

# Execudent Limited

# Salisbury Dental Centre

## Inspection Report

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Date of inspection visit: 6 March 2018  
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### Overall summary

We carried out a focused inspection of Salisbury Dental Centre on 6 March 2018.

We carried out the inspection to follow up concerns we originally identified during a comprehensive inspection at this practice on 16 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 areas 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 Salisbury Dental Centre on our website [www.cqc.org.uk](http://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 16 November 2017.

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# Summary of findings

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- Is it well-led?

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# 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 additional 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 on going development of effective governance arrangements at the practice.

**No action**



# Are services well-led?

## Our findings

At our inspection on 16 November 2017 we judged it was not providing well led care and told the provider to take action as described in our warning notice. At the inspection on 6 March 2018 we noted the practice had made the following improvements to meet the requirement notice:

- The registered manager had reviewed the systems, procedures and risk assessments to support the management of the service and to protect patients and staff. These were effectively operated and included arrangements to monitor, assess and mitigate risks and to evaluate the quality of the service and make improvements.
- We were shown the practice had implemented all the recommendations from the fire service to manage the risks in the practice. For example we saw they had changed the lock on a fire exit door and had installed additional emergency lighting. We saw, and staff told us, they had all received fire training and felt confident in the use of fire extinguishers and which extinguisher to use for what type of fire. We saw records that demonstrated the fire alarm and other related equipment was tested regularly as recommended by the fire service.
- The practice manager told us the electrical wiring throughout the building had been reviewed and some rewiring had been completed. We saw an electrical hard wiring safety certificate dated 12 March 2018.
- We were shown the provider had replaced the round collimator and had the x ray machine checked in one surgery. We saw documentary evidence from the manufacturing engineer the equipment was safe to use.
- We saw the system for managing significant events was operated effectively and incidents had been well managed and discussed with the team at practice meetings. In discussion with the registered manager they confirmed they would ensure all staff sustaining a sharps injury would be referred to occupational health.
- The registered manager told us they had appointed a lead professional for infection prevention and control. We spoke with them and they demonstrated they had robust systems and practices in place which were effectively managed to minimise the associated risks. We corroborated this with documentary evidence. The registered manager had completed an annual infection control statement.
- Systems and processes were in place for the monitoring of staff by way of induction and appraisal and were operated effectively. We saw in the file for a recently recruited member of staff all required recruitment documents were present together with a completed induction record. The registered manager and member of staff had signed this record.
- We saw the registered manager had implemented a new appraisal system for all staff. Records seen demonstrated an improved understanding of the process. Staff spoken with told us the appraisal process had been good and they felt supported by the registered manager. Personal development plans seen were well completed and staff told us the process had been helpful. The registered manager demonstrated they had an effectively operated system to manage and monitor staff training.

These improvements showed the provider had taken action to address the shortfalls we found when we inspected on 6 March 2018.