

Mr. Robert Furniss

Southlands Dental Practice

Inspection Report

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Overall summary

During our announced comprehensive inspection of this practice on 7 March 2017 we found breaches of legal requirements of the Health and Social Care Act 2008 in relation to regulation 17- Good Governance.

We undertook this focused inspection to check that the provider now met legal requirements. This report only covers our findings in relation to these requirements. You can read the report from our previous comprehensive inspection by selecting the 'all reports' link for Southlands Dental Practice at www.cqc.org.uk

During our inspection we spoke with the owner and the head dental nurse. We reviewed a range of documentation and checked medical equipment

Are services Well-led?

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

Key findings

- Overall, we found that effective action had been taken to address the shortfalls identified at our previous inspection and the provider was now compliant with the regulation.

There were areas where the provider could make improvements and should:

- Embed newly implemented improvements into the practice and ensure they are sustained in the long term.

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 well-led?

We found that effective action had been taken to address shortfalls we had identified in our previous inspection and staff had worked hard to implement them. For example, the practice now received national patient safety alerts, recruitment procedures were more robust, risk assessment had improved, patient referrals were actively monitored and staff's performance was appraised. Regular staff meetings were now held and audits were undertaken to improve the service.

No action



Are services well-led?

Our findings

Governance arrangements

At our previous inspection in March 2017 we found a number of shortfalls in the practice's governance procedures that showed that it was not well led. During this inspection we noted the following significant improvements had been implemented since then:

- The practice had purchased an on-line clinical governance tool. Staff told us that this had helped them implement improvements to the service
- Since our previous inspection a system of significant events recording had been implemented, which highlighted both positive and negative occurrences. The significant events reports were now a standing agenda item at practice meetings so that learning from them could be shared across the practice team. Staff had a clearer understanding of significant events and we saw detailed records of over 30 events which had been recorded since our previous inspection, many of which reported positive feedback from patients
- A system had been implemented to ensure that national patient safety alerts were received and actioned if needed. Alerts were now sent to the practice's email address, downloaded and kept if relevant. Staff we spoke with were aware of recent alerts affecting dental practice.
- All dentists now routinely used rubber dams when undertaking root canal treatment, and we viewed audits of their usage to demonstrate this.
- We viewed the practice's medical emergency equipment and noted that oxygen masks were now bagged to ensure their hygiene.
- Fridge temperatures, where temperature sensitive materials were stored, were now recorded daily. However we noted some discrepancies in the recording, which the principal dentist assured us he would address immediately.
- The practice had implemented a comprehensive recruitment policy. We viewed records in relation to one new employee and saw that appropriate pre-employment checks had been completed for them, including references and a DBS check. A record of their interview had also been kept to demonstrate it was conducted in line with good employment practices.
- We viewed completed assessments for Legionella management and fire risk that the practice had commissioned from external specialist companies. We saw evidence to show that recommendations had been implemented such as installing a pressurised water cylinder and removing dead legs in pipework to reduce Legionella risk. New door closures had been fitted and smoke alarms were now checked regularly to improve fire safety in the practice.
- Infection control audits were now being undertaken in line with national recommendations. We viewed the most recent audit completed in September 2017 which showed the practice was meeting essential quality requirements.
- The practice's external clinical waste bin had been chained in place to ensure its safety.
- The practice had undertaken an audit of its anti-microbial prescribing, and now used the correct dosage of antibiotic as a result.
- A system was now in place to actively monitor all patient referrals to ensure they had been received and actioned.
- Clearer and more visible information about how patients could raise their concerns or complaints was now available in the waiting area.
- All staff had received an appraisal of their performance and the practice now held regular staff meetings.

In addition to this staff told us that plans were in place for them to receive further training in the Mental Capacity Act to increase their understanding of its requirements. They also told us that new chairs and a hearing loop were to be purchased to improve access for patients with disabilities.

These improvements demonstrated that the provider had taken effective action to address the shortfalls we had identified during our previous inspection. Staff had worked hard to implement them.