

Dr. Simon Lewis

Dr Simon Lewis - Rodney Street

Inspection Report

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Overall summary

We carried out a follow up inspection on 15 February 2018 at Dr Simon Lewis - Rodney Street.

On 22 August 2017 we undertook an announced comprehensive inspection of this service as part of our regulatory functions. During this inspection we found a breach of the legal requirements. After the inspection, we wrote to the provider requesting an action plan outlining what they would do to meet the legal requirements in relation to the breach. The provider did not submit an action plan.

We undertook a follow-up inspection at Dr Simon Lewis – Rodney Street on 29 November 2017 to check whether they met the legal requirements in the Health and Social Care Act 2008 and associated regulations. We carried out this announced inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. During the inspection we found breaches of the legal requirements. After the inspection, we wrote to the provider requesting an action plan outlining what they would do to meet the legal requirements in relation to the breaches. The provider did not submit an action plan.

We undertook a further follow-up inspection at Dr Simon Lewis - Rodney Street on 15 February 2018 to check

whether they met the legal requirements in the Health and Social Care Act 2008 and associated regulations. This report only covers our findings in relation to those requirements.

Copies of the reports from our comprehensive inspection and follow-up inspection can be found by selecting the 'all reports' link for Dr Simon Lewis - Rodney Street on our website at www.cqc.org.uk.

We reviewed the practice against one of the five questions we ask about services: is the service well-led?

The inspection was led by a CQC inspector who was supported by a CQC inspection manager.

Our findings were:

Are services well-led?

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

Background

Dr Simon Lewis - Rodney Street is close to the centre of Liverpool and provides dental care and treatment to adults and children on a privately funded basis.

Summary of findings

There are steps at the front entrance to the practice. The practice has one treatment room. Car parking is available near the practice.

The dental team includes a dentist and a dental nurse. The team is supported by a practice manager, who is also a dental nurse.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

The practice is open:

Tuesday 11.00am to 4.00pm

Wednesday 9.00am to 4.00pm

Thursday 9.00am to 3.30pm.

Our key findings were:

- The practice was clean and well maintained.
- The practice had improved their infection control procedures to reflect published guidance.
- The provider had systems in place to help them manage risk, and had put in place measures to further reduce identified risks.
- Staff felt involved and supported and worked well as a team.
- The practice asked staff for feedback about the services they provided.

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?

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

Since the follow up inspection on 29 November 2017 the practice had put in place improvements which demonstrated compliance with the regulations.

The provider demonstrated a commitment to continuing the work and engagement with staff and external organisations as an on-going process.

The provider had improved the management structure of the practice and staff felt supported and appreciated in their roles.

We reviewed the arrangements in place for the provider to assess and monitor risk at the practice. We saw that the provider had put in place further measures to reduce risks, for example, a Legionella risk assessment had been carried out.

The provider showed a commitment to learning and improvement and valued the contributions made to the team by all staff. We saw that the whole practice team had worked closely with an infection control specialist to further improve standards at the practice. Staff had received refresher training and we observed that staff were committed to on-going learning in this area.

No action



Are services well-led?

Our findings

Governance arrangements

We saw that policies, procedures and risk assessments were regularly reviewed to ensure they were up to date with regulations and guidance.

We reviewed the practice's systems and processes for monitoring the quality and safety of the service in relation to patient safety alerts. We saw that the practice received these, and they were reviewed and acted on by the practice manager where necessary.

The provider had arrangements in place to ensure risks were identified and managed, and had put measures in place to mitigate risks. For example, a Legionella risk assessment and pressure vessel testing on the steriliser, had now been carried out at the practice.

Leadership, openness and transparency

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service, and also provided administrative support, and occasional dental nursing support.

The dental nurse had recently been allocated the lead for infection control in the practice. We found adequate support for this role was now in place. The practice manager now had adequate time available to carry out her role and she was supported by the practice team to do so.

We found that the provider had identified ways in which good governance and leadership could be maintained in the longer term. We were told the practice had discussed this as a team.

Learning and improvement

The practice had quality assurance processes in place to encourage learning and continuous improvement. These included, for example, audits. We saw that arrangements were now in place for auditing of infection control.

The provider showed a commitment to learning and improvement and valued the contributions made to the team by all staff.

We saw that the provider had made arrangements with an infection control specialist to assess the practice's infection control processes, support improvements where necessary, and deliver training to the whole practice team. We observed that staff were committed to on-going learning and improving in this area.

Practice seeks and acts on feedback from its patients, the public and staff

The provider gathered feedback from staff through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.