

Dr. Fiona Buchanan

Alma Terrace

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection at Alma Terrace Dental Surgery on 20 June 2016 and at this time breaches of a legal requirement were found. After the comprehensive inspection the practice wrote to us and told us that they would take action to meet the following legal requirements set out under the Health and Social Care Act (HSCA) 2008: Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, safe care and treatment and Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, staffing.

On 02 November 2016 we carried out a focused review of this service under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The review was carried out to check whether the provider had completed the improvements needed and identified during the comprehensive inspection on 20 June 2016. 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 Alma Terrace on our website at cqc.org.uk

Our findings were:

We found that this practice was providing safe care in accordance with the relevant regulations. Improvements needed had been made.

We found that this practice was providing well-led care in accordance with the relevant regulations. Improvements needed had been made.

Background

The practice offers both NHS and limited private primary care dentistry to both adult patients and children. The practice is open Monday and Thursday from 09.00am to 5.00pm. 09.00am to 12.30pm on Wednesday and Friday. Tuesday is late night opening when the practice opens from 9.00am until 7.00pm

There is one dentist, one qualified dental nurse, and a receptionist. Dental care is offered within the surgery and for their patients within the local care home settings where check-up examinations can be performed.

The principal dentist is the registered provider. A registered provider is registered with the Care Quality Commission to manage the service. Registered providers 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:

- Staff had received safeguarding training and knew how to recognise signs of abuse and how to report it.
- The practice had access to an automated external defibrillator (AED).

Summary of findings

- Staff were up to date with their mandatory training and their Continuing Professional Development (CPD).
- Staff were able to deal confidently with all medical emergencies that may arise and have the right equipment ready for use. Staff training and availability of equipment to manage medical emergencies were in place.

The practice had also acted upon other recommendations:

- Implemented a process for the checking of the emergency oxygen cylinder to ensure it was undertaken on a weekly basis.
- Implemented a process for the recording of water temperatures as stated in the Legionella risk assessment.

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 safe?

We found that this practice was providing safe care in accordance with the relevant regulations.

Staff had received training in safeguarding adults and children and knew how to recognise the signs of abuse and who to report them to.

Equipment for use in medical emergencies was available and staff had received up dated training in the treatment of medical emergencies.

No action



Are services effective?

We found that this practice was providing effective care in accordance with the relevant regulations.

Staff were registered with the General Dental Council (GDC) and maintained their registration by completing the required number of hours of continuing professional development (CPD) activities. All staff had received training in basic life support, infection prevention and control, fire safety and safeguarding children and vulnerable adults.

No action



Alma Terrace

Detailed findings

Background to this inspection

We carried out a desk based review of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider had completed the requirements identified during the comprehensive inspection carried out in June 2016. The checks made were to ensure the provider was now meeting the legal requirement and regulations associated with the Health and Social Care Act 2008.

This review was undertaken by a CQC Lead Inspector on 2 November 2016.

The inspection was carried out as a focused desk based review. The practice was contacted and a request was made for them to submit evidence to demonstrate that they had made the necessary improvements and were now meeting the regulation identified as being breached at the last inspection. The practice's action plan and a range of information was submitted by the practice and reviewed by the inspector.

We inspected the practice against two of the five questions we ask about services: is the service safe and effective. This is because the service was not meeting some legal requirements.



Are services safe?

Our findings

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Reliable safety systems and processes (including safeguarding)

During our inspection in June 2016 we identified that staff employed by the practice had not received updated training in the safeguarding of children and vulnerable adults.

During this follow up review we found action had been taken to address the shortfalls from the previous inspection:

- Staff were up to date with their safeguard training and evidence showed this had been updated in September 2016.
- We saw that fire safety training was in date and the practice reviewed their fire risk assessments. The fire extinguishers and fire safety equipment were checked weekly and records maintained.

Medical emergencies

During our inspection in June 2016 we identified that the staff had not undertaken training in dealing with medical emergencies and some emergency equipment was not checked or available.

During this follow up review we found action had been taken to address the shortfalls from the previous inspection:

- Staff training in basic life support and the use of equipment was undertaken in August 2016.
- An Automated External Defibrillator (AED) had been purchased for the practice. (An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm).
- The practice kept records which indicated the emergency equipment and emergency oxygen were now checked weekly in line with the resuscitation council guidelines.

Infection control

During our inspection in June 2016 we identified that the practice did not have effective systems for infection control and prevention.

During this follow up review we found action had been taken to address the shortfalls from the previous inspection:

- The registered provider informed us that staff had not yet received infection control training as part of their CPD training but courses were being sought for the near future. The registered provider should send us evidence when this training had been undertaken.



Are services effective?

(for example, treatment is effective)

Our findings

Staffing

During our inspection in June 2016 we identified that the practice staff had not received recommended core subject training.

During this follow up review we found action had been taken to address the shortfalls from the previous inspection:

- The GDC highly recommends certain core subjects for CPD, such as cardio pulmonary resuscitation, (CPR), safeguarding, infection control and radiology. The registered provider has provided evidence that staff have received, or are enrolled to receive, appropriate training in the core CPD subjects.