

Mr. Richard Kuncewicz

Dental Surgery

Inspection Report

23 Old Rough Lane
Northwood, Kirby
Liverpool
L33 6XE
Tel: 0151 5465839
Website: N/A

Date of inspection visit: 21 October 2016
Date of publication: 18/11/2016

Ratings

Overall rating for this service

No action 

Are services well-led?

No action 

Overall summary

We carried out an announced comprehensive inspection at Dental Surgery (Mr. Richard Kuncewicz) on 25 August 2015 and at this time breaches of a legal requirement were found. After the comprehensive inspection the practice wrote to us and told us that they would take action to meet the following legal requirements set out in the Health and Social Care Act (HSCA) 2008:

Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010, Good Governance.

On 21 October 2016 we carried out a focused review of this service under section 60 of the Health and Social care Act 2008 as part of our regulatory functions. The review was carried out to check whether the provider had completed the improvements needed and identified during the comprehensive inspection on 25 August 2015. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Dental Surgery (Mr. Richard Kuncewicz) on our website at cqc.org.uk

Our findings were:

We found that this practice was providing well-led care in accordance with the relevant regulations. Improvements needed had been made.

Background

The practice is situated in the Northwood area of Kirby, Liverpool. It is a converted shop within a small shopping precinct. The practice has one principal dentist and one associate dentist. There are two trainee dental nurses and one qualified dental nurse who also acts as the practice manager. The practice provides primary dental services to NHS patients. The practice is open Monday to Friday 9am – 1pm and 2pm – 5.30pm.

The principal dentist is the registered provider. A registered provider is registered with the Care Quality Commission to manage the service. Registered providers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

Summary of findings

Our key findings were:

- There were effective systems and processes in place to assess, monitor and improve the quality and safety of services and to evaluate and improve their practice.
- An infection control audit had been undertaken based on the infection prevention society audit tool.
- Radiograph audits had been undertaken six monthly and results reviewed.

The practice had also acted upon other recommendations:

- Systems and processes were in place to ensure that national patient safety and other relevant alerts and guidance was followed and actions taken documented.
- Equipment and medicines to manage medical emergencies were in place and reflected guidance issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team. Weekly checks were undertaken and documented.
- A documented recruitment policy and procedure was in place.
- An appraisal system had been implemented that included assessment of performance and development needs. We saw evidence of staff appraisals having been carried out.
- A training and development plan for practice nurses was in place.
- Staff had received training and were aware of the requirements of the Mental Capacity Act (MCA) 2005 and their responsibilities under the Act as it related to their role.
- Improvements had been made to the practice premises and facilities which enabled suitable cleaning to take place in line with guidance and legislation to minimise the risk of infection.
- Staff meetings were documented and had been held on a regular quarterly basis.

There were areas where the provider could make improvements and they should:

Review the recruitment policy and procedures to ensure the requirement to obtain an appropriate Disclosure and Barring Service (DBS) check is documented and carried out prior to recruitment.

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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 well-led?

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

The provider had put in place regular audits such as infection control, record keeping and radiographs.

The recruitment policy had been implemented; however this did not include the requirement to carry out checks through the Disclosure and Barring Service (DBS) prior to employing a staff member.

Formal documented appraisals and training and development plans were in place for dental nurses.

A patient satisfaction survey was implemented and concerns listened to.

No action



Dental Surgery

Detailed findings

Background to this inspection

We carried out a desk based review of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider had completed the requirements identified during the comprehensive inspection carried out in August 2015. The checks made were to ensure the provider was now meeting the legal requirement and regulations associated with the Health and Social Care Act 2008.

This review was undertaken by a CQC Lead Inspector on 21 October 2016.

The inspection was carried out as a focused desk based review. The practice was contacted and a request was made for them to submit evidence to demonstrate that they had made the necessary improvements and were now meeting the regulation identified as being breached at the last inspection. The practice's action plan and a range of information was submitted by the practice and reviewed by the inspector.

We inspected the practice against one of the five questions we ask about services: is the service well-led? This is because the service was not meeting some legal requirements.



Are services well-led?

Our findings

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

Governance arrangements

During our inspection in August 2015 we identified that the practice did not have effective systems in place for governance including monitoring and improving the services provided for patients.

During this follow up review we found action had been taken to address the shortfalls from the previous inspection:

- The practice had undertaken an infection control audit based on the Infection Prevention Society audit tool. Findings from the audit demonstrated good performance which had been achieved in part due to the upgrade of the facilities such as new flooring, storage units and sinks/taps in the treatment rooms.
- Radiograph audits had been undertaken six monthly and results reviewed. Action planning to improve quality and safety of radiographs was evident.
- An audit of record keeping had been undertaken and plans were in place to re audit in six months' time.
- There was a documented recruitment policy and procedure in place, however this did not include the requirement to obtain an appropriate Disclosure and Barring Service (DBS) check

Management lead through learning and improvement

During our inspection in August 2015 we identified that the practice did not have an appraisal system in place for staff.

During this follow up review we found action had been taken to address the shortfalls from the previous inspection:

- A formal documented appraisal process was evident and we were also shown evidence of staff appraisals that had been carried. The process included a training and professional development plan for individuals and review of their performance.

During our inspection in August 2015 we identified that the practice did not have a system for documenting staff meetings. We found action had been taken to address the shortfalls from the previous inspection and evidence of regular documented quarterly staff meetings was seen.

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

During our inspection in August 2015 we identified that the practice participated in the NHS Friends and Family Test and we saw that the practice had reviewed the results of this survey monthly. However no other patient satisfaction surveys were undertaken and evaluated.

During this follow up review we found that steps had been taken and a patient satisfaction survey had been introduced, however the return rate to the questionnaires were poor. Evidence was seen in meeting minutes that feedback from patients on this survey such as waiting time for appointments had been listened to and action was considered as to how to improve this issue.