

Portman Healthcare Limited

Longwell Green Dental Surgery

Inspection Report

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Overall summary

We carried out a focused inspection of Longwell Green Dental Surgery on 13 November 2017.

The inspection was led by a CQC inspector who had access to telephone support from a dental clinical adviser.

We carried out the inspection to follow up concerns we originally identified during a comprehensive inspection at this practice on 20 June 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

At a comprehensive inspection we always ask the following five questions to get to the heart of patients' experiences of care and treatment:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

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 the previous comprehensive inspection 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 Longwell Green Dental Surgery on our website www.cqc.org.uk.

We also reviewed some of the key questions of safe and effective as we had made recommendations for the provider relating to these key questions. We noted that improvements had been made.

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 shortfalls and dealt with the regulatory breach we found at our inspection on 20 June 2017.

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?

The provider had made improvements to the management of the service. This included ensuring staff were recruited following current legislation. Staff had received an appropriate level of child safeguarding training and systems for monitoring medicines and infection control had improved.

No action



Are services well-led?

Our findings

At our inspection on 20 June 2017 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 13 November 2017 we noted the practice had made the following improvements to meet the requirement notice:

- The provider needed to make improvements on how they recruited staff to ensure they met with current legislation. On this inspection we reviewed ten staff recruitment records and found all records had evidence of employment history, signed contracts, gaps of employment had been determined apart from one record, which was confirmed after the inspection. References had been sourced apart from two records which references had not been taken according to company policy. Evidence of qualifications was seen. Proof of identification with a photo was evidenced in all files apart from one, which has now been sourced. Disclosure and Barring Service (DBS) checks had been completed and for six staff a reflective statement had been completed where the DBS check was received after the person had started employment. Eight staff files did not have verification of why the person had left employment where they had worked with children or vulnerable adults. This has now been sourced for all eight employees.
- The practice had also made further improvements:
- The last inspection identified that the practice could improve on how it prescribes antibiotics according to current guidelines. The practice manager informed they were holding a practice meeting in November 2017 to discuss latest guidelines with clinicians and ensure guidance has been read by relevant staff and any necessary changes agreed.
- The last inspection identified systems for proper and safe management for medicines could be improved. On this inspection we found medicines were now held in a suitable location where the room temperature met the storage requirements of the medicine. There was now an effective audit trail of medicines prescribed and medicines held within the practice.
- The last inspection identified that there was no record that staff had reviewed the Control of Substances Hazardous to Health (COSHH) file and some chemicals were not kept securely. On this inspection we found the chemical storage room was kept secure and we saw evidence that the COSHH file had been reviewed by staff and practice specific assessments were in place.
- The last inspection identified that infection control audits had not been carried out on a six monthly basis as required by Health Technical Memorandum 01-05: Decontamination in primary care dental practices. On this inspection we found that an infection control audit had been completed in May and October 2017. There was a plan in place to ensure audits were completed on a six monthly basis in future.
- The last inspection identified that the provider ran practical child safeguarding training within the practice once a year. However, this had meant new staff recruited or staff who were unable to attend the training did not receive any training. On this inspection the practice had reviewed its processes and staff who had not received training completed an online course for interim period. We found all clinical staff had completed three hours of level two training within the last three years. Non-clinical staff had completed the online training.

These improvements showed the provider had taken action to address the shortfalls we found when we inspected on 13 November 2017.