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Inspection Report

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Overall summary

We undertook a focused inspection of Signature Smiles Dental Practice on 27 February 2020. 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 Signature Smiles Dental Practice on 7 August 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 safe or well-led care and was in breach of regulations 12 and 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 Signature Smiles Dental Practice on our website www.cqc.org.uk.

As part of this inspection we asked:

- Is it safe?
- Is it well-led?

Our findings were:

Are services safe?

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

The provider had made improvements in relation to the regulatory breach we found at our inspection on 7 August 2019.

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 we found at our inspection on 7 August 2019.

Background

Signature Smiles Dental Practice is in Gobowen, Shropshire and provides NHS treatment for adults and children. The practice is one of two within Shropshire registered under the same provider.

There is ramped access for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for people with disabilities, are available near the practice.

The dental team includes six dentists, four dental nurses including three trainee dental nurses and a practice manager. The practice has three treatment rooms and centralised decontamination facilities.

Summary of findings

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

During the inspection we spoke with one dentist, an area manager and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday to Friday: from 8.30am to 5.30pm.

Our key findings were:

- Emergency medicines and equipment were as described in the Resuscitation Council UK's national guidance.
- Infection prevention and control audits had been completed on a six-monthly basis in line with national guidance.
- The infection control lead had completed additional training to support their role.
- The practice had a system for receiving alerts from the Medicines and Healthcare products Regulatory Agency and Central Alerting System.
- The practice had a whistleblowing (speak up) policy and this was available to all staff.

- The practice had a system for recording accidents and significant events. This was being reviewed and updated at the time of this inspection.
- All staff had received a formal appraisal of their performance in the 12 months leading up to this inspection. Dentists had completed personal development plans in line with requirements from the General Dental Council.
- Radiography audits had been completed for dentists in the 2 months leading up to this inspection.
- Safeguarding protocols were in place to reduce risk and help keep patients safe.
- Information held at the practice relating to the Control of Substances Hazardous to Health had been updated.
- Staff files demonstrated all clinical staff had received inoculations to protect them from the Hepatitis B virus, and their level of immunity was recorded within their personnel file.

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

- Implement an effective system for recording, investigating and reviewing incidents or significant events with a view to preventing further occurrences and ensuring that improvements are made as a result.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?

No action 

Are services well-led?

No action 

Are services safe?

Our findings

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

At our previous inspection on 7 August 2019 we judged the provider was not providing safe 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 27 February 2020 we found the practice had made the following improvements to comply with the regulation.

- We checked the emergency medicines and equipment held at the practice and saw this was as described in the Resuscitation Council UK's national guidance.
- Infection prevention and control audits had been completed on a six-monthly basis in line with national guidance. Audits had been completed in January 2019, July 2019 and December 2019. The infection control lead, who was a qualified dental nurse had completed additional training to support their role.
- The practice had a system for receiving alerts from the Medicines and Healthcare products Regulatory Agency and Central Alerting System. These alerts were received at head office and cascaded down to the practice via the area manager. If an alert was found to be relevant to dentistry or a particular practice the alert was printed and given to each member of staff.

- The practice had updated their whistleblowing (speak up) policy so that it included contact details for the General Dental Council as well as the Care Quality Commission and Public Concern at Work. The policy was readily available to all staff at the practice.

The provider had also made further improvements:

- The practice had reviewed the way it tracked and monitored NHS prescriptions. A new tracking system for every NHS prescription on the premises had been introduced, so that if an individual prescription went missing this would be quickly identified. Prescription pads were stored securely, and the new system had enabled a prescribing audit to be completed in February 2020.
- The practice's management systems for needles and other sharp dental instruments within the practice had been reviewed. A sharps risk assessment had been produced. The risk assessment was further reviewed following this inspection. Information for staff in relation to sharps was displayed in clinical areas.
- We saw that staff personnel files had been reviewed and information held within them was as identified in schedule 3 of the Health and Social Care Act 2008 regulations.

These improvements showed the provider had taken action to comply with the regulation when we inspected on 27 February 2020.

Are services well-led?

Our findings

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

At our previous inspection on 7 August 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 27 February 2020 we found the practice had made the following improvements to comply with the regulation.

- The practice's system for recording accidents and significant events was being reviewed and updated at the time of this inspection.
- Records held within the practice demonstrated all staff had received a formal appraisal of their performance in the 12 months leading up to this inspection. We saw dentists had completed personal development plans in line with requirements from the General Dental Council.
- Radiography audits had been completed for dentists during the four months leading up to this inspection.

- We saw staff training records relating to safeguarding for children and vulnerable adults. Staff had completed training to a level that reflected their role within the practice. A safeguarding policy was available to all staff and this included contact telephone numbers and a flow chart.
- Information held at the practice relating to the Control of Substances Hazardous to Health had been updated. The practice held risk assessments and products safety data sheets for each substance that would fall under the Control of Substances Hazardous to Health (COSHH) regulations 2002.
- We viewed the personnel files for all clinical staff working at the practice. The records demonstrated all clinical staff had received inoculations to protect them from the Hepatitis B virus, and their level of immunity was recorded within their personnel file.

These improvements showed the provider had taken action to comply with the regulation when we inspected on 27 February 2020.