

Mr. Ian Burrell

Mr I T Burrell Dental Surgery

Inspection Report

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Overall summary

We carried out an announced follow-up inspection at Mr I T Burrell Dental Surgery on 6 June 2018.

We had undertaken an announced comprehensive inspection of this service on the 23 August 2017 as part of our regulatory functions where a breach of legal requirements was found.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet the legal requirements in relation to the breach. This report only covers our findings in relation to those requirements. We checked whether they had followed their action plan to confirm that they now met the legal requirements.

We reviewed the practice against one of the five questions we ask about services: are the services well led? You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Mr I T Burrell Dental Surgery on our website at www.cqc.org.uk.

We revisited Mr I T Burrell Dental Surgery as part of this review and checked whether they now met the legal requirements. We carried out this announced inspection on 6 June 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations.

The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We asked the following question

- Is it well-led?

This question forms the framework for the areas we look at during the inspection.

Our findings were:

Are services well-led?

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

Background

Mr I T Burrell Dental Surgery is in Grimsby and provides NHS treatment to patients of all ages.

There is level access for people who use wheelchairs and pushchairs. Car parking spaces are available near the practice.

The dental team includes four dentists, a dental hygienist, eight dental nurses, a decontamination assistant, two receptionists and a practice manager (who is also a qualified dental nurse). The practice has six treatment rooms.

Summary of findings

The practice is owned by an individual who owns the practice. 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, one dental nurse, the decontamination lead, one receptionist and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Thursday from 9:00am to 5:30pm

Friday from 9:00am to 3:00pm

Our key findings were:

- Improvements had been made to the processes for managing risks associated with fire, Control of Substances Hazardous to Health (COSHH), X-ray equipment and the safe use of sharps.
- A system had been put in place to report significant events.
- Improvements had been made to the recruitment process.
- Governance processes were now in place to support the smooth running of the service.
- Audits of infection prevention and control and radiography had been completed.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services well-led?

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

Since the inspection on 23 August 2017, improvements had been made to the overall governance arrangements. These included updating and implementing policies and procedures. Staff meetings are carried out on a monthly basis.

Improvements had been made to the process for reducing the risks associated with fire, sharps X-ray equipment and COSHH.

Improvements had been made to the recruitment and significant event reporting processes.

Systems and processes had been put in place to enable and embed good governance going forward.

The practice had improved quality assurance and audit processes to encourage learning and continuous improvement.

No action



Are services well-led?

Our findings

Governance and management

Since the inspection on 27 August 2017 improvements had been made to the overall governance systems.

Risks associated with fire had been addressed. We saw that fire drills had been carried out and were scheduled to be done every six months. In addition, a system to test the fire alarm had been implemented. We saw log sheets had been put together to help staff complete these tasks. We saw that a fixed wiring check had been completed and the recommendations carried out as necessary. The boiler had also been serviced.

Improvements had been made to the process for COSHH. We saw a new COSHH folder had been created. This included all hazardous material safety data sheets and individual risk assessments for all substances used in the practice. Responsibility for the COSHH folder had been delegated appropriately. We saw that COSHH materials were all now stored securely as a lock had been put on the cleaner's cupboard door.

A sharps risk assessment was now in place. This detailed how staff managed all sharp items. The practice had acquired safe re-sheathing devices and staff confirmed that only the dentists were permitted to assemble, re-sheath and dispose of needles to reduce the risk of needlestick injuries to staff.

Improvements had been made to the process for recording significant events. We saw that significant events had been documented since the previous inspection. These were reviewed by the practice manager and analysed to determine if any learning could be derived from them. A master spreadsheet of all significant events had been implemented to identify any trends in significant events.

Improvements had been made to the recruitment process. A recruitment policy was now in place and this reflected current legislation. We looked at the two most recent staff recruitment records. These showed the practice followed their recruitment procedure.

We saw evidence that the X-ray machines had been serviced and recommendations made as necessary. The local rules had been updated and now reflect current regulations.

Policies had been reviewed and updated as necessary. We saw updated policies relating to safeguarding children and vulnerable adults, whistleblowing, consent and recruitment. The infection control policy had been updated and reflected current guidance. Governance arrangements were discussed at monthly team meetings. We saw evidence of minutes of these. The practice manager had blocked off protected time for all staff to attend practice meetings. Staff told us they felt these meetings were beneficial.

We were shown the process for decontaminating used instruments. A new sink had been installed in the decontamination room to facilitate this process. We noted that wire brushes were still used for cleaning used instruments. We raised this on the day of inspection and were advised these would be removed.

A process had been implemented to ensure the safe storage and tracking of prescription pads.

Continuous improvement and innovation

Since the inspection on 27 August 2017 improvements had been made to the quality assurance processes.

We were shown an infection prevention and control audit which had been carried out. We reviewed the action plan which had been formulated and were told this was currently being reviewed to continuously improve.

We were shown the most recent radiography audits which were now clinician specific. These showed the clinicians were performing well.