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Spilsby Dental Surgery

Inspection Report

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Overall summary

We undertook a follow up desk-based inspection of Spilsby Dental Surgery on 13 February 2020. 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.

We undertook a comprehensive inspection of Spilsby Dental Surgery on 17 June 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We found the registered 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 Spilsby Dental Surgery on our website www.cqc.org.uk.

As part of this inspection we asked:

- Is it well-led?

When one or more of the five questions are not met, we require the service to make improvements and send us an action plan (requirement notice only). We then inspect again after a reasonable interval, focusing on the area(s) where improvement was required.

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 in relation to the regulatory breach we found at our inspection on 17 June 2019.

Background

The practice is in the centre of Spilsby, a village in Lincolnshire. It provides NHS and private treatment to adults and children.

The practice is in a grade two listed building which has limitations on modernisations that can be made. There are two treatment rooms, both on ground floor level, a decontamination room, a reception area, waiting room, office, staff toilet and patient toilet facility. There is also a staff room on the first floor of the practice. Access to the building is through a side alley. Patients with limited mobility or those who use wheelchairs are assisted by staff members to open the door to the practice.

There is no car parking available on site; there is a pay and display car park with spaces for blue badge holders within close proximity of the premises.

The dental team includes: one dentist, one dental nurse, one trainee dental nurse, one dental hygienist and one receptionist. The current owner at the time of our follow up inspection of the practice, is a qualified dentist who oversees the management and administrative functions.

Summary of findings

At the time of our inspection, the practice was owned by an individual. 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.

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

The practice is open: Monday to Thursday from 8.30am to 5pm. It closes between 1pm and 2pm on those days during lunchtimes.

Our key findings were:

- Policies had been subject to update and were computerised. Staff had access to policies and details for lead contacts were displayed in the practice for staff to refer to.
- A process for undertaking staff appraisals had been implemented since our previous inspection.
- A monitoring log was in place to enable more effective tracking of staff's continuing professional development and training.
- Audit activity and its resulting outcomes had been subject to discussion by staff in practice meetings.
- The provider had reviewed the requirements for legislative checks if new staff were recruited. This included contact with the agency that had been used when temporary staff had been supplied to seek assurance.
- Areas of risk had been subject to further review such as the use of sharps and the security of prescription pads.
- The dental chair that contained tears had been repaired with new upholstery.
- The Mental Capacity Act 2005 and Gillick competence had been subject to discussion amongst the team.
- Patient safety alerts were being received and actioned, if appropriate.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services well-led?

No action



Are services well-led?

Our findings

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

At our previous inspection on 17 June 2019 we judged the provider was not providing well-led care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notice. At the inspection on 13 February 2020 we found the practice had made the following improvements to comply with the regulation:

- At our previous visit we had found that policies were not up to date or subject to regular review. Not all staff knew of lead contacts. At our follow up inspection, we found that policies had been updated and had been computerised. Staff had access to existing policy, and we were sent evidence to show how paper copies could be viewed. A list of lead contacts had been displayed on a notice board in the staff office. We were informed that staff meetings had included discussion of organisations that could be contacted if any whistleblowing concerns arose.
- An incidents and complaints policy and procedure had been updated and we were informed that all staff had been made aware of this through discussion in a staff meeting. There had not been any incidents reported since our previous inspection.
- At our previous visit we found that not all staff had received a formal appraisal of their work. The provider had carried out all staff appraisals as due.
- The monitoring systems for staff completion of continuing professional development (CPD) had been subject to review. Logs had been implemented for ease of tracking this information and ensuring they met ongoing requirements.
- There were limited systems for monitoring and improving quality at the time of our previous visit. For example, audit activity had been limited and clear outcomes were not evident. We were informed that this

area had been strengthened and outcomes from more recent audit activity had been discussed in staff meetings held. We saw minutes from a meeting dated in December 2019, these showed discussions regarding infection control and radiography audits.

- The provider had not previously ensured that evidence was held regarding references or other evidence of conduct in previous employment for one member of the clinical team. We were told that a review had been undertaken of staff files and all information was held which reflected legislative requirements. No new substantive staff had been employed since our previous inspection.
- The practice had not utilised any agency or locum staff since the time of our previous inspection. The provider had sought assurance from the agency that they had completed legislative requirements checks required.
- We noted that areas of risk had been subject to review. The practice had moved to a safer sharps system to help mitigate the risk of sharps injuries from needles. NHS prescription pads were now locked away securely with monitoring systems to identify if an individual prescription was taken inappropriately. Cabinets were now lockable to protect the security of patients' records. We were sent evidence regarding this.

The practice had also made further improvements:

- The dental chair that contained tears had been repaired with new upholstery. We were sent evidence of this.
- The Mental Capacity Act 2005 and Gillick competence had been subject to discussion amongst the team.
- Patient safety alerts were being received and actioned, if appropriate. These were also printed and held in a folder.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulation when we inspected on 13 February 2020.