Anitha Bangaru & Sergei Sonwabo Mda

Springs Dental Studio

Inspection Report

146 Yarm Road
Darlington
County Durham
DL1 1XE
Tel: 01325 284808
Website: www.springsdental.co.uk

Date of inspection visit: 3 January 2018
Date of publication: 09/02/2018

Overall summary

We carried out a follow-up inspection at Springs Dental Studio on 3 January 2018.

We had undertaken an unannounced focussed inspection of this service on 8 December 2017 as part of our regulatory functions where a breach of legal requirements was found.

After the focussed inspection, the practice wrote to us to say what they would do to meet the legal requirements in relation to the breach. This report only covers our findings in relation to those requirements. We checked whether they had followed their action plan to confirm that they now met the legal requirements.

We reviewed the practice against one of the five questions we ask about services: are the services well led? You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Springs Dental Studio on our website at www.cqc.org.uk.

We revisited Springs Dental Studio as part of this review and checked whether they now met the legal requirements. We carried out this announced inspection on 3 January 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations.

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

• Is it well-led?

This question forms the framework for the areas we look at during the inspection.

Our findings were:

Are services well-led?

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

Background

Springs Dental Studio is in Darlington and provides NHS and private treatment to adults and children.

There is level access for people who use wheelchairs and pushchairs. Car parking spaces, including for patients with disabled badges, are available near the practice.

The dental team includes two practice owners (one of whom is a dentist and the other is a dental nurse), two dentists, two dental nurses, one dental hygienist and a receptionist.

The practice has three surgeries. Two on the ground floor and one on the first floor, a decontamination room for sterilising dental instruments, a staff room/kitchen and a general office.

Summary of findings

The practice is owned by a partnership 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 Springs Dental Studio was one of the partners.

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

The practice is open:

Monday, Tuesday, Wednesday and Friday 9am - 5:30pm

Thursday 9am – 5pm

Saturday for private patients 9am -12pm.

Our key findings were:

- Staff were familiar with the need to report and investigate significant events.
- A process had been implemented to ensure all instruments were stored according to current guidance.
- Procedures and processes relating to infection prevention and control had been improved.
- The practice had implemented checklists for medical emergency medicines and equipment.
- A new infection prevention and control audit had been carried out and this included an action plan.
- Recruitment documents were available for all 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 well-led?

No action

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

During the inspection on 8 December 2017 we identified some infection control procedures could be improved. On 3 January 2018 we saw these improvements had been made. Clinical waste was now segregated appropriately and stored securely.

We saw evidence of appropriate recruitment documentation for all staff.

The fire escape route had been cleared and the combustible COSHH product was now stored appropriately.

Processes had been put in place to check medical emergency medicines and equipment in line with current guidance.

A process had been put in place to log NHS prescriptions and all pre-stamped prescriptions had been destroyed.

Staff were aware of the need to report and investigate significant events and incidents.

A process had been put in place to monitor staff training.

Are services well-led?

Our findings

Governance arrangements

During the inspection on 8 December 2017 we identified procedures and processes could be improved. On 3 January 2018 we saw these improvements had been made.

Staff were aware if the importance of reporting significant events and incidents. These would be reported to the registered manager to investigate.

We saw the fire escape route had been cleared and the combustible COSHH product had been moved. This product was now stored securely.

Improvements had been made to the procedures involved in infection prevention and control. There was now a consistent approach for the storage of instruments. We saw all bagged instruments were now dated with a "processed date" and a "use by date". Any unbagged instruments were re-sterilised at the end of each day. The plug socket for the illuminated magnification was now repaired and was now used routinely. We saw clinical waste was now stored securely and was segregated correctly. New transportation boxes for instruments had been acquired, these were sturdy and easy to clean. We were shown log sheets for the cleaning of these transportation boxes. We saw the monthly water temperature tests were now recorded as recommended by the Legionella risk assessment.

We saw all pre-stamped NHS prescriptions had been destroyed and NHS prescriptions were now routinely logged. We did note an inconsistency with the recording of prescription numbers on one occasion. We were assured this would be discussed with the dentist in question.

An additional dose of adrenaline had now been ordered. All out of date items had also been removed from the emergency kit. A replacement glucagon had been ordered and was now stored out of the fridge and the expiry date had been adjusted accordingly. We saw weekly checks were now carried out on the emergency medicines and equipment.

We looked at five staff recruitment folders (including for a new dentist). These folders included evidence of medical indemnity insurance, an up to date General Dental Council (GDC) registration certificate, photographic identification and evidence of immunity to Hepatitis B. An up to date Disclosure and Barring Service (DBS) check was available for all staff with the exception of the new dentist. We saw the new dentist had a historical one. We were told the new dentist would bring a more up to date one on their first day.

Learning and improvement

A new infection prevention and control audit had been completed. This audit had an action plan and learning outcomes. The registered manager was aware this audit should be completed on a six monthly basis.

We looked at the practice's approach to auditing radiographs. We saw all radiographs undertaken at the practice were included in this audit.

We noted the percentage of grade 1, 2 and 3 radiographs were not recorded and the audit was not practitioner specific as is recommended practice as per current national guidelines. We were assured this would be addressed in future.

The registered manager had implemented a process to ensure all staff were up to date with their training. This was in the form of a training log sheet. We saw all staff were now up to date with their safeguarding training.