

Brock Street Dental Practice Limited

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Inspection report

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Date of inspection visit: 01 July 2020
Date of publication: 17/08/2020

Overall summary

We undertook a follow up desk-based inspection of Brock Street Dental Practice on the 01 July 2020. 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 undertaken by a CQC inspector who had remote access to a specialist dental adviser.

We undertook a comprehensive inspection of Brock Street Dental Practice on 27 February 2020 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 Brock Street Dental Practice dental practice on our website .

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 areas where improvement was required.

This desk-based inspection was undertaken during the Covid 19 pandemic. Due to the demands and constraints in place because of Covid 19 we reviewed the action plan and asked the provider to confirm compliance 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 27 February 2020.

Background

Brock Street Dental Practice (BSDP) is in Lancaster and provides NHS and private dental care and treatment for adults and children.

Summary of findings

There is assisted access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for people with disabilities, are available near the practice.

The dental team includes seven dentists, seven dental nurses, one dental hygienist, one dental hygiene therapist, one receptionist and a practice manager. The practice has six treatment rooms two of which are situated on the ground floor.

The practice is owned by a company and as a condition of registration must have a person registered with the CQC 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 BSDP is the principal dentist.

The practice is open:

Monday 08:30 - 19:00

Tuesday 08:30 - 17:30

Wednesday 08:00 - 16:30

Thursday 08:30 - 18:00

Friday 08:30 - 16:45

Our key findings were :

- The process for decontamination of dental instruments was in accordance with published guidance, the system for infection control and Legionella procedures had been improved.
- All appropriate medicines and life-saving equipment were available.
- Information held in the practice regarding hazardous substances had been improved.

The provider had staff recruitment procedures which reflect current legislation.

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 our previous inspection on 27 February 2020 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 review on 1 July 2020 we found the practice had made the following improvements to comply with the regulation:

- The systems and processes for ensuring the risks associated with Legionella had been improved. A legionella risk assessment had been undertaken in March 2020 and water temperatures from sentinel taps were being recorded as required.
- The systems and processes for ensuring the availability of equipment in the practice to manage medical emergencies had been improved. The practice had

replaced oropharyngeal airways and a portable suction machine for use in an emergency had been purchased. The pads on the automatic defibrillator had been replaced.

- The practice's recruitment policy and procedures had been reviewed. New disclosure and barring service checks (DBS) for all staff had been applied for.
- The systems and process for the management and control and storage of substances hazardous to health identified by the Control of Substances Hazardous to Health Regulations 2002 (COSHH) had been improved. The COSHH file had been updated to include up to date manufacturers safety sheets and a risk assessment for each product.
- Staff training for sepsis awareness and the understanding of the Mental Capacity Act 2005 is be completed when the practice starts to operate normally following the Covid 19 pandemic.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulation when we conducted this review on 01 July 2020.