

David Cheung

Clayton Brook Dental

Inspection Report

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Overall summary

We carried out an announced focused inspection on 27 October 2015. The reason for this inspection was to gain assurance that the practice had addressed the concerns identified in our inspection of the 10 June 2015. We found that, in June, the practice was not meeting Regulation 17 - Good Governance.

Our findings were:

Are services well-led?

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

The practice is an NHS funded family partnership situated in the centre of Clayton Brook in Chorley. There is one principal dentist and an associate dentist. The practice also employs a dental hygienist, two dental nurses, and two cadent dental nurses. The practice manager is also a qualified dental nurse but their main duty is to cover receptionist duties. A new role for the implementation and monitoring of governance processes had been put in place.

Our key findings were:

- The practice has implemented a system which recorded and analysed significant events and complaints and cascaded learning to staff.
- The practice had a structure and process in place to monitor staff training.
- The problems with clinical waste storage had been addressed.
- The practice had implemented a new leadership and governance structure.
- Short falls in the governance systems had been actioned.
- All practice policies and procedures had been reviewed. All procedures were generic and practice specific.
- A full audit of records relating to the employed staff had been conducted and gaps in information was being followed up.
- An approach for identifying and addressing concerns raised through audit had been put into place.
- A standard staff meeting template enabled communication about the quality and safety of services and what actions have been taken as a result of audits, concerns, complaints and compliments to be shared with staff.

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 safe?

Not reviewed on this inspection.

Are services effective?

Not reviewed on this inspection.

Are services caring?

Not reviewed on this inspection.

Are services responsive to people's needs?

Not reviewed on this inspection.

Are services well-led?

Following this inspection we could assure ourselves that this practice was providing well-led care in accordance with the relevant regulations.

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Detailed findings

Background to this inspection

We carried out an announced focused inspection on 27 October 2015. The reason for this inspection was to gain

assurance that the practice had addressed the concerns identified in our inspection of the 10 June 2015. We found that, in June 2015, the practice was not meeting Regulation 17 - Good Governance.

Are services well-led?

Our findings

Governance arrangements

The practice have introduced formal arrangements for monitoring and improving the services provided for patients. We found that governance arrangements in the practice had improved. A new role had been introduced in the management structure for governance monitoring within both the provider's practices.

Formal systems had been put in place for carrying out clinical and non-clinical audits within the practice and a process for findings from these audits to be used to change and improve practice. Health and safety related audits and risk assessments were now in place to help ensure that patients received safe and appropriate treatments.

There was a full range of policies and procedures in use at the practice. A policy file had been put in place. All policies had been reviewed and re written which ensured that they were reflective of practice in the surgery. A policy calendar had been introduced which ensured that all policies were reviewed on a regular basis.

Management lead through learning and improvement

The management of the practice was focused on achieving high standards of clinical excellence and improving outcomes for patients and their overall experience. A new structure had been put in place which enabled the learning and improvement within the practice was discussed at team meetings.

On this inspection we were able to assure ourselves that the provider had systems and process in place which ensured they were able to meet requirements in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Regulations 4 to 20A).

Practice seeks and acts on feedback from its patients, the public and staff

The practice held regular staff meetings and a new standard template for topics to be included and discussed had been developed. These included, for example, health and safety issues, audit findings and staff training.

A process for staff supervision and appraisals had been identified. Two members of staff had received appraisals and an appraisal calendar had been put into place.