

Mr. Widarshana Channa Herath

Gnosall Dental

Inspection Report

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Ratings

Are services well-led?

No action



Overall summary

We carried out a focused inspection of Gnosall Dental Practice on 14 March 2018.

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

We carried out the inspection to follow up concerns we originally identified during a comprehensive inspection at this practice on 5 September 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 Gnosall Dental on our website www.cqc.org.uk.

We also reviewed the key questions of safe, effective and responsive as we had made recommendations for the provider relating to these key questions. We noted that improvements had been made.

Our findings were:

Are services well-led?

Summary of findings

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 5 September 2017.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

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The provider had made improvements to the management of the service. This included making changes to the forms used for the reporting of accidents and incidents and ensuring staff knew their responsibilities regarding reporting arrangements. The completion and regular review of risk assessments regarding domiciliary visits, fire safety, sharps and a general practice risk assessment. The completion of documentation to demonstrate regular checks of fire safety equipment and staff fire drills. Improvements in infection prevention and control had been implemented including; the regular changing of domestic gloves used in the decontamination process and the recording of these changes, the provision of keyboard covers in treatment rooms and the wall mounting of sharps bins to ensure that they were less accessible to patients including children. Clinical waste bins were locked when they were not in use. Documentation was available to demonstrate that emergency medicines and equipment were checked at the frequency recorded in the resuscitation council guidelines. Systems had been set up to ensure that staff's pre-employment information was obtained in line with Schedule 3 of the Health and Social Care Act. The improvements provided a sound footing for the ongoing development of effective governance arrangements at the practice.

No action





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Our findings

At our inspection on 5 September 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 March 2018 we noted the practice had made the following improvements to meet the requirement notice:

- Evidence was provided to demonstrate that the practice was undertaking regular audits. We were shown the last two infection prevention and control audits completed in October 2017 and January 2018. An audit findings sheet was available which recorded action to be taken and which was signed when these actions had been addressed. We were told that these audits would now be completed on a quarterly basis.
- We were shown a copy of the sharps' risk assessment and the practice risk assessment both of these documents recorded a date for annual review. Evidence was also available to demonstrate that any issues identified during these risk assessments have been discussed with staff.
- We looked at two completed risk assessments regarding domiciliary visits. The provider had completed a risk assessment of the premises they were attending when they undertook domiciliary visits, this also assessed the patient's individual circumstances to determine which emergency medicines and equipment might be required to be taken on these visits.
- There was evidence that staff had completed fire drills within the last 12 months. A record had been made of the date and time of the drill and this also included details of any lessons learnt.
- Systems or processes that enabled the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who might be at risk have been put into place. An external company had completed a fire risk assessment in September 2017. We were told that this company checked the emergency lighting at that time. Fire precautions monitoring checks were completed and fire extinguishers received an annual service and

maintenance visit; records were available to demonstrate this. Staff at the practice were completing monthly checks of the emergency lighting and weekly checks of smoke alarms.

- Sharps' bins had been moved from the floor to be wall mounted and were no longer easily accessible to patients including children.
- Household gloves used during the decontamination process were changed at the frequency recommended in HTM01-05 and a log was kept to record this.
- Keyboard covers had been provided in dental treatment rooms as recommended in HTM01-05
- Clinical waste bins were locked when not in use to provide secure storage.
- The checks made on emergency medical equipment were now completed at the frequency suggested in the Resuscitation Council Guidelines and all of the emergency equipment was included in these checks. A separate log sheet was completed to records checks made on the emergency oxygen.
- Since our last inspection the practice had employed a dental nurse. We saw the staff folder which contained recruitment information for all staff. Records seen demonstrated that the practice had all of the necessary pre-employment information as per schedule 3 of the Health and Social Care Act 1984. For example proof of identification, criminal records bureau check, evidence of good conduct in previous employment, a medical questionnaire and the vaccination status of staff was available in this file.
- Records were available to demonstrate that the newly employed staff member had received induction training. A brief induction to the practice was also completed for all locum staff that worked at the practice. A health and safety orientation was completed for all visitors to the practice including locum staff.

The practice had also made further improvements:

- The practice had undertaken a review of systems for the recording, investigating and reviewing accidents or significant events. We were told that there had been no significant events since the last inspection of the practice. However, previous events had been recorded and discussions held with staff regarding these. A new



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accident reporting form was available which enabled staff to record detailed information including lessons learnt to help to prevent further occurrences and, ensure that improvements are made as a result.

- Dental care records were stored securely and were no longer on open shelving behind the reception desk.
- A review had taken place for complaint handling procedures. A copy of the complaint policy was on display on the reception desk and this included external contact details for patients who wished to complain about NHS or Denplan treatments.
- We were shown a Control of Substances Hazardous to Health (COSHH) file. This file contained a risk assessment which was reviewed on an annual basis and individual risk assessments for each COSHH item in use at the practice. This helped staff understand how to minimise risks associated with the use and handling of these substances. An update was available in January 2018 which included new COSHH items that were in use at the practice. Separate policies and procedures were available and staff had read this information and signed documentation to demonstrate this.

- Staff had been given a copy of information regarding confidentiality and consent for children under 16 years of age. Staff had signed documentation to confirm that they had read and understood this information. This helped to ensure that staff were aware of the legal precedent by which a child under the age of 16 years of age can consent for themselves and that all staff are aware of their responsibilities regarding this.
- The practice had undertaken a review of its responsibilities to the needs of people with a disability, including those with hearing difficulties and the requirements of the Equality Act 2010. A hearing loop had been purchased and was available on the reception for use by patients as required. A sign advising patients of the availability of the hearing loop was on display in the waiting area.

These improvements showed the provider had taken action to address the shortfalls we found when we inspected on 5 September 2017.