following improvements to comply with the regulation:

- The recommendations from the Legionella risk assessment dated 17 February 2021 had been actioned and a new risk assessment had been completed on 28/02/2022 with no further action needed.
- The provider now had effective oversight of staff training files to ensure that staff had received appropriate training to undertake their role particularly with regards to safeguarding training for children and vulnerable adults.
- We saw evidence that recruitment procedures were now in line with legislation.
- Appraisals had been completed for all staff.
- The X-ray units had been serviced and three yearly performance checks completed.
- The five yearly electrical fixed wiring check had been completed and recommended works actioned.
- The out of date defibrillator pads had been replaced and portable suction located. One size of airway and some additional masks were ordered on the day of inspection.

The provider had also made further improvements:

- The provider had made improvements to infection control procedures. The dilution of detergent used for manual cleaning was now in line with manufacturer's instructions and local anaesthetic cartridges were now stored in sealed packaging.
- The provider had made improvements to their sharps procedures by the correct labelling of sharps containers.
- Antibiotic prescribing audits had been commenced.
- An external fire risk assessment had been completed and the recommendations actioned including fire marshal training and emergency lighting.
- The clinicians who provided sedation had completed Immediate Life Support training.
- Monthly staff meetings had been reintroduced.