

Synergy Dental Care Ltd

Synergy Dental Care – Biddulph

Inspection Report

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Overall summary

We undertook a follow up focused inspection of Synergy Dental Care – Biddulph on 22 February 2019. 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 by a specialist dental adviser.

We undertook a comprehensive inspection of Synergy Dental Care – Biddulph on 17 December 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 and was in breach of regulation 17 (Good governance) 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 Synergy Dental Care – Biddulph on our website www.cqc.org.uk.

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 breach we found at our inspection on 17 December 2018.

Background

Synergy Dental Care – Biddulph provides private treatment to adults and children. Treatments include conscious sedation and dental implants.

There is level access to the practice for people who use wheelchairs. There are two small steps to access the ground floor surgery. Car parking spaces are available near the practice.

The dental team includes two dentists, four dental nurses, two dental hygiene therapists, one receptionist and a practice director. The practice has three 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

Summary of findings

the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Synergy Dental Care – Biddulph is the practice director.

During the inspection we spoke with one dental nurse and the practice director. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Wednesday from 9:00am to 5:00pm

Thursday from 9:00am to 7:00pm

Friday from 9:00am to 5:00pm

Our key findings were:

- Improvements had been made to the processes for managing the risks associated with Legionella and fire.
- Improvements had been made to the process for managing the risks associated with substances which are hazardous to health.

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 and was complying with the relevant regulations.

The provider had made improvements to the management of the service. This included improving the processes for managing the risks associated with Legionella and fire. Taps had been fitted to the dead legs in the consultation room, emergency lighting had been fitted throughout the practice and staff were booked on to a course to complete fire training. Combustible substances and shredded paper had been removed from the ground floor toilet.

Individual risk assessments had been completed for substances which are hazardous to health. Hazardous substances were stored securely.

No action



Are services well-led?

Our findings

At our previous inspection on 17 December 2018 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 22 February 2019 we found the practice had made the following improvements to comply with the regulation:

- The provider had fitted taps to the dead legs in the consultation room. These were flushed on a weekly basis to prevent stagnation of water. We saw check lists for the flushing regime. In addition, the temperature of the hot and cold water outlets was monitored when they were flushed.
- Hot and cold water temperatures were taken at the sentinel outlets. We saw evidence that these had all reached 55 degrees Celsius except for one occasion. Staff had sought advice about this and a risk assessment had been put in place. The subsequent temperatures had exceeded 55 degrees Celsius.
- We saw that emergency lighting had been fitted throughout the premises. There were systems in place to ensure the batteries for the emergency lighting were

adequately charged and checks carried out. We were told that there had been a power cut recently and the cleaner (who was in the practice at the time) confirmed that the emergency lighting provided adequate illumination. This had been recorded as a positive significant event.

- We saw that combustible substances and shredded paper had been moved from the ground floor toilet.
- Staff were booked on to a course to complete fire awareness training on 13 March 2019.
- We reviewed the Control of Substances Hazardous to Health (COSHH) folder. We saw that risk assessments had been completed for individual substances.
- COSHH substances were stored securely.

The practice had also made further improvements:

- The sharps risk assessment had been reviewed and now covered the risks associated with the dismantling of a matrix band.

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 22 February 2019.