

Mr Stuart Campbell Lawson

Church Road Dental Practice

Inspection Report

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Date of inspection visit: 14 November 2017
Date of publication: 05/12/2017

Overall summary

We carried out a focused inspection of Church Road Dental Practice on 14 November 2017.

The inspection was led by a CQC inspector who had access to telephone support from a dental clinical adviser.

We carried out the inspection to follow up concerns we originally identified during a comprehensive inspection at this practice on 29 August 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 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 Church Road Dental Practice on our website www.cqc.org.uk.

We also reviewed some of the key questions of safe and effective as we had made recommendations for the provider relating to these key questions. We noted that 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 dealt with the regulatory breach we found at our inspection on 29 August 2017.

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?

The provider had made improvements to the management of the service. This included managing fire safety, prescriptions, medicines, infection control, urgent referrals and recruitment.

No action



Are services well-led?

Our findings

At our inspection on 29 August 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 14 November 2017 we noted the practice had made the following improvements to meet the requirement notice:

- The provider needed to make improvements on how they ensured they met with current fire safety regulations. Since the inspection the provider had arranged for a fire safety company to complete a fire risk assessment. There were a number of actions that needed to be completed, which the provider has now addressed. This included; installation of emergency lighting, fire detectors and alarm, fire signage and a fire evacuation plan. Since October 2017 the practice had been carrying out regular checks of the emergency lighting, alarms, checking the fire procedures and escapes. They had also had electrical fixed installation condition report completed and gas safety certificate in place. Staff had now received online fire safety training and two members of staff had received fire warden training.
- The provider needed to make improvements on how they monitored prescriptions from delivery to use. On this inspection we saw there was a system in place to monitor prescriptions to ensure there was a full audit trail from delivery to use.

The practice had also made further improvements:

- The last inspection identified that the practice could improve on how they recruited staff to ensure they met with current legislation. On this inspection we reviewed five staff recruitment records. We found they included signed contracts, evidence of employment history and qualifications. Verification of any gaps in employment had been sourced, apart from two employees, which the practice have now sourced. Verification of why employment had ended when child or vulnerable adult related had now been sourced. References had been sourced for all employees. Proof of identification had been sourced for four employees and the other one will be sourced as soon as possible. Disclosure and Barring Service (DBS) checks had been sourced for all five employees. However, two employees DBS checks were sourced from a previous employer over three years prior

to employment. The practice advised that new DBS checks would be sourced for these employees. Risk assessments had been completed where a DBS check had been sourced after employment had commenced.

- The last inspection identified that the practice could improve on how they monitored the emergency equipment to ensure it was in date and working order. On this inspection we saw emergency medicines and equipment were checked on a weekly basis. New Automated External Defibrillator pads had been ordered and we saw these were now in place.
- The last inspection identified that the practice could improve on how they managed the Control of Substances Hazardous to Health (COSHH). The practice had specific data sheets for each substance but had not specifically assessed these for the practice. On this inspection we saw practice specific assessments had been completed for all hazardous substances. The new updates had been discussed with staff and we were informed it would also be discussed as a team meeting topic.
- The last inspection identified that the practice could improve on how urgent referrals were monitored. On this inspection we saw there was a new system and protocol in place for monitoring urgent referrals. This had been reviewed with the referral hospital so they were using the best method that also met the hospital's needs. There had not been any urgent referrals since the last inspection.
- The last inspection identified that the practice could improve on how the practice audited infection control and there was no annual infection control statement in place. On this inspection we found the practice now had an appropriate annual infection control statement in place. We saw the last infection control audit had been completed in October and there was a best practice plan which identified additional areas to improve upon in the future.
- The last inspection identified that the practice could improve on how medicines were stored and how the medicines stock was monitored to ensure they were in date. On this inspection we found the medicines had been moved to a more appropriate area and the

Are services well-led?

temperature was monitored to ensure it was at a safe level. The practice now monitored the medicines stock using a new checking system to providing an accurate audit trail.

These improvements showed the provider had taken action to address the shortfalls we found when we inspected on 14 November 2017.