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Ashurst Dental Surgery

Inspection Report

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Overall summary

Further to the outcome of a previous inspection, carried out in May 2015, we carried out an announced focused inspection relating to the clinical governance systems of the location on 17 June 2016 to ask the practice the following key question;

Are services well-led in relation to provision of dental care?

Our findings were:

Are services well-led?

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

Background

Ashurst Dental Surgery offers mainly (more than 80%) NHS dental care services to patients of all ages. Approximately 40% of patients attending the practice do not speak English as their first language. Staff spoke a number of languages including Polish, Lithuanian and Russian which supported patients to communicate their needs. The services provided include preventative advice and treatment and routine and restorative dental care. The practice has a treatment room on the ground and one on the first floor of the premises.

The practice has two dentists, one of whom is the principal dentist; a dental nurse, a trainee dental nurse and a receptionist/administrator. The principal dentist is the registered manager. A registered manager is a person

who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. 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.

Our key findings were:

All of the requirements set out by the Care Quality Commission in relation to governance at the previous practice inspection had been met:

- An incident reporting policy and system of reporting incidents had been developed and introduced.
- A team based training event for dealing with medical emergencies had been undertaken at the practice.
- A comprehensive health and safety risk assessment had been carried out by the practice to mitigate the risks to patients, staff and visitors.
- A control of substances hazardous to health (COSHH) policy had been introduced to underpin the data sheets in the COSHH file.
- A new system had been put in place to meet the requirements of the Ionising Radiation Regulations 1999.
- Improvements had been made to clinical record keeping.
- The practice had introduced a comprehensive system for capturing and evaluating patient feedback.

Summary of findings

- The practice had reviewed their systems for clinical audit and had introduced a rolling programme of audit topics.
- The practice had introduced a system for recording the training that had been undertaken by all members of staff.

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.

We found that the practice had strengthened their clinical governance systems and processes since our previous inspection.

This was facilitated by the introduction and implementation of a number of additional systems and processes which included an incident reporting policy, a system of reporting incidents and a comprehensive system for capturing and evaluating patient feedback.

We also found that the practice had improved the quality of clinical record keeping, had undertaken a comprehensive health and safety risk assessment, improved the robustness of their radiation protection file as well as the introduction of a policy which underpinned the COSHH data sheet file.

Since our last inspection the practice had carried out a team based training session for dealing with common medical emergencies in dental practice.

They had also strengthened clinical audit within the practice by introducing a rolling programme of clinical audit which included new audits in relation to clinical record keeping and referrals to other providers.

The practice had also introduced a system for recording the training undertaken by all members of staff.

Ashurst Dental Surgery

Detailed findings

Background to this inspection

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

Further to the outcome of a previous inspection, carried out in May 2015, we carried out an announced focused inspection relating to the clinical governance systems of the location on 17 June 2016. The inspection was led by a CQC inspector.

During the inspection, we spoke with the practice administrator and reviewed policies, procedures and other documents.

To get to the heart of patients' experiences of care and treatment, we always asked the following question:

- Is it well-led?

This question formed the framework for the areas we looked at during this inspection.

Are services well-led?

Our findings

Governance arrangements

At our previous inspection we found a number of shortfalls in relation to clinical governance. On this inspection we found that the practice had strengthened their clinical governance systems and processes by the introduction of new policies and procedures and improving existing ones.

At the previous inspection we found that the systems and processes in relation to incident reporting, learning and improvement from incidents were weak. At this inspection we found that the service had introduced a new system for capturing incidents. We noted that a policy had been developed underpinned by incident reporting forms. We saw several examples of how incidents are now recorded and the shared learning that resulted from these incidents. We found that each incident form had been recorded in full and detailed the learning outcomes from each particular incident.

We saw that a new policy had been introduced to underpin the COSHH data sheet file. This policy detailed the procedures that should be followed by members of staff when handling, storing and disposing of hazardous substances. It also detailed actions to be undertaken if accidents occur whilst using these substances. We saw records that showed that each member of staff had signed to show that they had read and understood the policy. We also noted that a review date for the policy was included at the end of the document.

At the previous inspection we noted that team based training for medical emergencies had not been undertaken since 2013 with regular updating being facilitated through 'online' training only. This is less than ideal because effective training requires 'hands on' experience of using emergency equipment and medicines. We found at this inspection the practice had undertaken team based training in November 2015 and a further team based training date had been booked for later in 2016.

It was noted at the previous inspection that during the recruitment of new staff there was no evidence that references had been requested. At this inspection we found that a new dentist was in the process of being recruited

from a dental agency. As part of this process, a detailed risk assessment form had been completed which included obtaining references prior to the dentist being recruited on a permanent basis by the practice.

We saw that a new provider had been sourced to act as the Radiation Protection Adviser (RPA) for the practice. As part of this process a new radiation protection file had been compiled. At the previous inspection there was no written evidence of the names of the Radiation Protection Adviser and Supervisor roles. At this inspection we found that the file contained the names of these individuals and a new set of local rules drawn up by the RPA detailing how the practice would meet the regulations set out in the Ionising Radiation Regulations 1999 and the Ionising Radiation Medical Exposure Regulations 2000.

It was noted at the previous inspection that there were some inconsistencies in clinical record keeping, specifically inconsistent recording of medical history updating and the recording of the condition of the gums using the basic periodontal examination (BPE). (The BPE tool is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums). At this inspection the dental care records we saw showed that these criteria were recorded on a consistent basis.

Previously it was noted that there was not a system for recording the types of training undertaken by members of staff. At this inspection we saw that the practice had introduced a comprehensive system for recording the verifiable continual professional development training of staff which formed part of the requirements of their professional registration with the General Dental Council.

We saw that since the previous inspection the practice now undertakes a rolling programme for obtaining and acting upon patient feedback about the services the practice provides. We saw a policy underpinning this process and the protocol used to capture this feedback. We saw the programme of surveys to be undertaken until October 2019. We were also shown a breakdown of the survey results for April/May 2016. The analysis was presented as a series of 'bar graphs' which captured criteria such as first impressions of the practice, politeness and courtesy of the staff, waiting times, standard of cleanliness and treatment provided. The results we saw showed high levels of patient satisfaction.

Are services well-led?

We also noted the practice had introduced new topics for audit including patient referrals and standards of clinical record keeping since our previous visit as well as maintaining audit for the quality of X-rays taken and infection prevention control systems and processes.