

Mrs. Karen Horne

# Mrs Karen Horne - Windlestone Road

## Inspection Report

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### Overall summary

We carried out a focused inspection of Mrs Karen Horne – Windlestone Road dental practice on 02 July 2018.

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

We undertook a comprehensive inspection of Mrs Karen Horne – Windlestone Road dental practice on 01 May 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions where we found the registered provider was not providing well-led care in accordance with Regulation 17 ‘good governance’ 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 Mrs Karen Horne – Windlestone Road on our website [www.cqc.org.uk](http://www.cqc.org.uk).

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

We undertook a follow up focused inspection of Mrs Karen Horne – Windlestone Road dental practice on 02

July 2018. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

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 improvements to address the shortfalls identified and responded to the regulatory breach we found at our inspection on 01 May 2018.

##### **Background**

Mrs Karen Horne - Windlestone Road practice is in Billingham and provides NHS and private treatment to patients of all ages.

The practice is situated on the first floor of a building, with entrance through the ground floor. Car parking spaces, including for blue badge holders, are available near the practice.

# Summary of findings

The dental team includes a principal dentist, two dental nurses, a dental therapist and a receptionist. The practice has two treatment rooms.

The practice is owned by an individual who is the principal dentist. 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.

The practice was not open for dental treatment on the inspection day.

During the inspection we spoke with the principal dentist and a dental nurse. Most other staff members had prior arranged annual leave. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday, Tuesday and Wednesday 9am to 5.30pm

Thursday 9am to 6pm

Friday 8.30am to 5pm

## **Our key findings were:**

- The practice had implemented and improved their systems to help them manage risk.
- The practice had effective leadership and a culture of continuous improvement was evident.
- The principal dentist had effective staff recruitment procedures.
- We noted some staff training documents were not available during the inspection on 01 May 2018. These were not available to view at our follow-up inspection.

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

- Review the practice's training system and ensure detailed records are maintained for all staff.

# 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**



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 making additional staff time available for practice management, administration, establishing clear roles and responsibilities for all the practice team. The improvements provided a sound footing for the ongoing development of effective governance arrangements at the practice.

We saw robust systems in risk management and recruitment procedures were implemented.

The principal dentist had improved their system to monitor the training needs of staff; we observed one member's continuing professional development training certificates were still missing since the last inspection.

# Are services well-led?

## Our findings

At our inspection on 01 May 2018 we judged the provider was not providing well led care and told them to take action as described in our requirement notice. At the inspection on 02 July 2018 we saw the practice had made the following improvements to meet the requirement notice:

- Recruitment processes were effective. The provider had implemented a recruitment policy and we saw evidence of all staff having Disclosure and Barring Service checks, immunisation status reports and references carried out.
- The provider had created a training file for all staff members. This would enable them to monitor the training for all staff. We saw certificates for all staff were on file, apart from for one staff member. The provider had told us they requested that this member of staff send copies of their certificates on numerous occasions; this was not responded to. We discussed a more robust procedure would be needed for the provider to monitor staff training. They assured us they would implement this.
- The practice had adequate systems to help them manage risk. A risk assessment of the premises was carried out which included fire, sharps and general practice areas. The provider had implemented robust risk assessments for hazardous materials. We saw all dental materials had been risk assessed following our last visit. We were shown the risk assessment template forms for all cleaning products; these were in the process of assessment.

- We saw evidence that the control measures identified in the Legionella risk assessment were being carried out and sterilisation equipment was tested and maintained in accordance with guidance.
- The process for reviewing the medical emergency drugs and equipment had improved. We checked the medical emergency drug kit and logs – all expired drugs were removed and a robust checking process was implemented.
- Fire drills were in place with timed evacuation procedures. We saw the provider had a template to record all future fire drills.
- The X-ray local rules were up to date and surgery specific.
- Audits of Infection prevention and control, X-rays and clinical record keeping were available and a schedule had been made to ensure they were carried out at regular intervals.
- We saw the provider had a log of all safety alerts received by the practice and this enabled them to disseminate any relevant alerts with the whole team.
- The provider had a detailed business continuity plan along with a disaster recovery grab bag if an emergency happened whilst on-site.
- The practice leaflet was updated to inform patients whose first language was not English, translation services were available and to indicate family members could not be used for this purpose.

These improvements demonstrated that the provider had taken action to address the shortfalls we found when we inspected on 01 May 2018.