

Mr. Steven Alan Jepson

Mr Steven Alan Jepson - Blackpool

Inspection Report

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Overall summary

We carried out a focused inspection of Mr Steven Alan Jepson – Blackpool on 27 June 2018.

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

We undertook a comprehensive inspection of Mr Steven Alan Jepson – Blackpool on 24 January 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. 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 ‘good governance’ 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 Mr Steven Alan Jepson – Blackpool on our website www.cqc.org.uk.

We undertook a follow up focused inspection of Mr Steven Alan Jepson – Blackpool on 27 June 2018. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

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 this focused inspection we asked the question

- Is it well-led?

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

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 concerns identified and deal with the regulatory breach we found at our inspection on 24 January 2018.

Background

Mr Steven Alan Jepson – Blackpool is in centre of Blackpool and provides NHS and private treatment to adults and children.

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

Summary of findings

The dental team includes 12 dentists, 19 dental nurses, two dental hygienists, one dental hygiene therapist and four receptionists. The team is supported by a practice manager. The practice has 13 treatment rooms.

The practice is owned by an individual who is the principal dentist and a partner 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 the practice manager. We looked at practice policies and procedures and other records about how the service has made improvements to meet the requirement notice served in January 2018.

Our key findings were:

- The practice had developed infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had reviewed systems to help them manage risk.
- The practice had introduced thorough staff recruitment procedures.
- The practice had developed their leadership and culture of continuous improvement.
- The practice asked staff and patients for feedback about the services they provided.

Summary of findings

Are services well-led?

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

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 ongoing development of effective governance arrangements at the practice.

No action



Are services well-led?

Our findings

At our inspection on 24 January 2018 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 27 June 2018 we noted the practice had made the following improvements to meet the requirement notice:

- The practice has developed systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. An infection control and prevention audit was in the process of being carried. The lead nurse for infection control and prevention understood the need to develop an action plan which included learning points.
- A review of the practice's audit protocols had been undertaken which ensured audits of various aspects of the service, such as radiography is undertaken at regular intervals to help improve the quality of service. That the practice manager was aware of the need that, where appropriate, audits have documented learning points and the resulting improvements could be demonstrated.
- The provider could demonstrate that all people providing care and treatment had the qualifications, competence, skills and experience to do so safely. In particular: staff providing sedation services had now received immediate life support training and there was evidence of their on-going training in the use of sedation. Sedation services in the practice had been suspended until staff had updated their training.
- The practice had developed 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 may be at risk. The gas boiler had been replaced and the fixed electrical wiring certificate was available.

- The provider had considered all reasonably practicable measures to reduce the risks associated with Legionella and fire management. New legionella and fire risk assessments had been undertaken by external companies.
- The provider had developed recruitment procedures which were operated effectively in line with Schedule 3. Two new associate dentists were being recruited. The recruitment process for these members of staff was in line with Schedule 3.

The practice had also made further improvements:

- The practice manager was in the process of developing a system to enable them to monitor training, learning and development needs of individual staff members at appropriate intervals to ensure staff were up to date with their training and their continuing professional development (CPD).
- A review of the availability of medicines and equipment to manage medical emergencies taking into account guidelines issued by the British National Formulary, the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team had been undertaken. The recommended equipment and medicines had been obtained.
- Products used within the practice identified under Control of Substances Hazardous to Health (COSHH) 2002 had been reviewed. Each product was supported by individual risk assessments and manufacturers' data sheets were available.
- The practice manager had reviewed the processes and systems in place for seeking and learning from patient feedback with a view to monitoring and improving the quality of the service. Receptionists were actively encouraging patients to complete the practice's patient satisfaction questionnaire.

These improvements showed the provider had taken action to address the shortfalls we found when we inspected on 24 January 2018.