

Cray Dental Care

# Cray Dental Care

## Inspection Report

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### Overall summary

We carried out a follow- up inspection on 19 December 2016 at Cray Dental Care.

We had undertaken an announced comprehensive inspection of this service on 21 March 2016 as part of our regulatory functions where a breach of legal requirements was found.

After the comprehensive inspection, the practice wrote to us to say what they would do to meet the legal requirements in relation to the breach. This report only

covers our findings in relation to those requirements and we reviewed the practice against three of the five questions we ask about services: is the service safe, effective and well-led?

This was a desktop review and we did not revisit Cray Dental Care as part of this review. We checked whether they had followed their action plan and requested documents from the provider to confirm that they now met the legal requirements.

We found that this practice was now providing safe, effective and well-led care in accordance with the relevant regulations.

# 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 safe?

At our previous inspection we had found that the practice did not have reliable safety systems in place, including those relating to safeguarding. Staff were not up to date with their safeguarding training.

At our follow up review of 19 December 2016 we found that action had been taken to ensure that the practice was safe because there was now a reliable safety system in place. We found that all staff at the practice had received safeguarding training in April 2016.

We found that this practice was now providing safe care in accordance with the relevant regulations.

No action



### Are services effective?

At our previous inspection we found that this practice was not ensuring that staff had received appropriate training, supervision and appraisals as was necessary to enable them to carry out the duties they were employed to perform.

At our follow up review of 19 December 2016 we found that action had been taken to ensure that the practice was effective because there were now effective systems in place to ensure staff received appropriate training, supervision and support.

We found that this practice was now providing effective care in accordance with the relevant regulations.

No action



### Are services well-led?

At our previous inspection we had found that the practice had not established an effective system to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors. They had also not ensured that their audit, risk assessment and governance systems were effective.

We carried out an inspection on the 19 December 2016. Action had been taken to ensure that the practice was well-led because there were now effective system to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors. The providers had now ensured that their audit, risk assessment, policy updates and governance systems were effective.

We found that this practice was now providing well-led care in accordance with the relevant regulations.

No action



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## Detailed findings

### Background to this inspection

This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This inspection was carried out to check that improvements to meet legal requirements planned by the

practice after our comprehensive inspection on 21 March 2016 had been made. We reviewed the practice against three of the five questions we ask about services: is the service safe, effective and well-led?

The review was undertaken by a CQC inspector on 19 December 2016.

During our inspection we checked that the provider's action plan had been implemented by looking at a range of documents such as radiation protection records, audits, and policies. We also spoke with staff on the telephone.

# Are services safe?

## Our findings

### **Reliable safety systems and processes (including safeguarding)**

At the last inspection we found that staff had not recently received safeguarding training. We also found that the practice did not have up to date information of the local safeguarding team.

During this inspection we found that staff had now received training to the appropriate level and were aware of the details of the local safeguarding team.

The practice were undertaking fire drills and there was an evacuation procedure that was known to staff.

### **Staff recruitment**

Since the last inspection the practice had reviewed their policy for the safe recruitment of staff. The policy stated that the practice must obtain a full employment history, check the authenticity of qualifications, obtain references,

including one from the most recent employer, and complete an up to date Disclosure and Barring Service (DBS) checks. The practice had not recruited a new member of staff since the last inspection.

### **Equipment and medicines**

We found the equipment used in the practice were maintained and checked regularly to ensure they were safe to use. This included the equipment used to clean and sterilise the instruments and X-ray equipment that had received a performance check in June 2016.

### **Radiography (X-rays)**

One of the principal dentists was the Radiation Protection Supervisors (RPS). An external organisation covered the role of Radiation Protection Adviser (RPA). There were suitable arrangements in place to ensure the safety of the equipment. The equipment had a performance report that confirmed it was suitable for use. Evidence was seen of radiation training for staff undertaking X-rays. A radiograph audit had been carried out in November 2016.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Staffing

Staff had received appropriate professional development and training and the records we saw reflected this. This included Health and Safety, Fire awareness and

safeguarding training. The practice maintained a programme of professional development to ensure that staff were up to date with the latest practices. Staff were given the opportunity to discuss training issues during the appraisals and meetings and there was a system in place to monitor the number of CPD hours staff had completed.

# Are services well-led?

## Our findings

### **Governance arrangements**

The provider had governance arrangements in place for the effective management of the service.

This included having a system for receiving and sharing national safety alerts such as those

from the Medicines and Healthcare products Regulatory Agency (MHRA). There were policies and procedures in place including on recruitment and infection control. Policies had been updated to include information that was not present at the last inspection. For example details of the local safeguarding team were now held by the practice.

At the last inspection we found the practice had not carried out the mandatory X-ray audits. We found the practice were now undertaking audits for X-ray quality and justification.