

Sharma Family Ltd Irby Dental Surgery

Inspection Report

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Overall summary

We undertook a follow up focused inspection of Irby Dental Surgery on 8 August 2018. This inspection was carried out to review in detail the actions taken by the provider to improve the quality of care, and to confirm that the practice was now meeting the legal requirements.

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

We undertook a comprehensive inspection of Irby Dental Surgery on 11 April 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We found the provider was not providing well-led care, and was in breach of 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 Irby Dental Surgery on our website www.cqc.org.uk.

When one or more of the five questions are not met we require the provider to make improvements. We then inspect again after a reasonable interval, focusing on the areas in which improvement was necessary.

As part of this inspection we asked:

- Is it well-led?

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 sufficient improvements in relation to the regulatory breach we identified at our inspection on 11 April 2018.

Background

Irby Dental Surgery is near the centre of Irby and provides private dental care and treatment for adults and children.

There is level access to the practice for people who use wheelchairs and for those with pushchairs. Car parking spaces are available at the practice.

The dental team includes two dentists, two dental hygiene therapists and three dental nurses, one of whom is the practice manager. The practice has two treatment rooms.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Irby Dental Surgery is the principal dentist.

During the inspection we spoke with the principal dentist, a dental nurse, and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

Summary of findings

The practice is open:

Monday to Friday 9.00am to 5.30pm.

Our key findings were:

- The provider had improved their systems and processes to enable them to assess, monitor and improve the quality and safety of the services being provided, for example, we saw infection control systems were now operating more effectively.
- We saw that the provider's systems and processes for enabling them to identify and reduce risks at the practice were now operating more effectively, for example, in relation to the control of the practice's water systems.

- The provider had improved systems and processes to enable them to evaluate and improve their practice and had put further arrangements in place to encourage patients to provide feedback.
- We found that the system for monitoring staff training had improved but was not operating effectively.

There were areas where the provider could make improvements. They should:

- Review the practice's protocols and procedures to ensure staff are up to date with their training and continuing professional development.
- Review the practice's protocols to ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.

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 systems and processes in place at the practice. This included ensuring systems relating to infection control were operated more effectively, and risks were identified and reduced.

We found that systems relating to the monitoring of staff training could be improved further. The provider assured us this would be addressed.

Audits we looked at did not identify learning points or areas for improvement.

No action



Are services well-led?

Our findings

At our previous inspection on 11 April 2018 we judged the provider was not providing well-led care. We told the provider to take action as described in our enforcement action. At the inspection on 8 August 2018 we found the practice had made the following improvements:

The provider had improved the systems and processes to enable them to assess, monitor and improve the quality and safety of the services being provided and these were now operating effectively, with the exception of the system for monitoring staff training.

- We saw that the provider had made some improvements to the system for monitoring staff training. The provider had identified that all the staff had carried out infection prevention and control training and medical emergencies and life support training. We saw evidence that this training had been completed. We saw that the appraisals of the dental nurses now included identification of their individual training needs. We found that the provider had no means in place for ensuring training was completed by all staff at the appropriate time intervals. The provider assured us this would be addressed.
- The provider had appointed one of the dental nurses as the lead for infection prevention and control at the practice. The lead had received further infection prevention and control training. We saw that improvements had been made to the infection prevention and control procedures, and that they now followed the recommended guidance more closely.
- We saw that the provider had made some changes to the infection prevention and control and safeguarding policies and these were now more aligned to the practice's specific circumstances.

The provider had systems or processes in place that enabled them to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. We saw that these were now operating more effectively.

- The provider had carried out a risk assessment for three members of staff working in a clinical environment when the effectiveness of the Hepatitis B vaccination was unknown.
- Staff retained manufacturer's safety data details in relation to hazardous substances used at the practice to identify action to be taken in the event of an accident.
- We saw that improvements had been made to the monitoring of the water systems at the practice. The provider had identified the correct outlets for monitoring of the water temperatures and staff were effectively monitoring these to ensure risks associated with Legionella were reduced as far as reasonably practicable. We saw that these temperatures were now within the recommended ranges. Two of the clinical staff had carried out training in Legionella awareness the day prior to the inspection.

The provider had improved systems and processes to enable them to evaluate and improve their practice.

- We saw the provider had put in place further arrangements for obtaining patient feedback about the service.
- We saw that staff were carrying out audits, for example of X-rays. The audits did not always identify learning points or contain action plans where appropriate.

The provider had also made a further improvement.

- We saw the practice's complaint procedure now included contact details for the Dental Complaints Service.

We found the provider had limited procedures in place to ensure patients fully understood and consented to planned treatment including the associated costs. The provider told us treatment and costs were discussed fully by the dentist and recorded in the dental care records. The provider assured us they would shortly be providing patients with documented treatment plans and costs.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulation.