

Den Dental Group Practice LLP

Bupa Dental Care Sidmouth

Inspection report

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Overall summary

We undertook a follow up desk-based inspection of Bupa Dental Care Sidmouth on 23 June 2020. 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 undertaken by a CQC inspector.

We undertook a comprehensive inspection of Bupa Dental Care Sidmouth on 12 June 2019 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 good governance 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 Sidmouth on our website www.cqc.org.uk.

As part of this inspection we asked:

- Is it well-led?

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 area where improvement was required.

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 12 June 2019.

Background

Bupa Dental Care Sidmouth is in Sidmouth and provides NHS and private treatment for adults and children.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces are available near the practice.

The dental team includes four dentists (including one specialist dentist), one lead dental nurse, four trainee dental nurses, one dental hygienist, one treatment coordinator and one practice manager/dental nurse. The practice has four treatment rooms.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. There is an application in progress for a registered manager at Bupa Dental Care Sidmouth.

Summary of findings

During the inspection we corresponded with the practice manager and viewed evidence sent to us of compliance with the regulatory breach.

The practice is open: Monday to Friday 8:30am – 5.00pm.

Our key findings were:

- The practice had established effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- The practice sent us a written report setting out what governance arrangements were in place and the plans to make improvements.

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 our previous inspection on 12 June 2019 we judged the provider was not providing well-led care and was not complying with the relevant regulation. We told the provider to take action as described in our requirement notice. At the inspection on 23 June 2020 we found the practice had made the following improvements to comply with the regulation:

- The practice had established effective systems and processes to ensure good governance in accordance with the fundamental standards of care. Since the inspection in June 2019 the organisation had restructured the practice management. There is an on-going application to register the current practice manager with CQC.
- The practice sent CQC a written report setting out what governance arrangements are in place and the plans to make improvements. This action plan included reasonable time scales for compliance and the practice manager kept CQC updated with progress toward compliance.

In addition, the provider had made further improvements:

- The practice's sharps procedures to ensure the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 had been reviewed and revised. This included arranging training sessions with the whole staff team and purchasing of the ultra-safety plus syringe and needle system.
- The practice system for tracking and monitoring the use of NHS prescriptions pads had been reviewed and revised. The system was audited monthly to ensure effectiveness.
- Antimicrobial audits were now taking place. This included an action plan for any areas for improvement. The practice prescribing of antibiotic medicines took into account the guidance provided by the Faculty of General Dental Practice.
- The practice infection control procedures and protocols took into account guidance issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices.

Procedures and protocols had been reviewed and revised. The whole staff team had acknowledged in writing that they had read the revised procedures and protocols. Staff had also received a training update in infection control.

- The practice was following the organisation's policy for recording, investigating and reviewing incidents or significant events. We were sent examples of recent recording and analysis of incidents and significant events.
- Appropriate supervision of staff members was taking place. We saw a structured plan of individual staff supervision for 12 months and evidence that this was being maintained.
- Equipment used in the dental practice was effectively monitored, checked and serviced. We were provided with current servicing and maintenance certificates for X-ray units. In addition, a replacement medicine's fridge and a new high-speed dental handpiece had been purchased.
- The system for listening and responding to patient feedback was now effective. We saw patient feedback was being effectively collated and that patient's views were being listened to and acted upon.
- Complaints were now handled following the organisation's protocol.
- The practice had considered how the Accessible Information Standard could be met. There had been discussions with the wider parent organisation on how these standards would be implemented.
- Information in the practice radiation protection file reflected the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2017. Policies and procedures had been updated, there had been appropriate staff training and a radiation protection supervisor had been appointed.
- There had been a restructuring of practice management. A new practice manager was in post. The practice manager was effectively supported by the wider organisation. They sent us evidence of their supervision by the wider organisation senior management to ensure effective support in their role.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulation when we inspected on 12 June 2019.