

Dr Helen Burnikell

St Helen's Dental Surgery

Inspection Report

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Ashby De La Zouch
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Overall summary

We undertook a focused inspection of St Helen's Dental Surgery on 09 July 2018. This inspection was carried out to review in detail the actions taken by the registered provider to improve the quality of care and to confirm that the practice was now meeting legal requirements.

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

Previously, we undertook a comprehensive inspection of St Helen's Dental Surgery on 09 January 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. During that inspection we found the registered provider was providing a safe, effective, caring and responsive service but was not providing well led care in accordance with the relevant regulations 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 St Helen's Dental Surgery on our website www.cqc.org.uk.

When one or more of the five questions are 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 where improvement was required.

As part of this inspection we asked:

Is it well-led?

Our findings were:

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

The provider had made improvements in relation to the regulatory breach we found at our inspection on 09 January 2018.

Background

The practice is located in Ashby De La Zouch, a market town in North West Leicestershire. It provides NHS treatment to patients of all ages. At the time of our inspection, the practice was accepting new NHS patients for registration.

There is level access for people who use wheelchairs and pushchairs. Car parking spaces are available in the practice's own car park.

The dental team includes the practice manager, one dentist, four dental nurses, (including the practice manager) and one receptionist. The practice has two treatment rooms, both located on the ground floor.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

Summary of findings

The practice is open: Monday to Thursday from 8:45am to 12pm and from 1:45pm to 5:45pm and on Friday from 8:45am to 1:45pm.

Our key findings were:

The practice had implemented a policy and process for reporting and investigating significant events.

The practice had implemented systems for monitoring and improving quality, for example audit activity.

Risk assessments had been conducted in areas such as legionella and fire safety.

The practice showed they were receiving and reviewing patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority.

Policies had been reviewed or were newly implemented; they were specific to the practice.

Recruitment processes had been strengthened to reflect legislative requirements.

Processes for ensuring all emergency medicines and equipment were available had been improved.

The practice had implemented a safer sharps system.

Rubber dam was available and was in use by the dentist.

Staff awareness of the requirements of the Mental Capacity Act 2005 and Gillick competence had increased.

The practice had obtained a hearing loop to help any patients with hearing problems.

Systems for ensuring security of prescription pads had improved; we noted this could be further strengthened.

The provider had implemented a system for monitoring and improving quality of the service.

We found that the provider had taken steps to mitigate the risks relating to the health, safety and welfare of patients and others who might be at risk.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services well-led?

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

The provider had made improvements to the management of the service. This included: reviewing and implementing policies and protocols, undertaking risk assessments in areas such as legionella and fire, monitoring of medicines and equipment that might be required in the event of an emergency, and improving the quality of audits undertaken.

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

No action



Are services well-led?

Our findings

At our previous inspection on 09 January 2018 we judged the practice was not providing well led care and told the provider to take action as described in our requirement notice. At the inspection on 09 July 2018 we found the practice had made the following improvements to comply with the regulation:

- The practice had implemented a policy and process for reporting and investigating significant events. We noted that an incident had been reported and we saw that staff had discussed this and taken action in response.
- The provider had implemented a system for monitoring and improving quality of the service. For example, audits had been completed in relation to infection and prevention control, radiography, patient waiting time and post tooth extraction pain. A paper based infection and prevention control audit had been undertaken, although we noted it was undated. The practice had undertaken two radiography audits in February and May 2018 to monitor the quality of X-rays taken. We looked at action plans implemented; these showed the practice were making considerable efforts to drive quality in their work.
- We found that the provider had taken steps to mitigate the risks relating to the health, safety and welfare of patients and others who might be at risk. A legionella risk assessment had been completed in January 2018. We noted nine recommendations; these included monthly water temperature testing, monthly combi-boiler temperature checks, quarterly tap filter checks and cleaning of water bottles. We found that all recommendations were being appropriately actioned.
- Fire risk assessments had been completed by June 2018; a fire drill had also been undertaken by staff. Five yearly fixed electrical safety testing had been conducted in February 2018 and the certificate we looked at showed a satisfactory result.
- We found that the practice now held all staff immunity information for Hepatitis B.
- We were shown the process that the practice manager had implemented for receiving, reviewing and sharing alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). The practice manager showed us relevant alerts that had been printed off and shared with relevant clinicians. We were told that a nominated member of the team would take responsibility for alerts when the practice manager was on leave.
- We looked at practice policies and protocols in relation to sharps management, whistleblowing and safeguarding patients. We found that policies had been updated and were specific to the operations in a dental setting. For example, the safeguarding policy and protocol included relevant contact details for external agencies involved in protecting children and vulnerable adults and the whistleblowing policy referred to the national charity Public Concerns at Work to report any concerns. We saw that a sharps injury protocol was displayed in one of the surgeries and it contained local occupational health contact information. The practice had implemented a plan which identified when all policies were due for annual review.
- We looked at the staff recruitment system and noted that this had been reviewed. The practice was recruiting a new receptionist who was due to start work in August 2018. We saw that information was held in their file such as photographic identity and evidence of satisfactory conduct in previous employment. This is required by Regulation 19, Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- We looked at the emergency medicines and equipment held by the practice. We found that all items required in the event of an incident were available and were within date. Formal monitoring arrangements for checking the medicines and equipment had also been implemented.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulation: following our inspection of 09 January 2018.