

Dr. Ross Drybrough

Strand-Dental

Inspection Report

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Overall summary

We carried out a follow-up inspection at Strand-Dental on the 10 May 2017.

We had undertaken an announced comprehensive inspection of this service on 21 December 2016 as part of our regulatory functions where breaches of legal requirements were found.

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 breach.

We revisited Strand-Dental as part of this review 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 Strand-Dental on our website at www.cqc.org.uk.

Background

This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The inspection was carried out to check that improvements to meet the legal requirements planned by the practice after our comprehensive inspection on 21 December 2016 had been made.

The follow-up inspection was led by a CQC inspector who had access to remote advice from a specialist dental advisor.

During our inspection visit, we checked that points described in the provider's action plan had been implemented by looking at a range of documents such as risk assessments, staff files, policies and staff training.

Our key findings were:

- The practice had infection control procedures which reflected published guidance. There were systems in place to ensure that all equipment used to sterilise instruments was being validated as per national guidelines
- The practice had systems to help them manage risk including the safe management of medicines prescribed by the practice
- The practice had thorough staff recruitment procedures and effective systems to track the training of staff to ensure that they met the requirements of their professional registration
- There was effective leadership at the practice. Staff were motivated and worked well together as a team.

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?

At our previous inspection we had found that the governance systems at the practice required review. The practice did not have effective systems to assess, monitor and mitigate the risks relating to infection prevention and control at the practice, staff recruitment and training and medicines management.

We carried out an announced follow-up inspection on the 10 May 2017. We found that action had been taken to ensure that the practice was well-led. There were now effective governance systems in place. The provider had implemented effective systems to ensure that it was validating all of its sterilising equipment in line with national guidelines. Effective recruitment procedures were carried out and staff training was reviewed. All necessary actions pertaining to the Legionella risk assessment had been completed. The provider was appropriately logging all medicines used within the practice.

No action



Are services well-led?

Our findings

Governance arrangements

The practice manager had overall responsibility for the day to day running of the service; and together with the partners for the management and clinical leadership of the practice. Staff understood the management structure and their roles and responsibilities.

The practice had all required policies, procedures and risk assessments to support the effective management of the service and to protect patients and staff. These were reviewed regularly and all staff were provided with any updates; and systems were in place to check that staff had awareness and understanding of such updates. Staff had received training with regards to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) and the procedures they would be required to follow in the event of a significant incident.

The practice had a staff recruitment policy and procedure to help them employ staff. This reflected relevant legislation. We looked at staff recruitment files which demonstrated that the practice followed their recruitment procedure. The practice ensured that evidence of immunisation status and references were obtained from staff prior to starting employment.

The practice had reviewed the ways in which staff were carrying out decontamination procedures, to provide time to complete the required checks of the equipment involved. Staff were now completing all necessary tests to

validate the sterilisation equipment at the practice. Feedback from all staff required to complete these tasks was sought. Staff ideas had been implemented to improve the time management of the procedures ensuring that the changes are sustained.

All actions required following a Legionella risk assessment had now been completed. The practice was completing all necessary procedures with regards to the dental unit waterlines.

A system of logging and monitoring the prescription of medicines within the practice was imbedded. We saw that the practice could easily identify whether stock was low or medicines were missing.

Leadership, openness and transparency

Leadership at the practice was effective. Staff meetings were held regularly and provided a forum for staff to raise any concerns; and for the practice to share learning, to discuss clinical and non-clinical updates.

Learning and improvement

The practice had effective systems to monitor the training of its staff. This ensured that all staff were up to date with their continuing professional development (CPD) training required to fulfil their professional registration. Staff had annual appraisals and we saw evidence of completed appraisals. Management were open to new ways of working and showed a commitment to raising the standards of care for patients. Staff strived to address any issues in order to bring about improvements.