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Cheltenham Dental Spa & Implant Clinic

Inspection Report

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Overall summary

We carried out a focused inspection of Cheltenham Dental Spa & Implant Clinic on 31 October 2017.

The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We carried out the inspection to follow up concerns we originally identified during a comprehensive inspection at this practice on 4 April 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 areas 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 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 Cheltenham Dental Spa & Implant Clinic on our website www.cqc.org.uk.

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 deal with the regulatory breaches we found at our inspection on 4 April 2017.

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

The provider had made sufficient improvements to put right the shortfalls and had dealt with the regulatory breaches we found at our inspection on 4 April 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 the business manager undertaking a dental practice management course and taking on the role of practice manager.

The practice manager with the principal dentist had established clear roles and responsibilities for all the practice team.

The improvements provided a sound footing for the on going development of effective governance arrangements at the practice.

No action



Are services well-led?

Our findings

At our inspection on 4 April 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 31 October 2017 we noted the practice had made the following improvements to meet the requirement notice:

- The practice manager had reviewed all risks relating to health, safety and welfare and showed us documentary evidence which demonstrated risks were assessed monitored and mitigated in accordance with current guidance and legislation. For example we saw that all the risks identified in the legionella risk assessment and had been distilled into an action plan. These actions had been signed and dated when completed.
- The practice manager showed us they had completed a practice risk assessment since the last inspection and mitigated risks where possible. We were shown the latest fire risk assessment together with fire log books which demonstrated fire safety and equipment testing had been completed and was reviewed according to published guidance. Staff told us they had received fire training and there were two trained fire marshals. We corroborated these statements by certificates seen.
- Systems and processes to manage infection prevention and control had been reviewed since the last inspection. We saw the practice met the essential standards of The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. We saw the provider had installed a new autoclave and enclosed the decontamination area as advised in the fire risk assessment.
- The provider had ensured all staff providing intravenous sedation were appropriately trained. We were shown certificates of attendance at an intermediate life support training course and staff spoken with described to us their additional learning.
- The provider had taken action and ensured the management and supply of medicines was robust and aligned to current legal requirements. We were shown the newly implemented system which demonstrated a clear audit trail of medicines entering and leaving the building. All medicines dispensed were in their original packaging and contained a patient information leaflet.
- We saw the practice manager had implemented systems and processes to monitor and improve the quality and safety of services provided. The practice manager demonstrated they were effectively operated to ensure compliance with good governance in the practice. We were shown the results of recent audits which demonstrated how the quality was being measured and action taken where required to improve service provision.
- We saw records relating to the management of regulated activities were maintained and stored in accordance with record keeping guidance. The practice manager and staff demonstrated clear records were kept as required for all aspects of the practice. We saw the system for storage was operated effectively to manage records in accordance with legislation.
- The practice manager told us they had reviewed all recruitment records since the last inspection. We reviewed three staff files and saw all required checks had been completed in accordance with legislation prior to staff commencing work in the practice.

These improvements showed the provider had taken action to address the shortfalls we found when we inspected on 4 April 2017.