

Arundel Lodge Dental Surgery Ltd

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Inspection Report

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Date of inspection visit: 8 February 2017

Date of publication: 03/05/2017

Overall summary

We carried out an announced comprehensive inspection of this service on 29 February 2016 as part of our regulatory functions where a breach of legal requirements was found.

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

We revisited Arundel Lodge Dental Surgery Ltd for a follow-up inspection on 8 February 2017 to check that they had followed their plan and to confirm that they now met the legal requirements.

We reviewed the practice against one of the five questions we ask about services: is the service well-led? 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 Arundel Lodge Dental Surgery on our website at www.cqc.org.uk.

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?

At our previous inspection we found the practice did not always have effective systems and governance arrangements in place to ensure and improve quality of service provision. The practice had no programme in place for clinical audits.

At our inspection of 8 February 2017 we noted that action had been taken to ensure that governance arrangements had been improved.

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

No action



Arundel Lodge Dental Surgery Ltd

Detailed findings

Background to this inspection

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 (Regulated Activities) Regulations 2014.

The principal dentist is registered with the Care Quality Commission (CQC) as an individual provider. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 29 February 2016 had been made. We reviewed the practice against one of the five questions we ask about services: is this service well-led?

The follow up inspection was led by a CQC inspector.

During our inspection visit, we checked that points described in the action plan had been implemented by looking at a range of documents such as risk assessments, staff files, policies, procedures and staff training.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

We did not assess this domain at this inspection

Are services effective?

(for example, treatment is effective)

Our findings

We did not assess this domain at this inspection

Are services caring?

Our findings

We did not assess this domain at this inspection

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We did not assess this domain at this inspection

Are services well-led?

Our findings

Governance arrangements

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

The principal dentist had overall responsibility for the management and clinical leadership of the practice. They were responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

We found that the provider had initiated a number of changes to their governance systems since the previous inspection and this was ongoing. The practice now had a range of policies and procedures for the smooth running of the service. This included the health and safety risk assessment and an updated completed COSHH file. There was a system in place for policies to be reviewed periodically.

Learning and improvement

We found the provider had made improvements and there were effective systems in place for recording training that

had been completed by staff working within the practice. The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, X-rays and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

There were informal appraisals where staff discussed learning needs, general wellbeing and aims for future professional development.

We saw evidence that staff completed mandatory training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development.

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

The practice had collected feedback through the use of Patient Survey forms. The feedback from patients was positive and all were likely to recommend the service to friends and family. This was left in the reception area and given to patients to complete after their appointments. There were no suggestions mentioned.