

Denbeigh House Ltd

# Denbeigh House Dental Clinic

## Inspection report

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### Overall summary

We undertook a follow up focused inspection of Denbeigh House Dental Clinic on 22 November 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 was supported by a specialist dental advisor.

We had previously undertaken a comprehensive inspection of Denbeigh House Dental Clinic on

27 June 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 safe and well-led care and was in breach of regulation 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 Denbeigh House Dental Clinic 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 (requirement notice only). 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?

# Summary of findings

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

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 27 June 2023.

## **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 27 June 2023.

## **Background**

Denbeigh House Dental Surgery is in Birmingham 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 reasonable adjustments to support patients with specific needs.

The dental team includes 2 dentists, 5 dental nurses, 1 dental hygienist, 1 dental therapist, 2 receptionists, 1 customer liaison manager, 1 head of operations, 1 visiting oral surgeon and 1 visiting implant surgeon. The practice has 6 treatment rooms.

During the inspection we spoke with 1 dentist, 5 dental nurses, the dental therapist, the dental hygienist, 2 receptionists, the customer liaison manager and the head of operations. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open: Monday to Friday from 8.30am to 5.30pm.

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

- Take action to ensure clinicians record in the patients' dental care records or elsewhere the justification for taking X-rays, a report on the findings and the quality of the image in compliance with Ionising Radiation (Medical Exposure) Regulations 2017.

# 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 22 November 2023 we found the practice had made the following improvements to comply with the regulations:

- The security of NHS prescriptions pads and the system to track and monitor their use was effective.
- Infection prevention and control processes were in line with HTM 01-05 guidance.
- Action had been taken to improve the medicines management to ensure all medicines were stored safely and securely.
- System of checks of medical emergency equipment and medicines were effective. The provider had ensured the availability of equipment in the practice to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK).

The practice had also made further improvements:

- A lone worker policy and risk assessment were put in place.
- Staff obtained patients' consent to care and treatment in line with legislation and guidance.
- The practice had a recruitment policy and procedure to help them employ suitable staff, including for agency or locum staff. We were provided with evidence of the appropriate recruitment documentation for recently employed staff.
- We saw evidence that clinical staff completed continuing professional development required for their registration with the General Dental Council. There was evidence of oversight of staff training as the practice was using an online system for tracking.
- The practice had installed closed-circuit television to improve security for patients and staff. All of the relevant policies and protocols were in place.

These improvements show the practice had taken sufficient action to comply with regulations when we inspected on 22 November 2023.

The practice undertook audits of infection control, dental care records, antibiotic prescribing and disability access. Staff kept records of the results of these audits. We found the antibiotic prescribing audit did not follow the College of General Dentistry prescribing guidelines. Radiograph audits were undertaken however, they did not show report of findings and grading of the image quality.

# 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 22 November 2023 we found the practice had made the following improvements to comply with the regulations:

- The systems in place to ensure recruitment procedures complied with the requirements of the regulation were effective. The provider was able to demonstrate that all documents required under Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were available for all staff.
- There were effective systems for recording, investigating and reviewing complaints or significant events with a view to preventing further occurrences and ensuring that improvements were made as a result. Evidence was seen to show events were shared amongst the practice team during staff meetings for learning purposes.
- There were systems in place to ensure private patient referrals to other dental or health care professionals were centrally monitored.
- There were systems in place to ensure patient consent to care and treatment was obtained to ensure the practice was in compliance with legislation.
- The shortfalls we identified at our inspection on 27 June 2023 in relation to the leadership provided, relating to governance systems, staff training and recruitment, peoples' safety and continually striving to improve had all been addressed demonstrating the providers commitment to improving the service for both staff and patients. These systems were embedded within the practice.

These improvements show the practice had taken sufficient action to comply with regulations when we inspected on 22 November 2023.