

SDS Dental Ltd

Smallthorne Family Dental Pratice

Inspection Report

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Overall summary

We carried out a focussed follow-up inspection on 2 August 2016 to check the practice had achieved compliance following our inspection of 30 July 2015. We concentrated on the following key question: Are services well-led?

Our findings were:

Are services well-led?

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

Our key findings were:

- The practice had the necessary equipment for staff to deal with medical emergencies, and staff had been trained how to use that equipment. This included an automated external defibrillator.
- There were systems in place to record accidents, significant events and complaints, and where learning points were identified these were 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 well-led?

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

The practice had introduced systems and processes to record and manage accidents, complaints and significant events.

The practice had emergency medicines and oxygen available, and had purchased an automated external defibrillator (AED) since the last inspection. Regular checks were being completed to ensure the emergency equipment was in good working order.

No action



Smallthorne Family Dental Practice

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We carried out an announced, follow-up inspection on 2 August 2016. The inspection team consisted of a Care Quality Commission (CQC) inspector with remote access to a dental specialist advisor.

During the CQC inspection of the practice on 30 July 2015 it was identified there were concerns with regard to incident and risk management. We saw records of accidents and incidents did not identify they had been fully investigated. In addition there was no automated external defibrillator (AED) or a risk assessment in place. The provider had not met their legal obligations with regard to Regulations 17 of the Health and Social Care Act (Regulated Activities) 2014. As a result a requirement notice was issued.

On 4 January 2016 the provider sent an action plan to CQC identifying the actions they would take to meet the requirements identified. This included a timescale for implementing those actions.

Are services well-led?

Our findings

Learning and improvement

The Care Quality Commission (CQC) inspection of 30 July 2015 identified the provider did not have robust systems for the management of significant incidents, complaints and accidents. Following the inspection the provider reviewed their systems for managing these incidents. We saw there had been 24 incidents recorded in the year up to this inspection from July 2015. The practice manager demonstrated that there was detailed information recorded for each incident with learning points for staff. We saw several incidents had been added to the agenda of a staff meeting to be held on 31 August 2016 to discuss with all staff.

Documentation within the practice showed that significant incidents, complaints and accidents were all recorded and where relevant learning shared with staff.

An example of positive action taken by the practice was following the analysis of an accident at the practice the provider had replaced the stair carpets with heavy duty non-slip carpets with non-slip safety nosings on 6 December 2015.

The practice had purchased an AED in February 2016 and we saw evidence of training for all staff at the practice on 22 February 2016. An AED is a portable electronic device that automatically diagnoses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm. The AED was being checked regularly to ensure it was working correctly. This complied with the Resuscitation Council UK guidelines.

The AED was able to switch between adult and child mode and therefore only required one set of defibrillator pads. We saw the pads were dated to be used by October 2018.

We saw staff training in basic life support and resuscitation was booked for the 31 August 2016.

The minutes of a staff meetings showed that significant events were a standing item and were discussed with staff every time. We also saw that staff had received training in what constituted a significant event and how to record and submit them.