

Goodwood Court Dental Surgery

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Inspection Report

52-54 Cromwell Road
Hove
East Sussex
BN3 3ER
Tel: 01273 693300

Date of inspection visit: 7 November 2018
Date of publication: 10/12/2018

Overall summary

We undertook a focused inspection of Goodwood Court Dental Surgery on 7 November 2018. 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 remotely by a specialist dental adviser.

We had undertaken a comprehensive inspection of Goodwood Court Dental Surgery on 19 July 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 well led care in accordance with the relevant regulations 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 Goodwood Court Dental Practice on our website www.cqc.org.uk.

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.

As part of this inspection we asked:

- Is it well-led?

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 had found at our previous inspection on 19 July 2018.

Background

Goodwood Court Dental Surgery is in Hove, East Sussex 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 for blue badge holders are available outside the practice.

The dental team includes the principal dentist, one dental nurse and one trainee dental nurse. Both nurses perform dual roles as receptionist. The practice has one treatment room.

Summary of findings

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. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

- Monday to Friday from 8.30am to 5.30pm
- Saturday from 9am to 1pm (one Saturday a month by appointment only)

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 which can be sustained in the longer term, in accordance with the fundamental standards of care.
- Patients' dental care records were stored securely and patients' confidentiality was maintained.
- Prescription pads were securely stored and systems were in place to track and monitor their use.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services well-led?

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

The practice had made significant 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.

Systems were in place to track the training needs of staff. Improvements had been made to ensure that all staff understood their roles and responsibilities. Staff felt empowered, supported and appreciated.

Improvements had been made to ensure that patient information was kept securely and complied with General Data Protection Regulation (GDPR) requirements.

The practice had been proactive in reviewing all areas of their work. Changes had been made within the practice to help them improve and learn.

The improvements provided a sound footing for the ongoing development of effective governance arrangements at the practice.

No action



Are services well-led?

Our findings

At our previous inspection on 19 July 2018 we judged it was not providing well led care and told the provider to take action as described in our requirement notice. At the inspection on 7 November 2018 we found the practice had made the following improvements to comply with the regulations:

- At our previous inspection on 19 July 2018 we observed that the dentist was working without the chairside support of a qualified or trainee dental nurse at all times. At the inspection on the 7 November 2018 we saw that the dentist had suitable chairside support in the form of a dental nurse or trainee dental nurse. We also saw evidence in the way of an appointments calendar that the dentist always worked with chairside support when seeing patients.
- Effective systems and processes had been established to ensure good governance in accordance with the fundamental standards of care.
- The systems and processes for learning and encouraging improvements within the practice had been improved.
- A radiography audit had been completed. We saw that this was reported on and there were no required actions. We saw plans in place for this to be repeated six monthly, in excess of required regulations and national guidance.
- The practice completed audits in infection prevention and control and we saw that changes had been made to ensure that reception and waiting areas were cleaned on a daily basis. Logs of required cleaning tasks had been implemented. These were completed on a daily basis to ensure continuity of cleanliness with the part-time staff completing these tasks. The practice was clutter free and clean.
- The practice had worked hard to improve their infection prevention and control processes within the team. Staff had been instrumental in the design of daily, weekly and monthly checklists, implemented to ensure consistency in the decontamination procedures and that all required checks on the sterilisation equipment were completed. These checklists were visible for staff who were clear on their role and responsibilities. Drawers were organised and dental instruments dated appropriately.
- Additionally, the practice completed an audit of emergency procedures in the practice and had improved the robustness of the logs of the checks of the medicines and emergency equipment to ensure that these were in date and working order.
- We saw that the practice had reviewed the storage of NHS prescription pads. These were stored securely in a locked cupboard. Additionally, the practice implemented a log of all prescriptions to monitor and track their use.
- The practice reviewed patients' dental care record storage to ensure that these were kept securely and never left lying unattended. Systems had been improved to support the confidentiality of people using the service. Patients' personal information remained secure and confidential.
- No new staff had been employed since the previous inspection but we saw a comprehensive programme of induction that all new staff would be required to undertake.
- We saw that systems had been implemented to track the training of staff to ensure that staff completed continuing professional development training required by their regulatory body, the General Dental Council.
- Since the previous inspection all necessary staff had completed training in safeguarding vulnerable adults and children, emergency resuscitation and basic life support (BLS) and infection prevention and control.
- Staff were aware of The Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 and the practice was using 'safer' sharps.
- The practice had completed the required recruitment checks of all staff and had a log of all documentation held on the premises which met Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The practice had also made further improvements:

- The practice was motivated to ensure that required changes in governance were embedded and sustained for the longer term. All staff understood their roles and responsibilities and improvements had been made to the systems of accountability to support the governance and management. Staff understood the importance of implementing and maintaining such systems to improve the smooth running of the practice.
- Staffing at the practice remained consistent which ensured continuity of care and service delivery.

Are services well-led?

- Staff in the practice welcomed opportunities to improve the running of the practice to ensure regulatory compliance and enhance service delivery; staff were motivated to learn.
- The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff. There was a clear system in place to ensure that these were reviewed and updated in a timely manner.
- Team cohesion had improved. Staff worked to support each other. Staff demonstrated an ethos of compassion and hard work and were motivated to develop the practice.
- Staff stated that they felt respected and supported. Staff had been encouraged to develop their skills and to take on new responsibilities. Staff were encouraged and felt confident to suggest areas for improvement within the practice. These were listened to and acted on.