

Springfield Road Dental Surgery

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Inspection Report

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St Leonards On Sea
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Website:

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Overall summary

We undertook a follow up focused inspection of Springfield Road Dental Surgery on 7 May 2019. 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.

We undertook a comprehensive inspection of Springfield Road Dental Surgery on 5 February 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 Springfield Road Dental Surgery on our website www.cqc.org.uk.

As part of this inspection we asked:

- Is it well-led?

Our findings were:

Are services safe?

We found this practice was providing safe care in accordance with the relevant regulations.

Are services effective?

We found this practice was providing effective care in accordance with the relevant regulations.

Are services caring?

We found this practice was providing caring services in accordance with the relevant regulations.

Are services responsive?

We found this practice was providing responsive care in accordance with the relevant regulations.

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/es we found at our inspection on 7 May 2019.

Background

Summary of findings

Springfield Road Dental Surgery is in St Leonards and provides NHS and private treatment to adults and children.

There is level no access for people who use wheelchairs and those with pushchairs. There is a stair lift from the pathway to surgery. Car parking spaces are available near the practice.

The dental team includes 4 dentists, 7 dental nurses, 2 trainee dental nurses, 1 dental hygienists and 2 receptionists. The practice has 3 treatment rooms.

The practice is owned by a partnership 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 Springfield is the principal dentist.

The practice is open: The practice is open: Monday, Tuesday, Wednesday and Friday 09.00-17.00 and Thursday 09.00-09.00. Saturday and Sunday closed.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?

We found that this practice was providing safe care and was complying with the relevant regulations.

No action



Are services effective?

We found that this practice was providing effective care and was complying with the relevant regulations.

No action



Are services caring?

We found that this practice was providing caring services and was complying with the relevant regulations.

No action



Are services responsive to people's needs?

We found that this practice was providing responsive care and was complying with the relevant regulations.

No action



Are services well-led?

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

No action



The provider had made improvements to the management of the service. This included providing additional staff time available for management and 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.



Are services well-led?

Our findings

At our previous inspection on 5 February 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 7 May 2019 we found the practice had made the following improvements to comply with the regulation(s):

- All risk assessments are now being regularly reviewed.
- We reviewed the x ray folder and found all information required. This included the annual audit and relevant names and contact details.
- We spoke with staff and they are confident and knowledgeable about antibiotic stewardship, decontamination processes, mental capacity act, duty of candour, and sepsis.
- All records were in place to evidence equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance.
- All staff records were available regarding the recruitment procedures to show they had an established and operated effectively, to ensure only fit and proper persons are employed.

The practice had also made further improvements:

- The practice has reviewed the practice's protocols for the use of rubber dam for root canal treatment, taking into account guidelines issued by the British Endodontic Society and confirmed all dentists working at the practice will be following the guidelines.
- The practices have now clear protocols for ensuring that all clinical staff have adequate immunity for vaccine preventable infectious diseases.
- The practice's is now fully compliant with waste handling protocols to ensure waste is segregated and disposed of in compliance with the relevant regulations, and taking into account the guidance issued in the Health Technical Memorandum 07-01.

- The practice's policy for the control and storage of substances hazardous to health identified by the Control of Substances Hazardous to Health Regulations 2002, is now being followed to ensure risk assessments are undertaken and the products are stored securely.
- The practice can now evidence that security of NHS prescription pads in the practice and they have a system in place to track and monitor their use.
- The practices now have protocols and procedures for the use of X-ray equipment in compliance with The Ionising Radiations Regulations 2017 and Ionising Radiation (Medical Exposure) Regulations 2017 and taking into account the guidance for Dental Practitioners on the Safe Use of X-ray Equipment.
- The practices now have protocols for ensuring that all clinical staff have adequate immunity for vaccine preventable infectious diseases.
- The practices have some current performance review systems and have an effective process established for the on-going assessment and supervision of all staff.
- The practice has raised staff awareness of the requirements of the Mental Capacity Act 2005 and ensure all staff are aware of their responsibilities under the Act as it relates to their role.
- The practice has raised staff awareness of Gillick competency and ensure all staff are aware of their responsibilities in relation to this.
- The practice has reviewed the protocols to ensure audits of radiography and infection prevention and control are undertaken at regular intervals to improve the quality of the service. Practice has also ensured that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulation(s): when we inspected on 7 May 2019.