

Bishopsworth Dental Surgery

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Inspection Report

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Overall summary

We carried out a focused inspection of Bishopsworth Dental Surgery on 11 October 2017.

The inspection was led by a CQC inspector who had access to telephone support from a dental clinical adviser.

We carried out the inspection to follow up concerns we originally identified during a comprehensive inspection at this practice on 19 December 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

At a comprehensive inspection we always ask the following five questions to get to the heart of patients' experiences of care and treatment:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

When one or more of the five questions is 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.

At the previous comprehensive inspection we found the registered provider was providing safe, effective, caring and responsive care in accordance with relevant regulations. We judged the practice was not providing well-led care in accordance with 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 Bishopsworth Dental Surgery on our website www.cqc.org.uk.

We also reviewed the key questions of safe as we had made recommendations for the provider relating to these key questions. We noted that improvements had been made.

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 to put right the shortfalls and deal with the regulatory breach we found at our inspection on 19 December 2016.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services well-led?

The provider had made improvements to the management of the service. This included making improvements to fire safety, infection control including reducing the risk of legionella, safer sharps processes, radiation, improving methods to gain patient feedback, recruitment and training for trainee dental nurses.

No action





Are services well-led?

Our findings

At our inspection on 19 December 2016 we judged it was not providing well led care and told the provider to take action as described in our requirement notice. At the inspection on 11 October 2017 we noted the practice had made the following improvements to meet the requirement notice:

- Some improvements had been made to improve fire safety to ensure the practice met The Regulatory Reform (Fire Safety) Order 2005. A fire risk assessment had been completed by a fire safety company on 30 May 2017. The practice now records fire safety checks within a fire log book. This includes checking fire exits and signage checks, turning off electrics checks and six monthly fire drills. The practice had removed combustible materials as directed. The risk assessment noted that a fire alarm including smoke and heat detectors was required, there was also a need for emergency lighting at the rear of the property and for fire doors to be installed and an extinguisher to be removed. The provider sent us evidence to confirm work had been completed after our inspection. Nine staff had now completed fire safety training which included fire marshal training in August 2017.
- The provider had taken the following actions as part of the fire risk assessment; an electrical installation condition report was completed in March 2017, Portable Appliance Testing was completed in March 2017 and a Gas safety check was completed in January 2017. Part of the actions from the electrical installation check was to reduce electrical wiring clutter within the reception and office area. We were informed this would be completed by the end of October 2017.
- Sharps safety had improved since our last inspection to ensure compliance with the Health and Safety (sharp instruments in Healthcare) Regulations 2013. New safe sharp devices were used, sharps policies had been updated, a risk assessment had been completed and staff had been trained on its use on the 24 February 2017.
- Reducing the risk of Legionella within the practice had been improved. An appropriate company had completed a Legionella risk assessment on 16 January 2017 and we saw actions from this had been

implemented. This included checks on hot and cold water temperatures, removing higher risk appliances and flushing of outlets where they were not regularly used.

- Recruitment had been improved but still required some improvements to ensure it met with current legislation. We noted that the recruitment policy still did not reflect current legislation. Since the inspection we have received an updated policy which now reflects current legislation.
- We reviewed five recruitment records. These showed proof of identity was checked, evidence of employment history and checks of gaps of employment were sourced and checked, qualifications were verified and registration with the General Dental Council, where applicable, was checked. Appropriate references had been sourced from two out of five employees. The other three clinical staff had not had references sourced by the provider or according to the recruitment policy. Verification of why employment had ended had not been sourced for two employees. We noted there were no risk assessments for four staff completed when a Disclosure and Barring Service check was received after the employee had started employment. Since the inspection the practice manager has sent us additional satisfactory evidence for all of the above areas of recruitment.
- Training and support for staff had been improved. We saw appraisals had been completed for the trainee dental nurses and they had also started their dental nurse qualification. A new induction process had been implemented and all new staff files reviewed showed they had received this and where relevant training/shadowing plans were included.

The practice had also made further improvements:

- Radiation practices had been improved since our last inspection. There was now a dedicated radiation protection file. We saw appropriate local rules were in place. X-Ray maintenance had been completed in December 2016. There was no evidence of critical examination and acceptance tests. We were informed this was because the previous owner had installed the units and had not been supplied at the transition. The



Are services well-led?

practice manager had contacted the Health and Safety Executive to ensure they had the correct registration details from when they bought the practice in December 2014.

- The practice had made some improvements to infection control procedures to ensure it met with current guidance. We saw an appropriate annual infection control statement had been completed in April 2017. We noted improvements had been made to the dirty to clean flow within the treatment room but not fully completed. This included; the hand wash dispenser needed to be moved to the hand wash sink, dispensers for the personal protective equipment were needed and a cupboard required moving so the packaging of instruments could be completed within the room rather than transferred to the treatment room to be packaged. The provider has since sent us evidence that this work has now been completed.

- The practice had made improvements to ensure the practice remained clean. We saw there was a cleaning schedule in place and daily checklists to confirm cleaning had taken place.
- The practice had made improvements to how it gained patient feedback. Patient surveys had been implemented after our last inspection. We were informed that from May to October 2017 24 patients had completed a survey. All feedback showed a high level of satisfaction with the service provided. They had also implemented friends and family test surveys as part of the NHS service. Feedback over the last two months showed that 13 patients were either extremely likely or likely to recommend the practice to friends and family.

These improvements showed the provider had taken action to address the shortfalls we found when we inspected on 11 October 2017.