

Mr. Paul Mitchell

# Bywood Dental Practice

## Inspection Report

12 Bywood  
Bracknell  
Berkshire  
RG12 RF  
Tel:

Date of inspection visit: 29/03/2018  
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### Overall summary

During our announced comprehensive inspection of this practice on 30 October 2017 we found breaches of legal requirements of to the Health and Social Care Act 2008 in relation to:

- Regulation 17 Good Governance

We undertook this focused inspection to check that the provider now met legal requirements. This report only covers our findings in relation to these requirements. You can read the report from our previous comprehensive inspection by selecting the 'all reports' link for Bywood Dental at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Our findings were:

#### Are services well-led?

We found that this practice was providing well-led care in accordance with the relevant regulations.

#### Key findings

- Overall, we found that effective action had been taken to address the shortfalls identified at our previous inspection and the provider was now compliant with the regulation.

#### Background to this inspection

We undertook an announced focused inspection of Bywood Dental on 29 March 2018. This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 30 October 2017 had been made.

We inspected the practice against one of the five questions we ask about services: is the service well-led?

During our inspection we spoke with the provider and the practice manager and reviewed a range of documentation.

The inspection was carried out by a CQC inspector.

# 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?**

We found that effective action had been taken to address shortfalls we had identified in our previous inspection and staff had worked hard to implement them. For example, patient records, collation of training records and staff appraisals.

**No action**



# Are services well-led?

## Our findings

### **Governance arrangements**

At our previous inspection in October 2017 we found shortfalls in the practice's governance procedures that showed it was not well led.

During this inspection we noted the following significant improvement had been implemented since then:

Clinical audits were carried out. These included patient records and X-rays.

Staff training records were collated to assess the status of individual staff competency and staff appraisals were in progress.

Accurate, complete and contemporaneous records were maintained securely in respect of each service user.

The provider did not re-sheath needles. They told us they would carry out a risk assessment as soon as practicably possible.