

Bespoke Smile Limited

Bespoke Smile

Inspection report

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Overall summary

We undertook a follow up focused inspection of Bespoke Smile on 10 February 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 Bespoke Smile Marlow on 10 January 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 and 19 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 Bespoke Smile 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:

- There were effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Recruitment procedures were operated effectively to ensure only fit and proper persons are employed and specific information is available regarding each person employed.

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

(For example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

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

At the inspection on 10 February 2023 we found the practice had made the following improvements to comply with the regulations:

Infection Control

- Cleaning schedules were in place to ensure the practice was kept clean, these were completed by the external cleaning company.
- Cleaning equipment storage followed national standards.

Legionella

- Actions resulting from a legionella risk assessment had been completed.
- Water temperature monitoring was carried out for cold water temperatures for a number of months.
- The legionella lead had booked a training course for this role.
- Weekly Monday morning flushing of lines was reinstated and a rota set up to ensure it was carried out when the person responsible for this job was away from work

Fire Safety

- Emergency lights were tested appropriately.
- The practice shared a common area of the building with other businesses and were not responsible for these. They could not be assured that the provision of fire alarms, emergency lighting and fire fighting equipment was adequate in these areas. The practice had installed their own emergency lights, fire extinguishers and battery operated smoke detectors to mitigate the risk. The common area concerns have been referred to Buckinghamshire Fire and Rescue Service to assess
- Fire escape route signage in some areas of the practice had been replaced to ensure it was effective should the practice experience a power outage.

Premises & Equipment

- The decontamination room lighting was repaired.

Radiography Cone Beam Computed Tomography (CBCT)

- Monthly quality assurance tests were carried out.

Hepatitis B

- The effectiveness of the vaccination was checked for all of the 11 clinical staff working at the practice.

Control of Substances Hazardous to Health (COSHH)

- COSHH identified products were stored securely and labelled appropriately.
- The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health. Safety data sheets were available for all the COSHH identified product risk assessments.

Emergency Medicines and Equipment

Are services well-led?

- Oxygen facemasks sizes 0-4 were available

Staff Training

- Protocols were operated effectively to ensure staff were up to date with their mandatory training and their Continuing Professional Development (CPD).

Recruitment

- Recruitment procedures were operated effectively to ensure only fit and proper persons are employed and specific information was available regarding each person employed.

The practice had also made further improvements:

- A system was operated to ensure patient referrals to other dental or health care professionals are centrally monitored to ensure they were received in a timely manner and not lost.