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Lee On Solent Hampshire known locally as Innovate Dental Studio

Inspection Report

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Date of inspection visit: 28 March 2018
Date of publication: 20/04/2018

Overall summary

We carried out a focused inspection of Lee on Solent known locally as Innovate Dental Studio on 28 March 2018.

The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We carried out the inspection to follow up concerns we originally identified during a comprehensive inspection at this practice on 29 November 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 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 Lee on Solent known locally as Innovate Dental Studio 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.

Summary of findings

The provider had made improvements to put right the shortfalls and deal with the regulatory breach we found at our inspection on 29 November 2017.

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

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?

The provider had made improvements to the management of the service. This included making staff time available for management and administration and establishing clear roles and responsibilities for all the practice team. The improvements provided a sound footing for the ongoing development of effective governance arrangements at the practice.

No action



Are services well-led?

Our findings

At our inspection on 29 November 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 28 March 2018 we noted the practice had made the following improvements to meet the requirement notice:

- The practice's infection control procedures and protocols which took into account guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and had regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'. We were told of plans by the practice to develop and improve decontamination procedures by relocating the dedicated decontamination room. The practice manager told us that changes would be completed by September 2018.
- The practice's sharps procedures were in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- The practice's Legionella risk assessment took into account guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and have regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.' We saw that a new legionella risk assessment had been completed during January 2018. The practice manager had implemented changes to recording and monitoring in line with the reports recommendations.
- The practice had audit protocols including audits of various aspects of the service, such as clinical records, radiography, mandatory infection prevention and control including, sharps management and out of date stocks and that these audits would be undertaken at regular intervals to help improve the quality of service. The practice also ensured, that where appropriate, audits had documented learning points showing resulting improvements would be demonstrated. The practice manager told us that audits would be reviewed, with consideration being given to proposed changes to services offered by the practice and was considering independent verification of audits due to the small nature of the practice team.

- The practice did have practice risk assessments to monitor and mitigate the various risks arising from undertaking of the regulated activities. The practice manager told us that the practice was reviewing risk assessments and implementing new policies to cover proposed and implemented changes to practice procedures. These changes included revisions to the Control of Substances Hazardous to Health (COSHH) regulations 2002 file, radiation file and the introduction of a maintenance file for all equipment used in the practice following the purchase of new machinery.

The practice had also made further improvements:

- The practice ensured the security of prescription pads in the practice and there were systems in place to track and monitor their use. The practice manager told us that a further review had identified the need to improve prescription pad monitoring and that improvements to the system were being implemented.
- The practice had protocols for monitoring and recording the fridge temperature to ensure that medicines and dental care products are being stored in line with the manufacturer's guidance.
- The practice had reviewed the availability of equipment and now had an Automated External Defibrillator (AED) to manage medical emergencies having taken into account guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
- The practice had reviewed stocks of medicines and equipment and had a system for identifying, disposing and replenishing of out-of-date stock.
- The practice had protocols for completion of dental care records taking into account guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping. The practice manager told us that improvements were being considered for the audit of dental care records to include independent verification due to the small nature of the team.
- The practice had reviewed current staffing arrangements to ensure all dental care professionals were adequately supported by a trained member of the dental team when treating patients in a dental setting taking into account the guidance issued by the General

Are services well-led?

Dental Council. The practice manager told us that staffing arrangements were being documented to include risk assessment and policy revisions to better reflect working practices.

These improvements showed the provider had taken action to address the shortfalls we found when we inspected on 29 November 2017.