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The Forge Dental Surgery

Inspection Report

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Overall summary

We carried out an announced responsive follow up inspection on 23 January 2017 to ask the practice the following key questions; Are services well-led?

We had undertaken an announced comprehensive inspection of this service on 13 June 2017 as part of our regulatory functions where a breach of legal requirements was found.

Our findings were:

Are services well-led?

We found this practice was providing well-led care in accordance with the relevant regulations.

Background

The Forge Dental Practice is located in the main street and on a bus route. There is a large waiting area providing a comfortable space and two surgeries. Children are provided for with a selection of toys and books. The practice offers private dental treatment and has a small NHS contract for children only. The practice has two treatment rooms, a waiting area and a local decontamination facility away from the treatment rooms. All areas are on the first floor with a stairlift to enable patients with limited mobility to access the practice.

The practice has two dentists, a visiting hygienist who attends the practice once a week, two qualified dental nurses who also fulfil the receptionist role.

One of the nurses is also the practice manager as the provider/ principal dentist only works in the practice one day a week and lives a considerable distance from the practice. The practice manager has recently taken up this role and is in the process of implementing appropriate quality management and governance arrangements.

The principal dentist is the registered provider who is registered with the Care Quality Commission to manage the service. Registered persons 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 is open Monday to Thursday, 08:30am to 5.00pm Fridays 09.00am – 12.30pm. The practice is closed at weekends. Out of hours number is available via the practice answerphone.

We reviewed feedback from patients which was positive about the care they received from the practice. They commented staff put them at ease, listened to their concerns and provided an excellent service in which they had confidence in the dental care provided.

Our key findings were:

- The practice was clean and well maintained.
- Infection control procedures were robust and the practice followed published guidance.

Summary of findings

- Staff had been trained to handle emergencies and appropriate medicines and life-saving equipment were readily available in accordance with current guidelines.
- The practice had systems in place manage risks.
- Staff understood and received safeguarding training and knew how to recognise signs of abuse and how to report it.
- Safe recruitment of staff was in place.
- Treatment was well planned and provided in line with current guidelines.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The appointment system met patients' needs.
- The practice was well-led by an empowered practice manager and the principal dentist.
- Staff felt involved, supported and worked well as a team.
- The practice sought feedback from staff and patients about the services they provided.
- Complaints were responded to in an efficient and responsive manner.
- In one treatment room we saw the X ray arm was partially broken and were told it was irreparable but it was still in use.

There were areas where the provider could make improvements and should:

- Review the use of the damaged X-ray equipment and seek advice from the Radiation Protection Advisor.

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 this practice was providing well led care in accordance with the relevant regulations.

There were systems in place to ensure the smooth running of the practice. Patient dental care records were complete, legible and stored securely.

There was a clearly defined management structure in place and all staff felt supported and appreciated in their own particular roles.

Arrangements were in place to support communication about the quality and safety of services.

The practice regularly monitored clinical and non-clinical areas of practice as part of a system of continuous improvement and learning.

The practice gathered the views of patients and staff about the service provided.

No action



The Forge Dental Surgery

Detailed findings

Background to this inspection

This inspection took place on 23 January 2017. The inspection team consisted of a Care Quality Commission (CQC) inspector and a dental specialist advisor.

We conducted a tour of the practice and looked at the decontamination and governance processes as the practice had been non-compliant in these areas at the last inspection. During our inspection visit, we reviewed policy documents, staff records. We spoke with three patients, five members of staff and the practice manager.

We observed the dental nurses carrying out decontamination procedures of dental instruments and also observed staff interacting with patients in the waiting area. Patients gave positive feedback about their experience at the practice.

To get to the heart of patients experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.



Are services well-led?

Our findings

Since the last inspection the provider had taken action to address the areas of non-compliance and our findings are outlined below.

Governance arrangements

There was an effective management structure in place. Staff were supported, managed and were clear about their roles and responsibility. We were told staff met their professional standards and followed their professional code of conduct.

The practice manager was responsible for the day to day running of the service. There was a range of policies and procedures in use at the practice. We saw they had systems in place to monitor the quality of the service and to make improvements.

The practice had an approach for identifying where quality or safety was being affected and addressing any issues. Health and safety and risk management policies were in place and we saw a process to ensure the safety of patients and staff members. For example, we saw risk assessments relating to the use of equipment and infection prevention and control which were effective and current.

Leadership, openness and transparency

Staff told us they were aware of the need to be open, honest and apologetic to patients if anything was to go wrong. This is in accordance with the Duty of Candour principle. [Duty of candour is a requirement under The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for a registered person who must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity].

All staff were aware of who to raise any issue with and told us the practice manager was approachable, would listen to their concerns and act appropriately by consulting with the principal dentist and implementing any action agreed with them. We were told there was a no blame culture at the practice.

Staff told us there was an open culture within the practice and they were encouraged and confident to raise any issues at any time. These were discussed at staff meetings and it was evident the practice worked as a team and dealt with any issue in a professional manner.

The practice held some meetings to enable staff to raise any concerns and discuss clinical and non clinical updates. However much communication was done through email, or telephone, as most of the staff team were part time. Staff told us the system worked well and was also used for more urgent information. When staff meetings occurred issues and information were discussed and minutes taken.

Learning and improvement

We saw audits were carried out thoroughly with results and action plans clearly detailed. Quality assurance processes had been implemented at the practice to encourage continuous improvement. This included clinical audits such as dental care records, X-rays and infection prevention and control.

All staff had received an annual appraisal at which learning needs and general wellbeing had been discussed. We saw evidence of completed appraisal forms in the staff folders.

Staff told us they had access to training which helped ensure mandatory training was completed each year; this included medical emergencies, basic life support and safeguarding.

The practice had implemented a clear system for monitoring staff training to ensure all staff completed mandatory training within the required timeframes. Staff working at the practice were supported to maintain their continuing professional development as required by the General Dental Council.

Practice seeks and acts on feedback from its patients, the public and staff

The practice had systems in place to involve, seek and act upon feedback from staff and patients who used the service.

The practice had a compliments book in the waiting area which had a number of very positive comments recorded. These included the following words and phrases: "excellent care and treatment; Professional and courteous; kind and caring".

No action



Are services well-led?

An annual patient satisfaction survey had been completed.
We confirmed the practice responded to feedback.