

Boulevard Spa 25 Limited

Dentalspa25

Inspection Report

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Overall summary

We undertook a follow up inspection of Dentalspa25 on 9 September 2019. 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 Dentalspa25 on 24 January 2019 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 Dentalspa25 dental practice on our website www.cqc.org.uk.

As part of this inspection we asked:

- Is it well-led?

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

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 24 January 2019.

Background

Dentalspa25 is in Western Super Mare and provides private treatment for adults and children.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces, including those for blue badge holders, are available near the practice.

The dental team includes one dentist, one apprentice dental nurses, one dental nurse, one dental nurse/administrator and one administrator. The practice has two 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 the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Dentalspa25 is the principal dentist. A registered manager is legally responsible for the delivery of services for which the practice is registered.

Summary of findings

During the inspection we spoke with one dentist, one apprentice dental nurse, one dental nurse, one dental nurse/administrator and one administrator. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Friday 9am to 5.30pm.

Our key findings were:

- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The provider had thorough staff recruitment procedures.
- A fire risk assessment had been carried out and was being monitored.
- The provider used a laser which was in line with guidance and regulation.
- We saw that a file was available which contained safety assessments of substances hazardous to health in line with guidance.
- The X-ray equipment file had been completed in line with guidance and regulation.
- The practice appeared clean, cleaning was carried out in accordance with guidance.
- The dental care records we saw were completed in accordance with guidelines.
- We found that the practice was carrying out audits for dental care records and radiography in line with guidance.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services well-led?

We found that this practice was providing well led care and was complying with the relevant regulations.

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 our previous inspection on 24 January 2019 we judged the provider was not providing well led care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notice. At the inspection on 9 September 2019 we found the practice had made the following improvements to comply with Regulation 17:

- The practice had a laser for the use in dental surgical procedures. The provider had reviewed the practice's protocols and procedures for the use of dental laser equipment in compliance with The Medicines and Healthcare products Regulatory Agency Guidelines for Lasers intense light source systems and LEDs - guidance for safe use in medical, surgical, dental and aesthetic practices. A Laser Protection Advisor had been appointed and local rules were available for the safe use of the equipment. Evidence of staff training was also available.
- The provider had reviewed the fire safety risk assessment and ensured that any actions required were completed and ongoing fire safety management was effective. Records showed that fire detection and firefighting equipment were regularly tested and serviced.
- The provider had ensured the availability of equipment in the practice to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council. Emergency equipment and medicines were available as described in recognised guidance. We found staff kept records of their checks of these to make sure these were available, within their expiry date, and in working order. Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year.
- The provider had ensured accurate, complete and detailed records were maintained for all staff, and that all clinical staff have adequate immunity for vaccine preventable infectious diseases. The provider had a recruitment policy and procedures to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at staff recruitment records. These showed the provider followed their recruitment procedure.
- The provider had ensured the control and storage of substances hazardous to health identified by the Control of Substances Hazardous to Health Regulations 2002. Risk assessments were undertaken and the products are stored securely. The provider had suitable risk assessments to minimise the risk that could be caused by substances that are hazardous to health.
- The provider had ensured the availability of required information for the use of X-ray equipment in compliance with The Ionising Radiations Regulations 2017 and Ionising Radiation (Medical Exposure) Regulations 2017 and taking into account the guidance for Dental Practitioners on the Safe Use of X-ray Equipment. The practice had suitable arrangements to ensure the safety of the X-ray equipment and we saw the required information was in their radiation protection file.
- The provider had ensured that the practice's systems for environmental cleaning took into account the guidelines issued by the Department of Health - Health Technical Memorandum 01-05: decontamination in primary care dental practices. We saw cleaning schedules for the premises. The practice was visibly clean when we inspected.
- The provider had ensured that the completion of dental care records took into account the guidance provided by the Faculty of General Dental Practice, in relation to dental implants, current dental treatment, consent and medical history. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation (GDPR) requirements.
- The provider had ensured that audits of dental care records and radiography were undertaken at regular

Are services well-led?

intervals for clinicians to improve the quality of the service. The provider also ensured that, where appropriate, audits of dental care records had documented learning points and the resulting improvements could be demonstrated. We saw evidence that the dentist justified, graded and reported on the radiographs they took. The provider carried out

radiography audits following current guidance and legislation. They had clear records of the results of these audits and the resulting action plans and improvements.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with Regulation 17, when we inspected on 9 September 2019.