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You Smile Dental Care

Inspection Report

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Overall summary

We undertook a focused inspection of You Smile Dental Care on 11 July 2019. This inspection was carried out to review in detail the actions taken by the registered provider to improve the quality of care and to confirm that the practice was now meeting legal requirements.

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

We undertook a focused inspection of You Smile Dental Care on 13 May 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We found the registered provider was not providing safe and well led care and was in breach of regulation 12 and 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 You Smile Dental Care on our website www.cqc.org.uk.

As part of this inspection we asked:

- Is it safe?
- Is it well-led?

Our findings were:

Are services safe?

We found this practice was providing safe care in accordance with the relevant regulations.

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 13 May 2019.

Are services well-led?

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

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 13 May 2019.

Background

You Smile Dental Care is in Market Rasen, a town within the West Lindsey district of Lincolnshire. It provides private dental treatment to adults and children.

Treatments offered include general dentistry, orthodontics and dental implants.

There is level access into the practice and the treatment rooms. There is no car parking available on site although there is public car parking within short distance of the practice.

The dental team includes the principal dentist, a visiting implantologist, a qualified dentist who also undertakes the role of a hygienist and two dental nurses. The practice has two treatment rooms.

Summary of findings

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.

During the inspection we spoke with one dentist and one dental nurse.

We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday to Thursday from 8.30am to 7pm, Friday from 8.30am to 5pm and on some Saturdays with appointment only, from 9am to 4pm.

Our key findings were:

- Emergency medicines that had expired, had been replaced.
- Single use medical items were being used in accordance with manufacturers' instruction.
- The provider had made policies available and staff were made aware of policy provision.
- The provider was reviewing their arrangements for significant event and untoward incident reporting to strengthen existing process.
- Computerised monitoring arrangements had been implemented which included overview of staff training requirements.
- A system was being introduced for staff appraisal and we saw some evidence of staff reviews that had taken place.
- We saw documentation relating to audit activity undertaken.
- Checks such as those for fire safety were now in place.
- We saw that a system for reviewing patient safety alerts had been implemented.
- Arrangements for lone working had been reviewed.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?

We found that this practice was providing safe care and was complying with the relevant regulations.

No action



Are services well-led?

We found that this practice was providing well led care and was complying with the relevant regulations.

No action



Are services safe?

Our findings

We found that this practice was providing safe care and was complying with the relevant regulations.

At our previous inspection on 13 May 2019 we judged the practice was not providing safe care and was not complying with the relevant regulations. We told the provider to take action as described in our enforcement notice. At the inspection on 11 July 2019 we found the practice had made the following improvements to comply with the regulations:

- At our previous inspection, we found some emergency medicines that had expired and had not been replaced.

We found at our follow up visit that new medicines had been obtained and replaced in the kit. We saw that monitoring systems had been improved and we noted that discussion was held amongst staff in practice meetings in May and June 2019.

- We were assured that single use items were being used in accordance with manufacturers instruction. The practice told us they were implementing a more robust system for labelling brackets with patient identification details, if they were to be used for re-bonding on the same patient for re-positioning purposes.

These improvements showed the provider had taken action to comply with the regulations.

Are services well-led?

Our findings

We found that this practice was providing well led care and was complying with the relevant regulations.

At our previous inspection on 13 May 2019 we judged the provider was not providing well led care and was not complying with the relevant regulations. We told the provider to take action as described in our enforcement notice.

At the inspection on 11 July 2019 we found the practice had made the following improvements to comply with the regulations:

- We noted policies were now available. Staff had signed to acknowledge they had been read and understood. We noted that some policies on safeguarding patients, and the recruitment of staff required further update as they did not contain the most up to date information available.
- The provider had been in the process of updating staff's knowledge regarding significant events and untoward incident reporting. They had sought advice from an external organisation regarding this. We discussed incident reporting with the principal dentist and they told us that the practice would adopt a more analytical approach to identifying untoward incidents.
- The provider had implemented a computerised monitoring system to support them in governance arrangements. The system included prompts for identifying when staff training was due. Practice meeting minutes in June 2019 included reference to training that

required updating, such as basic life support training, legionella awareness and complaints handling. We noted that the provider had enrolled staff in a virtual college to update their skills and knowledge in basic life support training.

- We saw that arrangements were underway for staff appraisals to be held. We saw evidence of a review held with two members of the team. We noted that staff were being allocated with lead areas of responsibility, for example, infection control, administration, audit and radiography.
- We noted that audit processes had been improved. We looked at documentation relating to radiography and infection control audits undertaken. Practice meeting minutes in June 2019 referred to reviews of disability access, and health and safety audits.
- Processes for undertaking safety checks such as those relating to fire, had been implemented. A fire drill had been scheduled to take place.
- We saw that a system for reviewing patient safety alerts had been implemented. Staff were requested to sign alert documentation once received, to acknowledge they had read them. The principal dentist was responsible for overseeing the process.
- We saw that lone working had been reviewed and the risks associated with this had been considered.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulations since our previous inspection.