

Dr. Rory McNulty

Barley Mow Dental Care

Inspection Report

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Overall summary

We carried out a focused inspection of Barley Mow Dental Practice on 20 March 2018.

We carried out the inspection to follow up concerns we originally identified during a comprehensive inspection at this practice on 18 September 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 areas 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 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 Barley Mow Dental Practice on our website www.cqc.org.uk.

We also reviewed the key questions of safe and responsive 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 deal with the regulatory breach we found at our inspection on 18 September 2017.

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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 making additional staff time available for management and administration and establishing clear roles and responsibilities for all the practice team.

The improvements provided a sound footing for the on going development of effective governance arrangements at the practice.

No action 



Are services well-led?

Our findings

At our inspection on 18 September 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 20 March 2018 we noted the practice had made the following improvements to meet the requirement notice:

- At this inspection the provider showed us they had reviewed their governance systems and demonstrated they had a comprehensive computerised system. We saw they also had some policy folders with key information available for staff behind the reception desk. Staff spoken with told us they all their own computer log on to access all relevant documents which supported the running of the practice. We saw how they updated their training records in this way.
- We saw the principal dentist had also identified a member of staff to assist in ensuring the governance systems at the practice were appropriately managed. Staffing rotas seen demonstrated they had dedicated time available for this.
- The principal dentist showed us the report from Dorset and Wiltshire Fire Service who had attended the practice. We observed the practice had implemented their recommendations and was deemed safe.
- The principal dentist showed us they had a recruitment policy which reflected the relevant legislation. We looked at two staff recruitment files. These showed the practice followed their recruitment procedure. Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.
- Staff training records seen showed they had been reviewed and were now up to date. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council. Staff spoken with confirmed they updated these via the computer system which enabled the principal dentist to monitor them.
- Staff told us they discussed training needs at their annual appraisal. We saw evidence of completed appraisals and personal development plans which had been formulated to direct ongoing learning.
- We saw the principal dentist ensured all documentation was available to assist staff to minimise risks associated with the use and handling of these substances.

These improvements showed the provider had taken action to address the shortfalls we found when we inspected on 18 September 2017.