

Dr. Uzsama Zein and Dr. Hiba Al-Raslani

Prescot House Dental Surgery

Inspection Report

3 High Street
Prescot
L34 3LD
Tel: 0151 426 6460
Website: www.prescotohousedental.co.uk

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Overall summary

We carried out a follow up inspection on 12 December 2017 at Prescot House Dental Surgery.

On 22 March 2017 we undertook an announced comprehensive inspection of this service as part of our regulatory functions. During this inspection we found a breach of the legal requirements.

A copy of the report from our comprehensive inspection can be found by selecting the 'all reports' link for Prescot House Dental Surgery on our website at www.cqc.org.uk.

After the comprehensive inspection, the practice wrote to us to say what they would do to meet the legal requirements in relation to the breach.

We revisited Prescot House Dental Surgery on 18 October 2017 to confirm whether they had followed their action plan, and to check whether they met the legal requirements in the Health and Social Care Act 2008 and associated regulations. During this inspection we found breaches of the legal requirements.

A copy of the report from our follow-up inspection can be found by selecting the 'all reports' link for Prescot House Dental Surgery on our website at www.cqc.org.uk.

After the follow-up inspection, the practice wrote to us to say what they would do to meet the legal requirements in relation to the breaches.

We revisited Prescot House Dental Surgery on 12 December 2017 to confirm whether they had followed their action plan, and to check whether they met the legal requirements in the Health and Social Care Act 2008 and associated regulations. This report only covers our findings in relation to those requirements.

We carried out the announced inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

We reviewed the practice against one of the five questions we ask about services: is the service well-led?

The inspection was led by a CQC inspector who had remote access to a specialist dental adviser.

Our findings were:

Are services well-led?

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

Background

Prescot House Dental Surgery is close to the centre of Prescot and provides dental care and treatment to adults and children on an NHS or privately funded basis.

Summary of findings

There are steps at the front entrance to the practice with a handrail positioned alongside to assist patients with limited mobility. The provider has installed a ramp to facilitate access to the practice for wheelchair users. The practice has five treatment rooms. Car parking is available near the practice.

The dental team includes a principal dentist, four associate dentists, a dental hygienist and eight dental nurses, some of whom also carry out reception duties. The team is supported by a practice manager.

The practice is owned by a partnership and as a condition of registration must have in place a person registered with the Care Quality Commission as the registered manager. Registered managers have a 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 Prescot House Dental Surgery is the practice manager.

The practice is open:

Monday, Tuesday, Thursday and Friday 9.00am to 5.30pm

Wednesday 9.00am to 8.00pm

Occasional Saturdays 9.00am to 1.00pm

Our key findings were:

- The practice had improved their systems in relation to recruitment, medical emergencies, stock control of dental materials, and training. We found these were operating effectively.
- We found risks were appropriately managed specifically in relation to the Hepatitis B immunisation status of the clinical staff.
- The practice had improved their arrangements for communicating feedback to staff and patients.

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.

Since the follow-up inspection on 18 October 2017 the practice submitted an action plan outlining improvements which had been made to demonstrate compliance. At the follow-up inspection on 12 December 2017 we found that all these improvements had been made.

The practice had systems and processes in place for assessing, monitoring and improving the quality and safety of the services provided for patients. At the follow-up inspection we found that the practice had improved the systems relating to recruitment, medical emergency medicines and equipment, training and stock control of dental materials.

The provider had arrangements in place to help them manage risks at the practice. We found that the risks relating to staff immunity had been effectively addressed.

No action



Are services well-led?

Our findings

Governance arrangements

We reviewed the provider's systems and processes for assessing, monitoring and improving the quality and safety of the services provided for patients.

We found the provider had improved their systems in relation to recruitment. The practice had recruitment procedures in place which reflected the requirements of the legislation to ensure pre-employment checks were carried out and all the required information was available. We checked the recruitment record for a recently recruited member of staff and this confirmed the recruitment procedures were operating effectively.

We found the systems in relation to medical emergencies had been improved.

- Staff had received further briefings on the location of the medical emergency kit.
- The practice manager informed us that checks were carried out on all the medical emergency medicines and equipment at the recommended time intervals, including the automated external defibrillator. We saw records of these checks.

We found that the processes for monitoring staff training and continuing professional development, (CPD) had been improved. We observed that dental professionals' CPD and training was monitored by the practice to ensure they were meeting the requirements of their professional registration and completing recommended training. The practice manager told us they now provided essential training to staff to support them to meet the requirements of their professional regulator. Staff had recently received further training on the principles and practical application of the Mental Capacity Act in relation to patient consent.

We found that the provider had improved their systems in relation to stock control. Specific staff responsibilities had been introduced in relation to checking dental materials in the treatment rooms.

We found the arrangements in relation to staff immunity to Hepatitis B had been improved. The provider required clinical staff to have received appropriate vaccinations, including the vaccination to protect them against the

Hepatitis B virus, and to provide evidence of the effectiveness of the vaccination. We checked the recruitment records for a recently recruited member of staff and these confirmed the arrangements were operating effectively.

The practice had installed a closed circuit television system, (CCTV), in the reception, waiting room and the records room. We saw that the practice had displayed a notice informing patients and staff for what purpose the CCTV was in use and to make them aware of their right of access to footage which contains their images.

Leadership, openness and transparency

The principal dentist had overall responsibility for the clinical leadership of the practice. The practice manager was responsible for the management and day to day running of the service.

The practice held meetings where staff could communicate information, exchange ideas and discuss updates.

Learning and improvement

The practice had limited quality assurance processes in place to encourage learning and continuous improvement, for example, by carrying out clinical and non-clinical audits. The practice carried out audits of infection prevention and control but had not carried out any other audits together. The provider assured us these would be introduced now the practice had a full complement of staff.

The provider had carried out staff appraisals and we observed that these were used to identify individual learning needs and monitor training.

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

The practice had a system in place to seek the views of patients about all areas of service delivery through the use of the NHS Friends and Family Test. We observed that the practice had displayed a summary of the results from patient feedback in the reception area.

The practice gathered feedback from staff through meetings and informal discussions. The practice manager told us staff who could not attend were individually briefed.