

Bassingbourn Dental Practice Limited

Bassingbourn Dental Practice

Inspection Report

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Overall summary

We carried out a focused inspection of Bassingbourn Dental Practice on 29 January 2018.

The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We carried out the inspection to follow up concerns we originally identified during a comprehensive inspection at this practice on 9 May 2017 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 area(s) 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 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 Bassingbourn Dental Practice on our website www.cqc.org.uk.

We also reviewed aspects of the key questions of safe as we had made recommendations for the provider relating to this key question.

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 correct the shortfalls and address the regulatory breach we found at our inspection on 9 May 2017.

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: implementing a new procedure for managing untoward events, completing comprehensive risk assessments and implementing action plans for the recommendations therein, ensuring essential pre-employment checks were completed for new staff, ensuring audits were effective by taking action to address identified shortfalls and ensuring the practice complied with the requirements of the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. The improvements provided the basis for ongoing development of effective governance arrangements at the practice.

No action 

Are services well-led?

Our findings

At our inspection on 9 May 2017 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 29 January 2018 we noted the practice had made the following improvements to meet the requirement notice:

- The practice had implemented 'safer sharps' which have an in built mechanism to protect the user from sharps injury.
- The practice had arranged for external contractors to complete a fire risk assessment and health and safety risk assessment. These were completed on 12 October 2017. The risk assessments were robust and comprehensive. They highlighted a number of areas for improvement. In response to this, the practice had implemented action plans and were taking steps to address the concerns. The practice had planned a refurbishment which would address a number of the actions, this had recently been delayed, but was due to commence within four weeks of the inspection.
- Identified risks on the previous risk assessments had been addressed.
- We reviewed the staff recruitment documents for a newly employed dentist at the practice and found that they were in line with regulation. Essential pre-employment checks had been carried out.
- The practice had implemented a new policy to manage untoward incidents. This highlighted the need to report, investigate and learn from these incidents. The practice had not yet identified an incident which would show how effectively the process worked. Staff we spoke with

were all aware of the process. All staff indicated that they would use the process in the event of a serious incident; some staff also indicated that that would employ the process for more minor incidents.

- Infection control audit was used as a tool to identify concerns, and action had been taken to address points raised. Infection control audit had not been completed every six months as recommended in HTM 01-05. Following the inspection, we were immediately sent a further audit with an action plan.

The practice had also made further improvements:

- We reviewed record keeping and found that appropriate comprehensive dental care records were being kept.
- Medical emergencies equipment and medicines were held in line with national guidance.
- The practice kept a medicine called Glucagon for use in a medical emergency; this was being stored appropriately but the expiry date had not been altered to account for it not being kept in the fridge. This was altered immediately during our visit and was still within expiry date.
- We invited the practice to comment on any other recommendations and observations that were made in the original inspection and we were shown that they had addressed the majority of these matters. For example: all staff had undertaken fire training, the business continuity plan had been revised and was now relevant to the practice and the practice were receiving MHRA alerts directly.

These improvements showed the provider had taken action to address the shortfalls we found when we inspected on 9 May 2017.