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Benson Street Dental and Beauty

Inspection report

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Overall summary

We undertook a follow up focused inspection of Benson Street Dental and Beauty on 23 November 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 Benson Street Dental and Beauty on 16 August 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 and well led care and was in breach of regulations 12 and 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 Benson Street Dental and Beauty 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 safe?

• Is it well-led?

Our findings were:

Are services safe?

We found this practice was providing safe care in accordance with the relevant regulations.

Summary of findings

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 16 August 2022.

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 breaches we found at our inspection on 16 August 2022.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	**No action** ✓
Are services well-led?	**No action** ✓

Are services safe?

Our findings

We found that this practice was providing safe care and was complying with the relevant regulations.

At the inspection on 23 November 2022 we found the practice had made the following improvements to comply with the regulation:

- All policies had been reviewed and updated. There was now a policy in place for safeguarding children and for safeguarding vulnerable adults. Both policies contained up to date contact details for local authority safeguarding teams. The whistle blowing policy had also been updated and included contact details for relevant organisations, for example the General Dental Council (GDC) and the Care Quality Commission (CQC). The practice sharps policy had been reviewed; this now contained updated contact details of occupational health services, which staff would need in the event of a sharps injury.
- The practice recruitment policy had been updated and implemented. All required staff checks were now in place for all staff members. Records to support this were available for inspection.
- A written protocol was in place for staff to refer to in respect of cleaning and management of dental instruments. Staff who worked in the decontamination room had undergone a course of training in the management and processing of dental instruments, and demonstrated an improved understanding of relevant guidance, in particular Health Technical Memorandum 01-05 Decontamination in primary care dental practice. (HTM01 – 05).
- Practice staff had received further training and guidance on the principles of Legionella control and management. Staff demonstrated how they checked and recorded water temperatures weekly. Records showed temperatures were 55 degrees centigrade or above for hot water and below 20 degrees centigrade for cold water, in line with recommendations made in the Legionella risk assessment.
- Waste management had improved, particularly management of Gypsum waste from a plaster trimming machine. This was now collected and disposed of via the appointed clinical waste contractor for the practice.
- Medicines management had been improved. Records in relation to sedative medication, issued to nervous patients ahead of treatment were now in place and logs of stock held and stock dispensed were kept, and these medicines were kept in a locked cupboard. Patient information sheets in relation to sedative medicines dispensed were given to patients receiving these medicines.
- Emergency medicines and equipment, as described in recognised guidance, were available and ready for use. An effective check list was in place, which staff used to ensure all items were available and ready for use through weekly checks.
- All staff were scheduled to undergo basic life support and medical emergency training in December 2022. This included the staff we had identified as not having received this training.
- Patient treatment records had improved; these were now more detailed and contained more information on diagnoses, treatment options and recorded periodontal checks. We saw audit of patient treatment records was also now in place.
- Patient referrals to other practitioners and to secondary care were now monitored to ensure they were received and responded to.

Our findings at this follow-up inspection showed the provider had responded to concerns raised and was now providing safe care and treatment, in accordance with regulations.

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 23 November 2022 we found the practice had made the following improvements to comply with the regulations.

- Systems and processes were now in place to provide greater oversight of staff training, including when training updates were required.
- Improved systems to support governance in the practice had been introduced. This included re-assignment of some roles and responsibilities to staff who had completed training and who had the required knowledge to meet these responsibilities, for example, the undertaking of infection prevention and control audit and checks in relation to Legionella management.
- All required recruitment documents were now held for existing staff, and systems were in place to ensure any newly recruited staff provided these before taking up post with the practice.
- All policies and procedures had been reviewed and updated; polices we checked included the sharps policy, the recruitment policy, safeguarding policies and the practice whistle blowing policy. All contained up to date accurate information, contact details of relevant organisations, and were accessible for all staff.
- Systems and processes to support effective medicines management were in place, including logs on stocks of medicines, records in respect of prescribing and issuing of medicines, issuing of patient information sheets and audit of use of medicines, including antibiotics.
- An audit calendar had been introduced to ensure audits were carried out at appropriate intervals, had documented findings and learning points, and that these were shared between staff.
- Daily safety checks were in place; included was the checking of power isolation points at the close of business each day and turning these off as required.
- A calendar of staff meetings had been introduced, including regular meetings between the practice manager and provider, and records of meeting were kept.

Our findings at this follow-up inspection showed the provider had responded to concerns raised and was now providing safe care and treatment, in accordance with regulations.