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Scott Arms Dental Practice

Inspection Report

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Date of inspection visit: 28 July 2016

Date of publication: 27/10/2016

Overall summary

We carried out an announced comprehensive inspection of this service on 27 May 2015 as part of our regulatory function where a breach of legal requirements was found. After the comprehensive inspection, the practice wrote to us to say what they would do to meet the legal requirements in relation to the breach.

We followed up on our inspection of 27 May 2015 to check that the practice had implemented their plan and to confirm that they now met the legal requirements. We carried out a desk based review on 28 July 2016 to check whether the practice had taken action to address a breach of Regulation 17(1) and (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This report only covers our findings in relation to those requirements. We have not revisited Scott Arms Dental Practice for this review because the registered provider was able to demonstrate that they were meeting the standards without the need for a visit. You can read the report from our previous comprehensive inspection by selecting the 'all reports' link for Scott Arms Dental Practice on our website at www.cqc.org.uk.

Our findings were:

Are services well-led?

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

Key findings

- Overall we found that sufficient action had been taken to address the shortfalls identified at our previous inspection and the provider was now compliant with the regulation.

There were areas where the provider could make improvements and should:

- Review its own recruitment policy to establish whether the practice is in compliance when recruiting new staff members with regards to DBS checks and references.
- Review the training, learning and development needs of individual staff members and have an effective process established for the on-going assessment and supervision of all staff. This includes regular appraisals for all staff and ensuring they are up-to-date with core CPD topics such as safeguarding children.
- Review training records and adopt an effective process to highlight any staff members who have not completed mandatory training and ensure they do so within the recommended timeframe.

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?

This desk based review concentrated on the key question of whether or not the practice was well-led. We found that the practice was now providing well-led care in accordance with the relevant regulations.

At our previous inspection of the practice in May 2015 we identified that governance arrangements were not sufficiently robust. We reviewed the action taken to address issues raised during this desk based review and found that the practice was now meeting regulatory requirements.

No action 

Scott Arms Dental Practice

Detailed findings

Background to this inspection

We carried out a review of this service on 28 July 2016 to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 27 May 2015 had been implemented. We reviewed the practice against one of the five questions we ask about services: is the service well-led? This is because the service was not previously meeting some of their legal requirements under the well-led domain.

We undertook this desk based review to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements.

The review was led by a CQC inspector who had access to remote advice from a specialist advisor.

During our review, we checked that the registered provider's action plan had been implemented. We reviewed a range of documents provided by the registered provider. We found that the practice was meeting their legal requirements under the well-led domain.

Are services well-led?

Our findings

Governance arrangements

Clinical Governance is a system through which healthcare organisations are accountable for continuously improving the quality of their services and promoting high standards of care, by creating an environment in which clinical excellence will flourish. Governance arrangements are part of that ongoing process.

At our previous inspection on 27 May 2015, we found that the practice did not have robust governance arrangements in place. For example, staff had not received safeguarding training at the practice since 2012.

The registered provider sent us documents to show that governance arrangements had been implemented which addressed the issues that had been identified at our inspection of May 2015.

At our previous inspection we found that significant incidents were recorded but no records of meetings were available to evidence that incidents had been discussed with staff. In June 2016, the practice manager sent us evidence that incidents were shared with staff so that learning could be shared across the practice. All incidents were now discussed at staff meetings and we saw the minutes from a staff meeting held in April 2016 which confirmed this. We also reviewed minutes from an incident review meeting held in January 2016 where all incidents between August 2015 and November 2015 (inclusive) had been discussed.

At our previous inspection we saw that staff had not attended safeguarding training since 2012. In June 2016, the practice manager told us that safeguarding training had taken place at the practice in October 2015 and all staff had attended. The practice manager sent us a selection of staff certificates to confirm this had taken place. Upon reviewing the certificates, we saw that this training covered safeguarding vulnerable adults but not children. We contacted the practice manager again about this and were told that three sessions had been booked for staff to attend children's safeguarding training in September 2016. We reviewed completed staff training records in safeguarding as the practice sent evidence of this to us soon after completion.

At our previous inspection we were told that staff checked the automated external defibrillator (AED) daily but this was not documented. In June 2016, the practice manager sent us evidence that this was now recorded daily by staff. (An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm).

At our previous inspection we saw that the practice's recruitment policy did not state whether the practice should seek references or carry out Disclosure and Barring checks (DBS) to ensure the safe recruitment of staff. (The DBS carries out checks to identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or vulnerable adults). The practice presented a number of updated versions of the policy which we reviewed and had to request further improvements to be made. The final version provided assurances that the practice was working in accordance with its own policy with respect to obtaining DBS checks for staff. In the absence of recent DBS checks, the practice had carried out risk assessments for staff.

Prior to the final version of the recruitment policy, the practice sent us evidence that almost all staff had one reference. Where there were no references, the practice explained their reasons for doing so. The practice had completed risk assessments for staff without references, where they felt it was appropriate to do so.

The practice had made several amendments to their own recruitment policy over the past 12 months to fit in with their recruitment processes. They realised that they did not always act in accordance with their own current recruitment policy. Moving forward, the practice assured us they now had a recruitment policy that fitted in with the practicalities of running a practice that was large and was involved with providing an extensive out of hours emergency service (8:30am-11pm seven days per week). They told us they would also consider seeking references from schools and others in a position of authority for staff that join the organisation immediately after leaving school.

At our previous inspection, we were told that only three staff had undergone a recent appraisal of their performance. In June 2016, the practice manager forwarded us a list of 40 staff members (including dentists) who had received appraisals. Newer staff members had received weekly appraisals. The practice manager told us

Are services well-led?

that all appraisals were documented and stored in the individual's personal file. Not all staff had been formally appraised in the past 12 months. For example, we were told that staff providing emergency cover for the on-call rota had not been formally appraised as they worked outside normal working hours. However, the practice manager told us that all of their staff had access to adequate support either in person or via email and telephone. All staff were advised to check their emails regularly for updates. We were told that staff were emailed with any changes in procedures, updates and feedback. A named on-call manager was available at all times and most clinical sessions included senior staff. The provider was also regularly available on the premises during evenings and weekends for advice and support. He also scheduled regular meetings with staff to discuss on-call procedures.

At our previous inspection we were told that only one dental nurse had been formally trained in assisting with the

conscious sedation of patients. In June 2016, the practice manager told us that four dental nurses were involved in assisting with sedation at the practice and all four had received training in November 2014. Training was provided in-house by the provider who was a member of the Dental Sedation Teachers Group. We were told that he planned to deliver further training to the dental nurses later on in the year.

At our previous inspection we reviewed records of feedback from patients about the service. However, the practice did not analyse this feedback to identify any themes or trends. In June 2016 the practice manager contacted us to inform us that all compliments and complaints were reviewed every six months. They were also discussed weekly during staff meetings. They also forwarded us the analysis of complaints that occurred between April and October 2015. This included the complaint subject so that that any recurring themes could be highlighted with ease.