

St. Mary's Street Practice Limited

St. Mary Street Dental Practice

Inspection Report

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Overall summary

We undertook a focused inspection of St. Mary Street Dental Practice on 13 February 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 St. Mary Street Dental Practice on 22 June 2018 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 safe and well led care and was in breach of regulations 12 (Safe Care and Treatment), 17 (Good Governance) and 19 (Fit and proper persons employed) 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 St. Mary Street Dental Practice on our website www.cqc.org.uk.

As part of this inspection we asked:

- Is it safe?
- 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 safe?

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

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 22 June 2018.

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 22 June 2018.

Background

Summary of findings

St. Mary Street Dental Practice is in Chippenham, Wiltshire and provides private treatment for adults and children.

The dental team includes the dentist, one dental nurse, a receptionist and a practice manager. The practice has one treatment room.

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 St. Mary Street Dental Practice is the practice manager.

During the inspection we spoke with the principal dentist, the dental nurse, the receptionist 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 to Friday 8:00am – 5:00pm.

Our key findings were:

- The practice was providing care and treatment in a safe way to patients.
- The practice had implemented effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- The practice had implemented a system to ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.
- The practice ensured that all relevant information is available in respect of each person employed.

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

- Review staff training to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.
- Review the practice's protocols for ensuring that all clinical staff have adequate immunity for vaccine preventable infectious diseases.
- Review the training, learning and development needs of individual staff members at appropriate intervals and ensure an effective process is established for the on-going assessment, supervision and appraisal of all staff.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?

We found that this practice was providing safe care and was complying with the relevant regulations.

The practice had implemented systems and processes to provide safe care and treatment.

Essential recruitment checks had been completed.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

No action



Are services well-led?

We found that this practice was providing well-led care and was complying with the relevant regulations.

The practice had made improvements to the arrangements in place to ensure the smooth running of the service. Systems were in place to ensure that all risks were identified and actions taken to mitigate the risks were discussed with staff and documented.

No action



Are services safe?

Our findings

At our previous inspection on 22 June 2018 we judged the practice was not providing safe 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 13 February 2019 we found the practice had made the following improvements to comply with the regulations:

- The practice had made significant improvements in respect of their infection control procedures and had ensure the autoclave (steriliser) and ultrasonic bath were serviced and validated as required.
- They had acquired an AED and, although some items were not available on the day of the inspection, the provider ordered them immediately; for example, buccal midazolam and needles to administer adrenaline. The practice had suitable arrangements for dealing with medical and other emergencies, however, in order to ensure no items are missing again, they should review staff training to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.
- We found that not all clinical staff had completed Basic Life Support (BLS) training in the last 12 months as it is

recommended, by error, they thought it was sufficient to have a first aider at work. Following the inspection, we received evidence to demonstrate they had completed BLS training.

- We noted that one clinical staff had evidence of the appropriate immunisations, whilst the other member of the clinical team had obtained a record of the vaccination, however this did not confirm they were immunised against Hepatitis B. The practice should review its protocols for ensuring that all clinical staff have adequate immunity for vaccine preventable infectious diseases.
- The practice had a well-maintained radiation protection file.
- The dentist was now using dental dams.
- The practice was now carrying out the necessary tests of the emergency lighting, fire detection and firefighting equipment.
- They had an effective recruitment procedure in place to assess the suitability of staff for their role. Not all the specified information (Schedule 3). We found that all required information relating to persons employed at the practice had been obtained.

These improvements showed the provider had taken action to comply with the regulations when we inspected on 13 February 2019.

Are services well-led?

Our findings

At our previous inspection on 22 June 2018 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 13 February 2019 we found the practice had made the following improvements to comply with the regulations:

- Risk assessments for Legionella, COSHH and fire had been carried out and the recommended actions had been completed.
- The provider had implemented a system to ensure policies and procedures were reviewed when required. However, we noted that appraisals had not been concluded and the system to monitor CPD was not

effective as the practice manager did not notice BLS training needed to be completed. The provider should review the training, learning and development needs of individual staff members at appropriate intervals and ensure an effective process is established for the on-going assessment, supervision and appraisal of all staff.

- The provider had reviewed the practice's audit protocols to ensure audits of various aspects of the service, such as radiography and infection prevention and control were undertaken at regular intervals, however there were no analysis of the results or associated action plans.

These improvements showed the provider had taken action to comply with the regulations when we inspected on 13 February 2019