

Shine Dental Practice Limited

Ripponden Dental Surgery

Inspection Report

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Date of inspection visit: 9 July 2018
Date of publication: 26/07/2018

Overall summary

We carried out a focused inspection of Ripponden Dental Surgery on 9 July 2018.

The inspection was led by a CQC inspector who had remote access to a specialist dental adviser.

We undertook a comprehensive inspection of Ripponden Dental Surgery on 5 June

2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions where we found the registered provider 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 Ripponden Dental Surgery on our website www.cqc.org.uk.

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 areas where improvement was required.

We undertook a follow up focused inspection of Ripponden Dental Surgery on 9 July 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.

As part of this inspection we asked:

- Is it well-led?

Our findings were:

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 address the shortfalls identified and responded to the regulatory breach we found at our inspection on 5 June 2018.

Background

Ripponden Dental Surgery is in Sowerby Bridge 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 is available near the practice.

The dental team includes two dentists, a visiting implantologist, three dental nurses, one dental hygiene therapist, one receptionist, a support manager and a practice manager. The practice has two treatment rooms.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting

Summary of findings

the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Ripponden Dental Surgery was the principal dentist.

During the inspection we spoke with the practice manager. We looked at practice policies and other records about how the service is managed.

The practice is open:

Monday to Thursday from 8:30am to 5:30pm

Friday from 8:30am to 12:30pm

Our key findings were:

- Processes to reduce the risks associated with fire, legionella and staff working without known immunity to the Hepatitis B virus had been implemented.
- Improvements had been made to the recruitment process.
- A process to receive safety alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) had been implemented.

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 5 June 2018 a fire risk assessment had been carried out. Smoke alarms had been fitted and were checked regularly. A Legionella risk assessment had been carried out and the actions were currently being implemented. A risk assessment for staff who are unknown responders to the Hepatitis B vaccination had been implemented.

Improvements had been made to the recruitment process. We saw recruitment documentation for the implantologist and Disclosure and Barring Service (DBS) checks had been applied for all nursing staff.

A process to receive MHRA alerts had been implemented.

No action



Are services well-led?

Our findings

Governance and management

Since the inspection on 5 June 2018 risks associated with fire and Legionella had been addressed. A fire risk assessment had been carried out. We were shown two smoke alarms had been fitted. We saw that regular checking of the smoke alarms and firefighting equipment had been carried out. A fixed wire test had been completed and a certificate showed that the premises was safe.

A Legionella risk assessment had been completed and actions were currently being implemented. The unused washer disinfectant had been disconnected and staff were undertaking Legionella training.

A risk assessment had been carried out for staff who were unknown responders to the Hepatitis B vaccination. This included steps of how to reduce the likelihood of a sharps injury.

Improvements had been made to the recruitment process. We saw evidence that DBS checks had been applied for all nursing and reception staff. In addition, we saw evidence of recruitment documentation for the implantologist. This included photographic identification, a DBS check, indemnity and evidence of immunity to the Hepatitis B virus.

We were shown a process had been implemented to receive MHRA alerts. We were told alerts would be checked then actioned and discussed with staff if appropriate.

A disability discrimination audit had been carried out and a policy relating to the use of closed circuit television had also been implemented.

These improvements demonstrated that the provider had taken action to address the shortfalls we found when we inspected on 5 June 2018.