

M&K Adventures Ltd

The Barn Cosmetic and Dental Clinic

Inspection Report

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Overall summary

We undertook a follow up desk-based inspection of The Barn Cosmetic and Dental Clinic on 14 February 2020. 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.

We undertook a comprehensive inspection of The Barn Cosmetic and Dental Clinic on 24 July 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 The Barn Cosmetic and Dental Clinic 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 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 24 July 2019.

Background

The Barn Cosmetic and Dental Clinic is in Odstock, Salisbury and provides private treatment for adults and children.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces, including one for blue badge holders, are available at the practice.

Summary of findings

The dental team includes the principal dentist, two other dentists, two dental nurses, one dental hygienist, one receptionist and the practice manager. The practice has two treatment rooms.

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 The Barn Cosmetic and Dental Clinic is the practice manager.

During the inspection we spoke with the practice manager. We were sent evidence of practice policies and procedures and other records about how the service is managed.

The practice is open:

- Monday to Friday from 8.30am to 5pm.

Our key findings were:

- The practice had made significant improvement and had ensured that they had established and effective systems and processes which ensured good governance in accordance with the fundamental standards of care.

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 24 July 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 14 February 2020 we found the practice had made the following improvements to comply with the regulation:

- We saw evidence that the provider had updated their recruitment policy and procedures. This detailed the practice's procedures for the safe and appropriate recruitment of staff; and followed current legislation.
- We saw evidence that the provider had clarified their position on the eligibility criteria for Disclosure and Barring Service (DBS) checks to ensure that processes for obtaining these were clear.
- The practice had implemented a recruitment workflow to assist staff in following their recruitment procedures to ensure all documentation was in place for each person employed.
- The practice had implemented a risk assessment for any staff employed where the DBS check had not been finalised prior to them starting work at the practice. This included reduced duties and not working unaccompanied with patients until the practice had seen evidence of the DBS check.
- We saw evidence that the practice had made improvements to its systems to manage medicines. A policy had been implemented which detailed the prescribing, storage and dispensing of medicines.
- Medicines were stored at an appropriate temperature and logs of the checks of the fridge temperature were documented on a daily basis.
- The practice now kept a log of all medicines at the practice in order to manage stock control.
- Staff had undertaken additional training in antibiotic stewardship.
- We saw that the practice had updated its sharps risk assessment to include all named sharps within the practice; and had detailed staff roles and responsibilities in handling sharps.
- We saw evidence that all recommended actions as specified in the fire risk assessment dated January 2019 had been completed by the practice.
- The practice had updated its consent procedures for patients undergoing dental implant treatment. We saw consent forms which were clear and outlined all aspects of the proposed treatment including risks and benefits.

The practice had also made further improvements:

- The practice had reviewed its entire governance arrangements to enhance efficiency and effectiveness.
- The practice now had daily and monthly meetings which include updating staff on all aspects of dental compliance.
- The practice had undergone a period of reflection and review. It had made efforts to ensure that the threshold for risk was low in order that the practice learnt from any potential negative occurrence through openness and daily discussions with staff.

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 14 February 2014.