

Rodericks Dental Limited

Blackbrook Dental Practice

Inspection Report

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Date of inspection visit: 8 August 2017

Date of publication: 07/09/2017

Overall summary

We carried out this announced inspection on 8 August 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

Blackbrook Dental Practice received a comprehensive inspection on 31 January 2017 and we served a requirement notice for regulation 17 good governance. They required improvement in ensuring the service was assessed and monitored to ensure risks were mitigated and they improved the quality and safety of services provided. This included the taking actions following risk assessments carried out for health and safety and fire safety. They also had some areas where they should improve and we reviewed these areas. This included having an annual infection control statement in place.

The inspection was led by a CQC inspector who had access to a remote specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

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

These questions form the framework for the areas we look at during the inspection. During this inspection we reviewed the relevant parts of the well-led key question to check if they were now meeting our standards.

Our findings were:

Are services well-led?

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

Background

Blackbrook Dental Practice is in Taunton and provides NHS and private treatment to patients of all ages.

There is level access for patients who use wheelchairs and pushchairs. Car parking spaces, including two for patients with disabled badges, are available near the practice.

The dental team includes five dentists, one dental hygienist, one qualified dental nurse and six trainee dental nurses. The trainee dental nurse job role also includes reception cover. 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

Summary of findings

the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Blackbrook Dental Practice was the practice manager.

During the inspection we spoke with the practice manager and looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

- Monday, Wednesday and Thursday - 8:15am to 5:15pm
- Tuesday - 8:15am to 7pm
- Friday - 8:15am to 4:15pm

Our key findings were:

- The practice had taken action and addressed issues identified within risk assessments to ensure risks were mitigated. This included fire safety, health and safety and legionella.
- There were processes in place to ensure infection control procedures were met including the completion of an annual infection control statement.
- Daily checks were recorded to show unpackaged instruments were reprocessed at the end of the working day.
- The practice had effective leadership. The manager had made changes to ensure staff felt involved and supported and worked well as a team.

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

The practice had made improvements since our last inspection and addressed issues identified by risk assessments including fire safety, health and safety and legionella. There were processes in place to ensure infection control procedures were met including the completion of an annual infection control statement. Daily checks to show unpackaged instruments were reprocessed at the end of the working day were recorded.

There was a clear leadership within the practice which enabled staff to be supported effectively and encouraged to develop.

No action





Are services well-led?

Our findings

Governance arrangements

At the last inspection in January 2017 we found improvements were required to ensure effective systems were established to assess, monitor and mitigate risks arising from the regulated activities. This included taking appropriate action to address issues identified from risk assessments undertaken for fire safety and health and safety.

A Registered Manager had been appointed since the last inspection. They told us they had made changes to the practice and in supporting staff after the last inspection. For example, the manager was contactable or available from 8am until 6pm.

The manager held monthly team meetings and in addition dental nurse only meetings. Staff had received more training and evidence was seen that 'lunch and learn' sessions were offered where specific topics were discussed, such as implants. The majority of staff attended a recent provider conference and were the highest attendees from all of the practices. Two members of the dental team were also awarded long service awards.

During this inspection we reviewed the fire risk assessment and fire safety procedures in place. We found there were trained fire marshals and there was a sign within the staff room which indicated which fire marshals would take the lead in a fire if one occurred that day. We saw evidence a fire drill had taken place in June 2017. We were told fire drills would be carried out annually. We saw records showing daily and weekly checks for fire alarms, emergency lights and checks within the building. For example, checking escape routes were clear and the fire alarm panel was working correctly.

We saw the last fire risk assessment had been completed in November 2016 by an external company. Actions identified from this had been assessed and addressed, where necessary. For example, the combustible material in the store room had now been removed and the room appropriately ordered. The smoking policy had been reiterated to staff regarding where it was safe to smoke and we saw evidence this had been discussed during a staff team meeting.

We reviewed the health and safety audit that had been carried out in November 2016. All actions identified had been addressed including securing the cleaning stock room and addressing risk assessment actions for legionella and fire safety.

We found there had been a review of the legionella risk assessment from December 2015 that had taken place in November 2016. We were told and saw evidence all staff had received legionella awareness training and checks on hot and cold water sentinel taps had been carried out monthly. There was an action for head office to maintain the water tank on a six monthly basis. We were informed this was in progress.

We saw an annual infection control statement had been completed on 25 May 2017. We also saw the daily check sheets included a check to ensure boxes of instruments which held unpackaged instruments that had not been used in the day, had been reprocessed.

When clinical staff were recruited and had not received any Hepatitis B immunisation we were informed staff were risk assessed and did not treat patients until they had received their first dose. We were informed the provider was producing an updated risk assessment which managers could use for any new staff that were recruited.