

Phoenix Dental Limited

Phoenix Dental - Bradley Stoke

Inspection Report

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Overall summary

We carried out a focused inspection of Phoenix Dental – Bradley Stoke on 15 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 18 July 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 16 Receiving and acting on complaints and Regulation 19 Fit and proper persons employed 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 Phoenix Dental – Bradley Stoke on our website www.cqc.org.uk.

We also reviewed the 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.

Summary of findings

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 breaches we found at our inspection on 18 July 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 how recruitment of new staff was managed to ensure it met with legislation and complaints were handled following company policy. The provider had also made improvements with how incidents and urgent referrals were dealt with.

No action 

Are services well-led?

Our findings

At our inspection on 18 July 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 15 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 recruited staff to ensure they met with current legislation. On this inspection we reviewed seven staff recruitment records and found all records had evidence of signed contracts, employment history, evidence of qualifications. All staff had a Disclosure and Barring Service check in place and there was now a statement in place, where this was received after employment had commenced. Proof of identification with photo had been sourced for six out seven employees, the outstanding employee now has identification in place. Verification of why employment had ended when previously worked with children or vulnerable adults had been evidenced for six out of seven staff and the outstanding employee now had verification in place. Evidence of gaps of employment had been reviewed for four out seven employees, the remaining three now had evidence in place. References had been sourced according to the company policy for three out of seven employees, the remaining staff had reflective statements in place.
- The provider needed to make improvements on how they dealt with complaints following the company policy. On this inspection we reviewed the last three complaints that had been received since our last inspection. We saw these complaints had been

acknowledged within three days and finalised within an appropriate timescale. New processes had been put in place to ensure that complaints were acknowledged within three days and staff had received training on complaints.

The practice had also made further improvements:

- The last inspection identified that the practice could improve on how it dealt with incidents according to company policy. On this inspection we saw there had been one incident which had been logged accordingly and acted upon. The three incidents we reviewed at the last inspection had now been acted upon following company policy.
- The last inspection identified that the practice could improve on how staff were made aware of the Control of Substances Hazardous to Health (COSHH) file. They were also in the process of reviewing all substances data to ensure they had a practice specific assessment in place. On this inspection we saw the file was in process of being reviewed by the head nurse. The majority of substances now had practice specific assessments in place. We were informed that COSHH had been discussed within team meetings.
- 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 in place which now followed company procedures. There had not been any urgent referrals since the last inspection.

These improvements showed the provider had taken action to address the shortfalls we found when we inspected on 15 November 2017.