

Dr. Paul Ready

Antrobus Dental Surgery

Inspection report

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Overall summary

We undertook a follow up focused inspection of Antrobus Dental Surgery on 2 March 2022. 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 led by a CQC inspector who was supported by a specialist dental adviser.

We undertook a comprehensive inspection of Antrobus Dental Surgery on 15 June 2021 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 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 Antrobus dental surgery on our website www.cqc.org.uk.

When one or more of the five 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 area where improvement was required.

As part of this inspection we asked:

- Is it well-led?

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 15 June 2021.

Summary of findings

Background

Antrobus Dental Surgery is in Sutton Coldfield and provides 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 are available in the practice car park and on local side roads near the practice. The practice has made reasonable adjustments to support patients with additional needs.

The dental team includes one dentist (the provider), one dental hygienist and four dental nurses, (one dental nurse is the practice manager; all dental nurses work on reception as needed). The practice has two treatment rooms.

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

The practice is open:

Monday, Tuesday and Thursday from 9am to 5pm and Wednesday and Friday from 9am to 2.30pm.

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 the inspection on 2 March 2022 we found the practice had made the following improvements to comply with the regulation:

Emergency equipment and medicines were available and checked in accordance with national guidance. One medicine to be used in a medical emergency was kept in the fridge. Staff were monitoring the temperature of the fridge on a daily basis to demonstrate that this medicine was being stored correctly. Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year.

We saw there were clear and effective processes for managing risks, issues and performance. The practice had procedures to reduce the risk of Legionella or other bacteria developing in water systems, in line with a risk assessment completed in September 2021. The provider was monitoring hot and cold-water temperatures but had not kept a log of these on a regular basis. Temperature recordings seen were within the required limits. The provider confirmed that they would continue to monitor temperatures on a monthly basis and keep a log to demonstrate this.

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals. Staff had completed the outstanding training identified at the last inspection, for example fire safety training with two staff completing fire marshal training, sepsis awareness training and basic life support training.

The practice ensured equipment was safe to use and maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations. A five-year electrical fixed wiring check had been completed.

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety. The practice's sharps risk assessment had been updated to include details of all sharp objects in use at the practice. A risk assessment was in place for one member of staff who was a non-responder to the hepatitis B vaccination.

Staff discussed their training needs during annual appraisals. They also discussed learning needs, general wellbeing and aims for future professional development. The provider had implemented a system which included an initial staff survey, discussions and an annual appraisal.

The practice had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis. Policies missing at the last inspection, for example for patient consent, duty of candour and a speak out policy had been developed and implemented.

The provider had also made further improvements:

The practice had implemented an effective system for receiving and responding to patient safety alerts, recalls and rapid response reports issued by the Medicines and Healthcare products Regulatory Agency, the Central Alerting System and other relevant bodies, such as the UK Health Security Agency.

The provider had taken action to ensure clinicians took into account the guidance provided by the Faculty of General Dental Practice when completing dental care records and improved the practice protocol regarding auditing patient dental care records to check that mandatory information was recorded.