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Beaconsfield Dental Practice – Mottingham

Inspection report

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Overall summary

We undertook a follow up focused inspection of Beaconsfield Dental Practice - Mottingham on 1 March 2023. This inspection was carried out to review 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 had remote access to a specialist dental advisor.

We had previously undertaken a comprehensive inspection of Beaconsfield Dental Practice - Mottingham on 11 November 2022 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 Beaconsfield Dental Practice - Mottingham dental practice on our website www.cqc.org.uk.

When 1 or more of the 5 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.

As part of this inspection we asked:

- Is it well-led?

Our findings were:

Are services well-led?

Summary of findings

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 11 November 2022.

Background

The provider has 6 practices and this report is about Beaconsfield Dental Practice - Mottingham.

Beaconsfield Dental Practice - Mottingham is in the London Borough of Bromley and provides NHS and 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, including dedicated parking for disabled people, are available near the practice. The practice has made reasonable adjustments to support patients with specific needs.

The dental team includes 2 dentists, 2 dental nurses, 1 trainee dental nurse and 1 receptionist. The practice has 3 treatment rooms.

During the inspection we spoke with the principal dentist. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open between 9am and 5pm on Mondays to Fridays.

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 1 March 2023 we found the practice had made the following improvements to comply with the regulation:

- Fire risks had been assessed and there were suitable arrangements in place to mitigate these in line with a fire safety risk assessment, which was carried out in November 2022. Fire safety checks were carried out.
- There were systems to monitor the availability of emergency equipment and ensure recommended emergency medicines and equipment were available in accordance with relevant guidelines.
- Infection prevention and control procedures were monitored effectively to ensure they were in accordance with published guidance. Audits of infection control procedures were carried out every 6 months, analysed and used to make improvements as required.
- There were arrangements for the maintenance and safety testing for the gas boiler.
- Risks associated with the use and disposal of dental sharps were assessed in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. There were arrangements to reduce the risk of sharps injuries.
- There were arrangements to monitor referrals to ensure that patients receive timely access to treatment. Referrals were logged and followed up on periodically.
- A disability access audit was carried out to comply with the requirements of the Equality Act 2010.
- Audits in respect of infection prevention control and dental radiography were analysed as part of a system to monitor and improve the quality and safety of the service.

The practice had also made further improvements:

- There were arrangements to ensure clinicians record in the patients' dental care records or elsewhere the reason for taking X-rays, a report on the findings and the quality of the image in compliance with Ionising Radiation (Medical Exposure) Regulations 2017 and taking into account the guidance for Dental Practitioners on the Safe Use of X-ray Equipment. Audits of dental radiographs were carried out to monitor and improve dental radiography.
- There were systems to ensure the clinicians take into account the guidance provided by the College of General Dentistry when completing dental care records. Record keeping audits were used to monitor and improve the quality and completeness of dental care records.
- Improvements had been made to the security of NHS prescription pads in the practice and there were systems in place to track and monitor their use.
- The practice had implemented audits for prescribing of antibiotic medicines taking into account the guidance provided by the College of General Dentistry.

The practice had implemented protocols for the use of closed circuit television cameras taking into account the guidelines published by the Information Commissioner's Office.