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Newmarket Dental Surgery

Inspection Report

Newmarket Dental Surgery
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Overall summary

We carried out an announced comprehensive inspection of this practice on 7 July 2015. During this inspection we found breaches of legal requirements in relation to the Health and Social Care Act 2008. After this comprehensive inspection, the practice wrote to us to say what they would do to meet legal requirements in relation to Regulation 12- Safe care and treatment, and Regulation 17-Good Governance.

We undertook this focused inspection to check that the practice had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Newmarket Dental Surgery on our website at www.cqc.org.uk

Are services safe?

We found that this practice was providing safe care in accordance with the relevant regulations

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 regulations.

The practice provides both NHS and private dental treatment to patients of all ages. It employs two full-time dentists, one part-time orthodontist and one part-time dental hygienist. They are supported by three dental nurses and three receptionists.

The practice manager is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

The practice is located in the basement of a large listed building, and access is down steep stone steps. It has three treatment rooms, a small staff kitchen area and one decontamination room for cleaning, sterilising and packing dental instruments.

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 safe?

We found that this practice was providing safe care in accordance with the relevant regulations.

Significant improvements had been implemented in relation to patient safety. Serious events were recorded more robustly; staff knew who led on safeguarding matters within the practice and there was appropriate equipment in place to deal with a range of medical emergencies.

Recruitment procedures had been strengthened to ensure that only suitable staff were employed.

Are services well-led?

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

Significant improvements had been implemented in relation to how the practice was governed. The practice manager had been allocated more time to fulfil her duties, and had implemented clinical audits, maintenance contracts and policy reviews as a result.

Patients' dental care records contained full information about their oral health and treatment, and measures had been implemented to ensure that dental clinicians were recording notes to the same consistent standard. Staff had a better knowledge and understanding of NHS England's publication 'Delivering Better Oral Health'.

Newmarket Dental Surgery

Detailed findings

Background to this inspection

We undertook an announced focused inspection of Newmarket Dental Surgery on 17 November 2015. This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 7 July 2015 had been made. We inspected the practice against three of the five questions we ask about services: is the service safe, effective and well-led. This is because the service was not meeting some legal requirements.

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

During our inspection we spoke with the practice manager and three dental clinicians, reviewed a range of documentation including patients' dental care records, and checked treatment room drawers.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

At our previous inspection we found that the recording and management of significant events was not robust. During this inspection the practice manager showed us a new significant events log that had been implemented. In it, we viewed the details of two significant events that had been recorded in some depth. The practice manager told us that these events were scheduled to be discussed at the forthcoming staff meeting in December 2015 so that learning from them could be shared across the practice. She confirmed she would undertake an analysis of all events each year in order to detect any common themes or patterns to the events.

Reliable safety systems and processes (including safeguarding)

At our previous inspection we found that not all staff were aware of who the lead for safeguarding patients was within the practice. In response to this, the practice manager had held a staff meeting following our inspection where who the safeguarding lead was, and their role, was discussed at length. The practice manager had also disseminated the practice's safeguarding policy for discussion at this meeting, and staff had signed the policy to that they had read and agreed it. The practice manager had also created laminated posters which had been put on display in each treatment room. We viewed these which outlined the process for reporting concerns and clearly detailed the lead person for safeguarding within the practice.

Medical emergencies

At our previous inspection we found that the practice did not have adequate equipment in place to manage medical emergencies, as recommended by the Resuscitation

Council (UK). During this inspection we checked the practice's emergency equipment and found that a range of additional equipment had been purchased including an automated external defibrillator, a blood glucose measurement device, a portable suction unit and self-inflating bags.

Information about the out of hours' dental service had been placed on the front door of the practice, making it accessible to patients who might turn up at the practice with a dental emergency when it was closed.

Staff recruitment

At our previous inspection we found the practice's recruitment procedures needed to be strengthened. During this inspection we viewed the personnel files of two recently recruited staff. We found that detailed notes of their employment interview had been recorded, a set of standardised interview questions had been asked, and a scoring system had been implemented to rate each candidate. Two people had interviewed each potential employee to ensure consistency and fairness in their recruitment process.

Infection control

At our previous inspection we found that a visual check of the practice's autoclaves was not undertaken at the start of each day. During this inspection we viewed the practice's log book which clearly showed that staff were conducting these checks every day to ensure that the equipment was operating effectively.

We also found at our previous inspection that a number of loose and uncovered items were kept in treatment room drawers. We checked drawers in two treatment rooms and found that all medical consumables had been placed in plastic containers to reduce the risk of contamination.

Are services well-led?

Our findings

At our previous inspection we raised concerns that the practice manager (who worked in this role only one day a week) did not have enough time to undertake her duties as a registered manager. During this inspection, the practice manager told us she now had three days a week in which to fulfil her various managerial tasks. As a result of this, she had been able to review the practice's policies, set up proper maintenance contracts for equipment, undertake regular infection control audits and implement more robust quality assurance processes. For example, she had introduced an audit of patients' dental care records to ensure that the dentists were completing them to the same high standard. Dentists now observed each other's consultations and fed back to each other about their quality.

The practice manager reported that she felt more confident in ensuring the practice now met their legal requirements.

At our previous inspection we found that the quality of patients' dental care records varied. Some were well structured and contained in-depth details about each patient's dental treatment; others did not. Following our inspection, a new treatment template had been implemented that prompted dentists to complete key

information about patients. We viewed a small sample of patients' dental care records from two different dentists within the practice. We found the records contained detailed information about patients' risk of gum disease, dental decay, and their soft tissue status had been clearly recorded.

At our previous inspection we also found that the dental clinicians had limited knowledge of NHS England's publication 'Delivering Better Oral Health'. The practice manager told us she had downloaded copies of this publication and given it to each of the dentists in the practice. We viewed copies of the publication in each treatment room and one dentist we spoke confirmed she had received and read it. Patient dental care records we viewed showed that patients were regularly asked about their smoking and alcohol consumption, and given appropriate advice.

Leaflets on a range of dental conditions and treatments had now been placed in each treatment room. One dental nurse told she regularly gave these to patients to help them understand their treatment options and be able to give informed consent.

The practice manager had also implemented a specific log to track any referrals to external dental clinicians to ensure that patients' referrals had been received by them.