MLL Portchester Limited

Castle Dental Practice

Inspection Report

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Overall summary

We carried out a focused inspection of Castle Dental Practice on 14 November 2017.

The inspection was led by a CQC inspector who had access to telephone support from a dental clinical adviser.

We carried out this inspection focusing only on the well-led key question to check on information we had received relating to this aspect of care at this practice.

We carried out the inspection to follow up concerns we originally identified during a comprehensive inspection at this practice on 17 January 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

At a comprehensive inspection we always ask the following five questions to get to the heart of patients' experiences of care and treatment:

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

When one or more of the five questions is not met we require the service to make improvements and send us an action plan. We then inspect again after a reasonable interval, focusing on the area(s) where improvement was required.

At the previous comprehensive inspection we found the registered provider was providing safe, effective, caring and responsive care in accordance with relevant regulations. We judged the practice was not providing well-led care in accordance with 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 Castle Dental Practice on our website www.cqc.org.uk.

Our findings were:

Are services well-led?

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

The provider had made improvements to put right the shortfalls and deal with the regulatory breach we found at our inspection on 17 January 2017.

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?

No action

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

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

The practice team kept complete patient dental care records which were, clearly written and stored securely.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

Are services well-led?

Our findings

At our inspection on 17 January 2017 we judged it was not providing well led care and told the provider to take action as described in our requirement notice. At the inspection on 14 November 2017 we noted the practice had made the following improvements to meet the requirement notice:

- The training, learning and development needs of staff members were collated and reviewed at appropriate intervals during appraisals.
- The risk assessments in key areas such as infection prevention and control, recapping needles following administration of local anaesthetic were current and followed guidelines.
- We saw that written policies and procedures were reviewed regularly, June 2017, and updated to reflect changes in legislation and guidelines.
- There was a robust system to record, respond and learn from significant events and accidents, the last incident reported was November 2017.
- The practice no longer provided sedation services
- We saw that medicines were dispensed follow the dispensing guidelines of the British Pharmacological Society.

The practice had also made further improvements:

- We were shown the practice's infection control procedures and protocols which took into account The Health and Social Care Act 2008: Code of Practice about the prevention and control of infections and related guidance. The practice used a record book to ensure residual protein testing for the ultrasonic cleaning bath was carried out according to guidelines.
- The practice provided an up to date annual statement in relation to infection prevention control required under The Health and Social Care Act 2008: Code of Practice about the prevention and control of infections and related guidance. The practice told us that they would also display the information for the public to view.
- The practice had reviewed protocols for completion of dental records giving due regard to guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping and that a decision had been made to move to an IT based dental records system by March 2017.
- We saw that the monitoring frequency of the emergency oxygen and automated external defibrillator were in line with guidelines.
- We saw that the safety arrangements for the window blinds in the practice were in line with recommendations and guidelines.
- We saw that the provision of an external name plate providing details of the dentists working at the practice included their General Dental Council (GDC) registration number in accordance with GDC guidance March 2012.
- The practice had reviewed the contents of the practice leaflet and NHS Choices to bring the information up to date.
- The practice storage arrangements for the emergency medicines and lifesaving equipment had been centralised in the practice.
- We saw that the decontamination room, which contained prescription only medicines, could be secured, when needed, and was under observation from reception staff to prevent unauthorised access.
- The practice received, stored and responded to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies such as Public Health England (PHE).

These improvements showed the provider had taken action to address the shortfalls we found when we inspected on 17 November 2017.