

Dr. Mohammed Fiaz

Bell Green Dental Surgery

Inspection report

91 Roseberry Avenue
Bell Green
Coventry
CV2 1NB
Tel: 02476688579

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Overall summary

We undertook a follow up desk-based focused inspection of Bell Green Dental Surgery on 20 July 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 who was supported by a specialist dental adviser.

We undertook a comprehensive inspection of Bell Green Dental Surgery on 12 April 2022 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 safe or well-led care and was in breach of regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We undertook a focused follow up inspection of Bell Green Dental Surgery on 27 April 2022 and found that some improvements had been made but the 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 Green Dental Surgery 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. 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 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 27 April 2022.

Summary of findings

Background

Bell Green Dental Surgery is in Coventry and provides NHS and private dental care and treatment for adults and children.

There is level access to the practice 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 some adjustments to support patients with additional needs.

The dental team includes three dentists (including the provider), two trainee dental nurses, and two receptionists. There is a practice manager who also undertakes dental nursing and reception duties. The practice has three treatment rooms.

During the inspection we spoke with the provider 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 to Friday from 9am to 5pm

Saturday from 10am to 12pm

Sunday from 10am to 12pm

Full details of the regulation/s the provider was not meeting are at the end of this report.

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

- Implement practice protocols and procedures to ensure staff are up to date with their mandatory training and their continuing professional development.
- Improve the practice's systems for assessing, monitoring and mitigating the various risks arising from the undertaking of the regulated activities. In particular, take action to ensure that a fire risk assessment is completed by a competent person and that any actions identified are addressed.

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 2022 we found the practice had made the following improvements to comply with the regulation(s):

- Radiography and antimicrobial prescribing audits had been completed with action plans as necessary. The record keeping audit had been updated and contained more detail.
- All issues identified for action in the latest infection prevention and control audit had been addressed.
- Although the provider assured us that a fire risk assessment had been completed by a competent person, there was no evidence to demonstrate this. The provider had been in contact with the company responsible for the risk assessment to provide evidence of this. A further internal fire risk assessment had been completed in June 2022.
- Documentary evidence was available to demonstrate that practice meetings were held and that learning from audits was discussed with staff.
- The provider had implemented systems to track and monitor the use of NHS prescriptions.
- Systems for checking medical emergency equipment had been introduced and staff training in the management of medical emergencies had been completed.
- The practice had implemented systems for checking and monitoring equipment taking into account relevant guidance which helped to ensure that all equipment was well maintained. Records of validation for the ultrasonic bath were available.
- Action had been taken to ensure that all relevant up to date policies and procedures were available to staff for example policies regarding recruitment, significant events, incidents, and mental capacity. The closed-circuit television (CCTV) policy had been adapted to meet the requirements of the practice and a privacy impact assessment completed.
- Some staff at the practice had received an appraisal and documented appraisal records were available for these staff. We were told that dentists would receive an appraisal at the end of their first year working at the practice. Some improvements had been made to induction records and staff were now dating and signing records to confirm that they had received induction training. However, the person providing the induction training had not signed records to confirm that staff were competent to undertake tasks.
- Some improvements were required to ensure that the provider had effective oversight to ensure that all staff had completed training recommended by the General Dental Council. We saw evidence to demonstrate that some staff had completed training regarding infection prevention and control, mental capacity, fire safety and radiography. Some staff had partially completed training regarding safeguarding vulnerable adults and children. All staff had completed basic life support training.

The provider had also made further improvements:

- Improvements had been made to the practice's systems for environmental cleaning taking into account current national specifications for cleanliness in the NHS. New cleaning schedules had been introduced. Staff had been given responsibility for cleaning dedicated areas within the practice and signed to confirm cleaning completed. Spot checks were being completed by management staff.

Are services well-led?

- Improvements had been made to the practice's recruitment policy to ensure accurate, complete and detailed records are maintained for all staff. The policy had been updated and now also included information regarding the pre-employment information and checks to be completed.
- The provider had implemented an effective system for receiving and responding to patient safety alerts, recalls and rapid response reports issued by the Medicines and Healthcare products Regulatory Agency, the Central Alerting System and other relevant bodies, such as United Kingdom Health Security Agency (UKHSA).