

Cambridge Smile Studio Limited

Cambridge Smile Studio

Inspection Report

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Overall summary

During our announced comprehensive inspection of this practice on 20 December 2016, we found breaches of legal requirements of the Health and Social Care Act 2008 in relation to regulation 17- Good Governance and regulation 12- Safe Care and Treatment.

We undertook this focused inspection to check that the provider now met legal requirements. This report only covers our findings in relation to these requirements. You can read the report from our previous comprehensive inspection by selecting the 'all reports' link for Cambridge Smile Studio at www.cqc.org.uk

Key findings

- Overall, we found that effective action had been taken to address the shortfalls identified at our previous inspection. The provider must now ensure that the newly implemented improvements are embedded and sustained in the long- term in the practice.

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 safe?

We noted significant improvements had been implemented since our previous inspection. Incident reporting was better understood; medical emergency simulations were practiced regularly, recruitment was more robust and cleanliness had improved.

We found that the provider was now compliant with the regulations.

No action



Are services well-led?

The improvements we noted since our previous inspection indicated that leadership and oversight within the practice had become more robust and systems were in place to ensure standards were met. All staff had received an appraisal of their performance and regular staff meetings were held. Policies were in place and regularly updated when required. Staff morale and teamwork improved.

We found that the provider was now compliant with the regulations.

No action



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Detailed findings

Background to this inspection

We undertook an announced focused inspection of the Dental Surgery on 21 August 2017. This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 20 December 2016 had been made.

We inspected the practice against two of the five questions we ask about services: is the service safe effective and well-led?

During our inspection we spoke with the practice manager, a dental nurse and a receptionist. We reviewed a range of documentation and checked the treatment rooms.

Are services safe?

Our findings

At our previous inspection in December 2016, we found a number of shortfalls in the practice's procedures that showed it was not safe. During this inspection we noted the following improvements had been implemented since then:

- The practice had implemented a significant event policy, register and recording form. We viewed completed forms that contained good details of the incident, and any follow up action required to prevent its reoccurrence.
- A system was in place to deal with national patient safety alerts and staff were aware of recent alerts affecting dental practice.
- CCTV had been installed in key areas around the practice to monitor unauthorised patient access and to protect staff.
- Sharps' injury protocols had been put on display where they were used.
- Staff rehearsed medical emergency simulations and we viewed minutes of the staff meeting held in May 2017, where staffed practiced responding to someone having a heart attack and requiring CPR.
- The practice had purchased missing emergency medical equipment including portable suction, airways equipment and epipens. A spacer device was on order.
- The practice had purchased a separate fridge for the storage of medical consumables that required a cool temperature, and we noted its temperature was monitored to ensure it was operating effectively.
- We checked the recruitment files for two recently employed staff members and saw that references and DBS checks had been obtained for them. A record had been kept of their employment interview to show it had been conducted fairly. The practice had undertaken DBS checks for all staff since our previous inspection.
- The practice had conducted a fire risk assessment in December 2016, and new alarms, smoke detectors and emergency lighting had been installed as a result. Staff now practiced building evacuations.
- The practice had undertaken a full legionella risk assessment in February 2017, and had contracted the services of an external company to implement its recommendations and conduct regular water testing and checking.
- The practice's business continuity plan was now kept off site with the practice manager.
- We checked treatment rooms and noted that lime scale build up around taps and sinks had greatly reduced. Drawers were cleaner and most loose items had been covered up or boxed to prevent the risk of aerosol contamination. Dental instruments were kept moist in boxes, whilst awaiting sterilisation.
- Cleaning equipment was now stored in line with national guidance.
- The practice had appointed a new nurse as the lead for infection control and we viewed a training certificate that showed she had undertaken specific training in infection control provided by the British Dental Association in March 2017.
- The practice manager told us that repairs to ripped dental chairs and electrical and mechanical testing of the X-ray machine was planned for the following week to our inspection.

Are services well-led?

Our findings

At our previous inspection in December 2016, we found a number of shortfalls in the practice's procedures that showed that it was not well-led. During this inspection we noted the following improvements had been implemented since then:

- A new and experienced practice manager had been appointed. Staff told us she had implemented many improvements in the previous three months. They reported that their morale and communication within the practice had improved significantly since our previous inspection.
- A formal three month induction programme had been implemented and we saw it had been completed for a recently employed member of staff.
- The practice had purchased an on-line governance tool in order to help it comply with essential guidance and standards.
- The practice had implemented a range of new policies and procedures, and we viewed evidence that showed that these were updated when needed.

- All staff had received an appraisal of their performance, which they described as useful. Staff also had personal development plans in place.
- The practice now held monthly staff meetings, evidence of which we viewed.
- The practice had completed an information governance tool kit and the result showed it handled information in line with legislation.
- The practice had purchased a portable hearing loop to assist patients with hearing aids, and information about translation services was available to patients. All staff had undertaken on-line training in equalities and diversity to help them understand the differing needs of their patients.

These improvements demonstrated to us that the provider had taken action to address the shortfalls we had identified during our previous inspection and governance systems were now in place to ensure the effective management of the service.