

Avenue House Lymington Limited

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

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Overall summary

Further to the outcome of a previous inspection, carried out in March 2016, we carried out an announced focused inspection relating to the safe and well led provision of services on 11 May 2016 to ask the practice the following key questions;

Are services safe and well-led in relation to staff recruitment, infection control and staffing?

Our findings were:

Are services safe?

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

Are services well-led?

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

Background

Summary of findings

CQC inspected the practice on 17 March 2016 and asked the provider to make improvements regarding:

- Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
- Regulation 18 HSCA (RA) Regulations 2014 Staffing
- Regulation 19 HSCA (RA) Regulations 2014 Fit and Proper Persons employed

We checked these areas as part of this focused inspection and found these had been resolved.

Avenue House Dental Practice is a dental practice providing private treatment for both adults and children.

The practice is situated in Lymington town centre. The practice has five dental treatment rooms, of which four are in use, and a separate decontamination room used for cleaning, sterilising and packing dental instruments. The practice is based on the ground and first floor of a former detached domestic dwelling. The ground floor is fully accessible to wheelchair users, prams and people with limited mobility

The practice employs three dentists, one hygienist, three dental nurses of which one is a trainee, one receptionist and a practice manager. The practice's opening hours are 9am to 1pm and 2pm to 5.30pm Monday to Friday. There

are arrangements in place to ensure patients receive urgent medical assistance when the practice is closed. This is provided by an out-of-hours service run by a number of local dentists who operate an on-call system.

The practice manager is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. 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 inspection was carried out by a CQC inspector.

Our key findings were:

- Infection control procedures followed published guidance under the Health and Social Care Act 2008.
- Staff recruitment files contained essential information in relation to Regulation 19, Schedule 3 of Health & Social Care Act 2008 (Regulated Activities) Regulations 2015.
- Staff had received appraisals and training appropriate to their roles.

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

At our previous inspection we identified risks that could compromise safe patient care and treatment with regard to infection control and staff recruitment and training.

At this inspection we found risks in relation to these shortfalls were identified and mitigated. Infection control procedures followed published guidance and audits took place for infection control and handwashing.

Staff recruitment procedures ensured that all of the required checks for new staff were completed. Staff carried out fire safety and infection control training and was aware of their responsibilities regarding maintaining their continuing professional development.

Are services well-led?

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

At our last inspection we found that some operational policies and procedures had not been updated or reviewed. Since our last visit the practice introduced a system of clinical governance. Areas addressed included risk assessments for infection prevention and control, staff training and staff appraisal procedures.

Avenue House Lymington Limited

Detailed findings

Background to Avenue House Lymington Limited

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. 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.

Further to the outcome of a previous inspection, carried out in March 2016, we carried out an announced focused inspection relating to the safe and well led provision of services on 11 May 2016. The inspection was carried out by a CQC inspector

During the inspection, we spoke with the practice owner the practice manager and reviewed policies, procedures and other documents.

To get to the heart of patients' experiences of care and treatment, we asked the following questions:

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

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

Are services safe?

Our findings

Staff recruitment

The practice had a recruitment policy which detailed the checks required to be undertaken before a person started work. For example, proof of identity, a full employment history, evidence of relevant qualifications and employment checks including references.

We looked at four staff recruitment files and records confirmed all had been recruited in accordance with the practice's recruitment policy. Staff recruitment records were ordered and stored securely.

Infection control

There were systems in place to reduce the risk and spread of infection within the practice. The practice had an infection control policy in place. It was observed that audit of infection control processes carried out in March 2016 confirmed compliance with HTM 01 05 (national guidance for infection prevention control in dental practices'). An audit of hand hygiene processes also confirmed compliance with HTM01-05 guidance.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Governance arrangements

The governance arrangements for this location consisted of the practice manager who was responsible for the day to

day running of the practice. The practice maintained numerous files pertaining to various clinical systems and process used to deliver safe and effective care under the regulated activities in dentistry.

We found the governance files underpinning the care provided at the practice were effective. Areas examined included infection control, staff recruitment, training and appraisal.