

## Swallownest Dental Practice Partnership

# Swallownest Dental Practice Partnership

### Inspection Report

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## Overall summary

We undertook a follow-up focused inspection of Swallownest Dental Practice on 3 December 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 Swallownest Dental Practice on 10 June 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 Swallownest Dental Practice on our website [www.cqc.org.uk](http://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 areas 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 breach we found at our inspection on 10 June 2019.

### Background

Swallownest Dental Practice is in Sheffield 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 at the practice.

# Summary of findings

The dental team includes five dentists, eight dental nurses, one dental hygiene therapist, one receptionist and a practice manager. The practice has five treatment rooms. The company clinical director was present during the follow-up inspection.

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 Swallownest Dental Practice is the practice manager.

During the inspection we spoke with the practice manager and the company clinical director. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday to Friday 8am – 6pm.

## Our key findings were:

- Systems to improve and monitor awareness of sepsis and sharps management were now in place.
- Leadership and clinical oversight were much improved.
- Radiographic quality assurance and completion of patient dental care records were now carried out in line with guidance.
- Systems to ensure awareness of responsibilities for safeguarding and the Mental Capacity Act 2005 were now embedded.
- The practice's culture of learning for continuous improvement was more effective and embedded.
- The practice's systems for recording patient's personal information were now utilised effectively.
- Systems were in place to ensure clinicians remained up to date with current legislation and took account of relevant nationally recognised evidenced-based guidance.

# 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 our previous inspection on 10 June 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 3 December 2019 we found the practice had made the following improvements to comply with the regulation:

The provider had made improvements and updated systems to ensure risk management was more effective. In particular:

- The practice's safer sharps system was reviewed and discussed at a practice meeting. The process was risk assessed in July 2019 and the assessment included all sharps in use. All clinical staff have undertaken training in 'sharps' and visual aids were in place to assist with the safe sharp's disposal process.
- All staff had completed sepsis training in September 2019 and sepsis awareness posters were visible throughout the practice. Continuous training is embedded into the practice's ethos and refresher training will be provided by the clinical director in the future to ensure staff remain up-to-date.

To improve the areas of concern we identified in respect to oversight of clinical governance, the company recruited a clinical director in August 2019. The clinical director provides guidance to clinicians, conducts audit, appraises clinicians and oversees staff training. The practice had also benefited from increased support from head office by way of monthly visits to maintain a level of leadership and oversight.

Improvements in respect to this change were evidenced as follows:

- Audits for radiographic quality assurance were now in line with guidance. The audit conducted by the clinical director in August 2019 identified the same concerns we found during our previous inspection and as a result adjustments were made for learning and improvement. The clinical director provided guidance to clinicians on the X-ray grading process and plans to re-audit radiographic quality in February 2020.

- Staff training was monitored by the practice manager and the clinical director. Systems to ensure face to face and on-line training sessions for safeguarding and infection prevention and control were embedded.
- All staff had completed additional on-line training in October 2019 in respect to the Mental Capacity Act 2005 and Gillick competence. Additionally, a refresher training session took place during a practice meeting in November 2019 where it was annotated that staff commented they were much better informed.
- Staff completed face-to-face safeguarding training provided by the clinical director in September 2019. The refresher training session and follow up quiz in November 2019 also confirmed that staff were much better informed.
- Audits for the completion of patient dental care records were now in line with guidance. The audit conducted by the clinical director in August 2019 identified the same concerns we found during our previous inspection and as a result adjustments were made for learning and improvement. The audit process and results were discussed with the individual clinicians during their appraisal process. The clinical director implemented a template to help them complete patient dental care records thoroughly and in line with guidance.
- The clinical director described how a discussion had taken place with clinicians to ensure a more comprehensive justification was annotated in patient dental care records when using a temporary filling material as a stabilisation material. This would be an area reviewed during the next patient dental care record audit.

During the inspection in June 2019 we noted the administrative and electronic systems in use to record patients' personal information and medical history was not utilised effectively. The practice manager and clinical director described how they had reviewed the system completely and that it is actively monitored by the practice manager. Results of the active monitoring had identified additional learning outcomes.

The practice had also made further improvements:

- The clinical director described how they had implemented a monitoring system to ensure clinicians remained up to date with current legislation and took

## Are services well-led?

account of relevant nationally recognised evidenced-based guidance, namely the Faculty of General Dental Practitioners and the British Society of Periodontology.

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 3 December 2019.