

Astek Dental Laboratory Limited

Astek Dental Centre

Inspection Report

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Overall summary

We carried out this announced focused inspection on 12 September 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

Astek Dental Centre received a comprehensive inspection on 6 February 2017 and we served a Requirement notice for Regulation 17-Good Governance.

They required improvement in ensuring the service was assessed and monitored to ensure risks were mitigated and they improved the quality and safety of services provided. This included taking actions following risk assessments carried out for health and safety.

After the comprehensive inspection, the practice wrote to us to say what actions they would take to meet the legal requirements in relation to the breaches.

We revisited Astek Dental Centre and checked whether they had followed their action plan.

We reviewed the practice against one of the five questions we ask about services: is the service well-led? 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 Astek Dental Centre on our website at www.cqc.org.uk.

The inspection was undertaken by a CQC inspector who had access to a remote specialist dental adviser.

Our key findings were:

- The practice appeared clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs.
- The practice had effective leadership. Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.

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.

Staff described an open and transparent culture where they were comfortable raising and discussing concerns with the management team. They were confident in their abilities to address any issues as they arose.

Areas of concern identified at the last inspection were the organisation of policies and procedures from different compliance systems which led to confusion with respect to operating practice policies, procedures and protocols. This led to shortfalls in the maintenance of a policy in relation to recruitment, vulnerable adults and a lack of a risk assessment in relation to Legionella. These requirements have now all been addressed.

No action



Are services well-led?

Our findings

Governance arrangements

At the last inspection in February 2017 we found improvements were required to ensure effective systems were established to assess, monitor and mitigate risks arising from the regulated activities.

The practice had taken action and addressed issues identified within risk assessments to ensure risks were mitigated. This included fire safety, health and safety and Legionella.

There were processes in place to ensure infection control procedures were met including the completion of an annual infection control statement.

Daily checks were recorded to show unpackaged instruments were reprocessed at the end of the working day.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) and these are cascaded to relevant staff. .

There is now a robust policy for vulnerable adults and staff were aware of who to report to outside of the organisation.

The organisation now has a comprehensive of policies and procedures. Policies such as health and safety and RIDDOR are now personalised to the practice.

We also found that the local rules had not been kept up to date with respect to changes in personnel.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Leadership, openness and transparency

Staff were aware of the Duty of Candour requirements to be open, honest and to offer an apology to patients if anything went wrong.

Staff told us there was an open, no blame culture at the practice. They said the principal dentist and practice manager encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us principal dentist and practice manager were approachable, would listen to their concerns and act appropriately.

The practice has started to hold meetings where staff could raise any concerns and discuss clinical and non-clinical updates. We were informed that Immediate discussions were arranged to share urgent information.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, X-rays and infection prevention and control. They now had clear records of the results of these audits and the resulting action plans and improvements.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so.