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# Stressless Dental Care Holbeach

## Inspection Report

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### Overall summary

We carried out a focused inspection of Stressless Dental Care Holbeach on 22 June 2018.

The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We carried out the inspection to follow up concerns we originally identified during a comprehensive inspection at this practice on 01 November 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

At a comprehensive inspection we always ask the following five questions to get to the heart of patients' experiences of care and treatment:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

When one or more of the five questions is 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(s) where improvement was required.

At the previous comprehensive inspection we found the registered provider was providing safe, effective, caring and responsive care in accordance with relevant regulations. We judged the practice was not providing well-led care in accordance with 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 Stressless Dental Care Holbeach on our website [www.cqc.org.uk](http://www.cqc.org.uk).

We also reviewed the key questions of safe, effective and responsive as we had made recommendations for the provider relating to these key questions. We noted that most improvements had been made.

#### **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 to put right the shortfalls and deal with the regulatory breach we found at our inspection on 01 November 2017.

# Summary of findings

## The five questions we ask about services and what we found

We asked the following question(s).

### **Are services well-led?**

The provider had made improvements to the management of the service. This included implementing significant event reporting and analysis processes, undertaking risk assessments such as legionella, undertaking clinical audit and policy review and implementation.

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 inspection on 01 November 2017 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 22 June 2018 we noted the practice had made the following improvements to meet the requirement notice:

- The provider had implemented a policy and process for reporting and investigating significant events. We noted that an incident had been recorded in March 2018 which was discussed amongst staff.
- The provider had implemented a system for monitoring and improving quality. For example, we looked at audits in relation to infection prevention and control, clinical record keeping and radiography. The audits were completed in June 2018 and they included analysis and action plans.
- We found that a system had been devised for reviewing staff training, learning and development needs. For example, all staff had now received an appraisal. The dental nurse had identified that they wanted to become more involved in radiography and the practice manager reported that they wanted to increase their knowledge and understanding of governance issues. The principal dentist told us how these objectives were being met. The principal dentist had made arrangements for a clinician who worked externally to the practice to undertake their own review. We were told that there would be regular review of staff training, learning and development needs. We looked at all staff training records. We saw that staff were completing a range of training regularly. We noted that staff had undertaken updated basic life support and infection prevention and control training.
- We had identified that the provider had not undertaken routine tests of the ultrasonic cleaner at our inspection in November 2017. At our inspection in June 2018, we were informed that the ultrasonic cleaner was no longer in use and our observations confirmed this. The provider told us that manual cleaning took place instead. We looked at the process used and the new policy which had been introduced for manual cleaning. The new process met national guidance.
- We found that the provider had taken steps to mitigate the risks relating to the health safety and welfare of service users. The provider had undertaken a risk assessment to ascertain the risk presented by Legionella bacteria. We looked at the risk assessment dated January 2018. We noted that recommendations had been carried out. We saw that records that showed water temperature testing had also been conducted. We saw that the dental nurse had undertaken training in Legionella.
- A qualified contractor had visited the premises in December 2017 to undertake a fire risk assessment and to check and service fire equipment. We saw that new equipment had been installed such as fire extinguishers and smoke alarms. A contractor had also undertaken an electrical installation condition inspection. We looked at the documentation and noted that the results showed it was unsatisfactory. We did not see an action plan attached. We discussed this with the provider who told us that the contractor did not have concerns that warranted further action to be taken. The provider told us they would contact the contractor to assure themselves that no further action was required.
- The provider had completed their own health and safety risk assessment and we were provided with a copy of the document.
- We looked at the emergency medicines and equipment in the practice. We found that all items were held as recommended by the Resuscitation Council UK. We saw records to show that regular checks took place of the medicines and equipment. The provider was not assured about who was responsible for maintaining the community defibrillator which was held on a wall outside the practice front entrance. They told us that they would prefer to transport their own defibrillator from their other practice when they worked at this location in future. They told us that only one practice was open at any time.
- We had found at our inspection in November 2017 that practice specific policies had not been implemented or were outdated and not subject to regular review. At our inspection in June 2018, we found that practice specific policies had been implemented and other policies had

## Are services well-led?

been reviewed and updated. For example, the provider had implemented policies for significant event reporting, whistleblowing and had updated the complaints policy.

The practice had also made further improvements:

- At our inspection in November 2017 we told the provider that there were areas where they could make improvements. We told the provider that they should review any medicines and patient safety alerts from the MHRA and take any appropriate action. The provider showed us print outs of alerts at our inspection in June 2018 and were knowledgeable about the detail of the alerts. They had not implemented a log to record any relevant alerts and action taken but told us they would do so in future.

- We had identified at our inspection in November 2017 that recruitment procedures required strengthening, if the provider chose to employ any new staff. The provider showed us a list they had obtained of Schedule three requirements. We noted that they had not implemented a practice specific recruitment policy. We were informed that this would be addressed and the Schedule three requirements referenced in the policy.
- The provider had reviewed their responsibilities to the needs of people with a disability, including those with hearing difficulties. When we attended the practice in June 2018, we saw that the practice had a hearing loop at the reception desk.

These improvements showed the provider had taken action to address the shortfalls we found when we inspected on 01 November 2017.