

Oasis Dental Care Limited

# Bupa Dental Care Garstang

## Inspection report

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### Overall summary

We undertook a follow up focused inspection of Bupa Dental Care Garstang on 20 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 led by a CQC inspector who had remote access to a specialist dental advisor.

We had previously undertaken a comprehensive inspection of Bupa Dental Care Garstang on 10 May 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 Bupa Dental Care Garstang on our website [www.cqc.org.uk](http://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 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 10 May 2023.

# Summary of findings

## Background

Bupa Dental Care Garstang is part of Bupa Dental Care a dental group provider.

The practice is in Garstang in Lancashire and provides NHS and private dental care and treatment for adults and children.

There is ramped access to the practice for people who use wheelchairs and those with pushchairs. The practice is located close to local transport routes and car parking spaces are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 6 dentists, 6 dental nurses (including 3 trainees), 1 dental hygienist, a practice manager and 3 receptionists. The practice has 5 treatment rooms.

During the inspection we spoke with the practice manager and 1 dental nurse. A practice manager from a sister practice also attended the inspection. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday to Thursday from 8am to 5.30pm

Friday from 8am to 5pm

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

- Take action to ensure audits, where appropriate, have documented learning points and the resulting improvements can be demonstrated.

# 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 20 July 2023 we found the practice had made the following improvements to comply with the regulation:

- The system for monitoring staff training had been improved to ensure staff carried out relevant training at the required intervals.
- An audit tracker had been introduced to ensure audits were completed at the recommended intervals. This included the X-ray audit. We noted reflective outcomes were now being recorded on the audits; however there were limited action plans to drive improvements where applicable. We discussed this with the practice manager who confirmed they would review the audits to improve them further.
- Protocols had been strengthened in relation to the safe management of medicines. This included the immediate logging of all medicines prescribed, an initial diagnosis, treatment carried out, justification and dose to form part of the antimicrobial prescribing audit. Some further improvements could still be made to the stock control system as in the records we were shown, we noted 1 box of antibiotics could not be accounted for.

The practice had also made further improvements:

- Improvements had been made to the protocols for managing legionella. All staff had been requested to undertake legionella refresher training. Monthly monitoring of the water temperatures was carried out and when action was taken this had been recorded.

Further improvements could still be made:

- We looked at the information available to staff in relation to the orthopantomography (OPG) equipment and found some of the information still needed to be updated. In particular, the diagram was not reflective of the current layout of the room and the position of staff when operating the equipment did not reflect the recommendations. The practice manager confirmed they would seek further guidance from their radiation protection advisor and ensure the diagram was updated.