

Bath Spa Dentistry Ltd

Bath Spa Dentistry

Inspection Report

19a James Street
Bath
BA1 2BT
Tel:01225 464346
Website:www.bathspadentistry.com

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Overall summary

We undertook a follow up inspection of Bath Spa Dentistry on 1 November 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 Bath Spa Dentistry on 8 May 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 Bath Spa Dentistry 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 breaches we found at our inspection on 8 May 2019.

Background

Bath Spa Dentistry is in Bath 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 for blue badge holders, are available near the practice.

The dental team includes three dentists, one lead dental nurse, four dental nurses, one dental hygienist, one dental hygiene therapist, one practice manager and one business manager. The practice has three 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 Bath Spa Dentistry 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 lead dental nurse, three dental nurses 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 8.45am to 5.15pm

Tuesday 8.45am to 6.15pm

Wednesday 8.00am to 5.15pm

Thursday 8.45am to 5.15pm

Friday 8.15am to 2.15pm

Our key findings were:

- Improvements had been made to the availability of X-ray information.
- Improvements had been made to the administration and testing of the Dental Cone Beam (Computed Tomography) device.
- Improvements had been made to the management and use of safer sharps.
- Improvements had been made to the infection control procedures.
- Improvements had been made to the potential risk of legionella in the practice by implementing the recommendations in the legionella risk assessment.
- Improvements had been made to the safe storage of medicines.
- Improvements had been made to the auditing processes.
- Improvements had been made to the storage of waste materials.
- Improvements had been made to the staff appraisal process.
- Appropriate medicines and life-saving equipment were now available.

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 this practice was providing well-led care in accordance 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 8 May 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 1 November 2019 we found the practice had made the following improvements to comply with the regulation:

- We saw the provider had ensured the availability of all required information for the use of X-ray equipment. The X-ray file was organised and in the process of being moved to an on line file. The provider could locate all key information easily, such as maintenance records 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 the practice's protocols and procedures 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 HPA-CRCE-010 Guidance on the Safe Use of Dental Cone Beam (Computed Tomography) were available. Staff had been trained in the equipment's use, there was evidence available of a quality assurance programme and maintenance schedule. Appropriate safeguards were in place for patients and staff.
- The provider had ensured that the practice's sharps procedures were compliant with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 and were followed or a risk assessment completed. We saw that staff had 'safer sharps' equipment available, and all staff were using the equipment. Sharps bins were appropriately located and used. Staff followed the relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually.
- The provider had ensured that the practice's infection control procedures and protocols took into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance' We found both decontamination rooms had been decluttered, there was a system to judge correct volumes of water for manual cleaning, Personal protective Equipment (PPE) and practice stock were stored appropriately and paper hand towels were stored away from the work top. Staff understood procedures concerning the decontamination of impression equipment.
- The provider had infection prevention and control policy and procedures. The provider had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. There were suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.
- The provider had ensured the practice's Legionella risk assessment was implemented with the recommended actions completed. The practice was now using dip slide testing equipment which confirmed water lines were bacterially clear. We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with the risk assessment. All recommendations had been actioned and records of water testing and dental unit water line management were in place.
- The provider had ensured that practice's protocols for medicines management were followed and ensured all medicines were stored and dispensed of safely and securely. We found that no temperature critical medical stock was stored in the decontamination room, or within the splash zone of the manual cleaning sink. There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

Are services well-led?

The practice had also made further improvements:

- The practice had reviewed the availability of equipment in the practice to manage medical emergencies taking into account the guidelines issued by the British National Formulary 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 they were available, within their expiry date, and in working order.
- The practice had reviewed waste handling policies and procedures to ensure waste was segregated and disposed of in compliance with the relevant regulations and taking into account the guidance issued in the Health Technical Memorandum 07-01. We observed clinical waste was segregated and stored appropriately in line with guidance.
- The practice had implemented performance review systems and had an effective process established for the

on-going assessment and supervision of all staff. Staff discussed their training needs at an annual appraisal. We saw evidence of on-going appraisal and how the practice addressed the training requirements of staff.

- The practice had reviewed the practice's protocols to ensure audits of radiography, clinical records, antibiotic stewardship and infection prevention and control were undertaken at regular intervals to improve the quality of the service. The practice also ensured that, where appropriate, audits had documented learning points and the resulting improvements could be demonstrated. The provider therefore had quality assurance processes to encourage learning and continuous improvement.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulation when we inspected on 8 May 2019.