Mr. Simon Bower

Ashfield Dental Care

Inspection Report

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Overall summary

We carried out a follow-up inspection at Ashfield Dental Care on the 07 November 2017.

We had previously undertaken an announced comprehensive inspection of this service on the 25 April 2017 where breaches of legal requirements were found.

After the comprehensive inspection, the practice wrote to us to say what they would do to meet the legal requirements in relation to each of the breaches. This report only covers our findings in relation to those requirements.

We reviewed the practice against one of the five questions we ask about services: is the service well-led? You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ashfield Dental Care on our website at www.cqc.org.uk.

We reviewed documentation as part of this inspection and checked whether Ashfield Dental Care had followed their action plan. This was to confirm that they now met the legal requirements.

To get to the heart of patients' experiences of care and treatment, we asked the following question:

• 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.

Background

Ashfield Dental Care is in Chester-Le-Street and provides private treatment to patients of all ages.

Car parking spaces are available along the side streets of the practice.

The dental team includes the principal dentist and three dental nurses, all of whom carry out reception and dental nursing duties. The lead dental nurse also partakes in the management of the practice. The practice has one treatment room which is located on the first floor of the premises.

The practice is owned by an individual who is the principal dentist 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.

We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday, Tuesday and Friday 09:00 -17:00

Wednesday 09:00 -19:00

Thursday 09:00 -12:30

Our key findings were:

- The practice had robust arrangements to ensure the smooth running of the service.

Summary of findings

- Staff meetings were scheduled frequently and the practice analysed areas of their work to help them improve and learn.
- The practice had suitable systems in place to help manage various risks including Legionella, sharps, fire and hazardous substances.
- A system for risk assessing and monitoring non-responders to Hepatitis B vaccinations was evident.
- The practice was carrying out audits of various aspects of the service such as X-rays and infection prevention and control.
- National safety alerts were received and disseminated as appropriate.
- Assessment of the needs of different people groups was apparent and a plan was in place to make reasonable adjustments.

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?

No action

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

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

Are services well-led?

Our findings

Governance arrangements

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The lead nurse was supporting them in this role. Specific days were dedicated to clinical governance and management duties.

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff.

A Legionella risk assessment was carried out following the installation of a new boiler; we saw evidence of the practice implementing control measures including regular temperature monitoring.

Other risk assessments, such as sharps and fire, were reviewed and updated. We saw evidence of all the recommendations from these risk assessments being completed. For example, we saw the practice had installed new fire exit signs and had sufficient firefighting equipment as recommended by their fire risk assessment.

The practice had a comprehensive COSHH file (Control of Substances Hazardous to Health) with risk assessments and safety data sheets for all materials and cleaning products used within the practice.

Risk assessments, and subsequent protocols, were now in place for staff that were non-responders to the Hepatitis B vaccination.

The practice had completed an assessment of the needs of all patient groups in line with the Equality Act 2010 and had developed an action plan for future consideration.

Leadership, openness and transparency

The practice held meetings where staff could raise any concerns and discuss clinical and non-clinical updates. We saw evidence of the minutes of these meetings from the last six months. Immediate discussions were arranged to share urgent information including relevant national patient safety and medicines alerts.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. We saw X-ray and infection prevention and control audits had been carried out with results analysis as appropriate.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

Staff appraisals were now in place to discuss practice information, learning needs, general wellbeing and aims for future professional development. We saw a completed appraisal for one member of staff and we were assured the others were underway.

We saw all staff had completed their training in medical emergencies and basic life support as recommended by the General Dental Council.

Practice seeks and acts on feedback from its patients, the public and staff

The practice used patient surveys and a comments box to obtain staff and patients' views about the service. We saw examples of suggestions from patients the practice had acted on such as the introduction of magazine suitable for men to read, for example: cars and sport, following a comment from a male patient.