

Esteem Dental Care Limited Chelwood Dental Surgery

Inspection Report

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Overall summary

We carried out a follow-up inspection on 9 October 2017 at Chelwood Dental Surgery.

We undertook an announced comprehensive inspection of this service on 8 February 2017 as part of our regulatory functions and during this inspection we found a breach of the legal requirements.

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. This report only covers our findings in relation to those requirements.

We undertook a follow up inspection of Chelwood Dental Surgery on 9 October 2017. This inspection was carried out to check that improvements planned by the practice to meet legal requirements after our comprehensive inspection on 8 February 2017 had been made. We inspected the practice against one of the five questions we ask about services: is the service well-led? This is because the service was not meeting some of the legal requirements in relation to this question.

The inspection was carried out by a CQC inspector who had access to advice from a specialist dental advisor.

We carried out this follow-up inspection, by reviewing information sent to us by the practice telling us how the concerns identified during the comprehensive inspection had been addressed.

We have not revisited Chelwood Dental Surgery because the practice was able to demonstrate that they were meeting the standards without the need for a visit. We checked whether they had followed their action plan to confirm that they now met the legal requirements.

A copy of the report from our last comprehensive inspection can be found by selecting the 'all reports' link for Chelwood Dental Surgery 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.

Background

Chelwood Dental Surgery is located in a residential area of Liverpool. The practice has two treatment rooms.

Access to the practice is by stairs only and patients who have mobility difficulties are directed to use other dental services within the area which are more accessible. There is parking available in the adjacent car park and on nearby streets.

The practice provides general dental care and treatment for adults and children on an NHS or private basis.

The opening times are:

Summary of findings

Monday to Friday 9:00am to 12:30pm and 2.00pm to 5:30pm

The practice team consists of three dentists, one dental hygiene therapist, and four dental nurses, one of whom is a trainee. The dental nurses also carry out reception duties.

The principal dentist 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.

Our key findings were:

- The practice had introduced systems to review policies and risk assessments to ensure they were up to date.
- The practice had introduced systems to ensure quality and safety was monitored at the practice.
- The practice had improved the content of staff meetings to ensure learning was shared.

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

- Review the practice's protocols to ensure actions identified in risk assessments, audits and staff meetings are completed and the resulting improvements can be demonstrated.

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?

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

Since the last inspection on 8 February 2017 the practice submitted an action plan explaining the new arrangements the practice is putting in place. These include arrangements to ensure policies and risk assessments are regularly reviewed, quality and safety is considered and learning is identified and shared at staff meetings. We saw evidence that these changes had been put in place.

We were provided with evidence that some, but not all, of the actions identified in staff meetings, audits and risk assessments had been completed.

No action



Are services well-led?

Our findings

Governance arrangements

The provider told us that to ensure they have effective systems in place they have a membership of a practice compliance scheme. The scheme triggers reminders for staff to review policies and risk assessments when they are due for review. We saw review dates included on a number of the practice's updated procedures.

The provider told us that risk assessments would be reviewed and updated as necessary or if outdated a new risk assessment would be carried out. We saw that fire, Legionella, disability access, and health and safety risk assessments had been carried out. All the risk assessments had associated action plans. We saw that the actions identified as high risk had been carried out immediately by staff. The practice did not provide evidence that the other actions had been addressed.

The provider told us arrangements would be put in place to assess, monitor and improve the quality and safety of the service and make improvements where required, for example, patient surveys and a programme of audits.

Leadership, openness and transparency

The provider told us staff meetings would be held monthly. We saw minutes from a number of these monthly staff meetings. We found that the meetings covered specific topics on a rolling programme to ensure all governance areas were covered throughout the year. We saw that significant events and patient safety alerts were discussed at staff meetings.

Learning and improvement

The provider told us quality assurance processes would be put in place to encourage learning and continuous improvement. These included, for example, audits. We saw the practice had carried out a variety of clinical and non-clinical audits, for example, infection prevention and control, antibiotic prescribing, and health and safety. Some audits had associated action plans for improvement where issues were identified.

We saw that action points were identified in the staff meeting minutes in relation to monitoring staff training and completing staff appraisals. We were not provided with evidence that these actions had been carried out.

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

The provider told us staff would be encouraged to offer suggestions for improvements to the service.