

Mr Lester R Summerfield

Poynton House Dental Surgery

Inspection Report

40 Shropshire Street
Market Drayton
TF9 3DD
Tel: 01630 652868

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Overall summary

We undertook a follow up focused inspection of Poynton House Dental Surgery on 16 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 Poynton House Dental Surgery on 21 February 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 regulations 17 and 19 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 Poynton House Dental Surgery 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(s) 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 21 February 2019.

Background

Poynton House Dental Surgery is in Market Drayton and provides NHS and private treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces are available outside the practice in their dedicated car park.

The dental team includes three dentists, four dental nurses, two dental hygienists and one receptionist. The

Summary of findings

provider had also recruited an independent practice advisor who visited the practice on a monthly basis to assist with its compliance and management. The practice has four treatment rooms.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

During the inspection we spoke with the principal dentist and one dental nurse who had taken on some managerial duties at the practice. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open between 9am and 5pm from Monday to Thursday. It is open between 9am and 4pm on a Friday.

Our key findings were:

- Improvements had been made in the practice's staff training, audit processes and actions had been taken that had previously been identified on risk assessments.
- Improvements had been made in record keeping and this was now in line with current guidance.

There were areas where the provider could make improvements. They should:

- Implement an effective system for recording, investigating and reviewing incidents with a view to preventing further occurrences and ensuring that improvements are made as a result.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services well-led?

<Findings here>

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 21 February 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 16 September 2019 we found the practice had made the following improvements to comply with the regulations:

- We saw evidence that radiography audits were being regularly completed for all dentists to help improve the quality of service. We reviewed five audits and found they were individualised to each dentist and the types of X-rays taken.
- We saw evidence that staff had completed an infection control audit in June 2019 and this had documented learning points. A record keeping audit was completed in July 2019 and this also was complete with the relevant actions. Staff confirmed that they planned to re-audit in six months.
- We saw evidence that the practice had developed formal policies and processes to identify, manage, follow up and where required refer patients for specialist care when presenting with bacterial infections.
- We saw evidence that water temperatures had been logged since July 2019 to help ensure they remained within the parameters for the prevention of Legionella. We also saw evidence that the dental nurse had completed training in the prevention of Legionella.
- We saw evidence that most actions had been completed from the fire risk assessment. Staff had identified actions that were ongoing and explained why these had not yet been completed.

- We reviewed a selection of documents and found that record keeping was in line with current guidance. Staff had developed templates which were used as a prompt to ensure that dentists recorded all relevant information in the record card.
- We checked staff records and found that staff training, learning and development needs had been reviewed. Staff we spoke with were aware of the Duty of Candour regulation and a policy had been introduced. We saw evidence that all staff had completed training in safeguarding children and vulnerable adults to the required level.
- No new staff members had been recruited by the practice since our previous inspection. We reviewed the practice's recruitment policies and found they were in line with legislation.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulations when we inspected on 16 September 2019.

There remained some minor areas identified at our previous inspection which the provider had not fully addressed but was working towards further improvements:

- Staff were not reviewing all incidents to prevent further occurrences and ensuring that improvements are made as a result. We did see evidence of a comprehensive template that the practice had developed for recording all incidents.
- The practice's complaint procedures were now accessible to patients in the form of a leaflet that was available in the waiting room. Information was not available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.