

Dr Sunday Adewale Samuel

Dr Sunday Samuel Dental Surgery

Inspection report

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Date of inspection visit: 06 March 2024
Date of publication: 11/03/2024

Overall summary

We undertook a follow up focused inspection of Dr Sunday Samuel Dental Surgery on 6 March 2024. This inspection was carried out to review the actions taken by the registered provider to improve the quality of care and to confirm that the practice was now meeting legal requirements.

The inspection was led by a CQC inspector.

We had previously undertaken a comprehensive inspection of Dr Sunday Samuel Dental Surgery on 6 December 2023 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We found the registered provider was not providing well-led care and was in breach of 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 Dr Sunday Samuel Dental Surgery on our website www.cqc.org.uk.

When 1 or more of the 5 questions are 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.

As part of this inspection, we asked:

- Is it well-led?

Our findings were:

Are services well-led?

Summary of findings

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

The provider had made improvements in relation to the regulatory breach we found at our inspection on 6 December 2023.

Background

Dr Sunday Samuel Dental Surgery is in Shrewsbury and provides NHS and private dental care and treatment for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for disabled people, are available near the practice. The practice has made reasonable adjustments to support patients with specific needs.

The dental team includes 1 dentist, 1 qualified dental nurse, 3 trainee dental nurses and 1 dental hygienist. The practice has 2 treatment rooms.

During the inspection we spoke with the dentist and the qualified dental nurse. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday to Friday from 9am to 5pm

There were areas where the provider could make improvements. They should:

- Improve the security of NHS prescription pads in the practice and ensure there are systems in place to track and monitor their use.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services well-led?	No action 
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Are services well-led?

Our findings

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

At the inspection on 6 March 2024, we found the practice had made the following improvements to comply with the regulation:

- The dentist recorded in the patients' dental care records the justification for taking X-rays along with a report on the findings and the quality of the image in compliance with Ionising Radiation (Medical Exposure) Regulations 2017.
- The practice had a recruitment policy and procedure to help them employ suitable staff, including for agency or locum staff. We were provided with evidence of the appropriate recruitment documentation for recently employed staff.
- Evidence of staff training was viewed during our inspection. Systems were put in place to ensure staff were up to date with their mandatory training and their continuing professional development.
- Audits for infection prevention and control and radiography were completed at the recommended time scales and showed resulting action plans and improvements where appropriate.
- An effective system for recording, investigating and reviewing complaints and significant events with a view to preventing further occurrences and ensuring that improvements were made as a result were in place.
- Systems of checks of medical emergency equipment and medicines were effective. The provider had ensured the availability of equipment in the practice to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.
- The provider had ensured all recommended actions were addressed as stated in the Legionella risk assessment carried out in December 2023.
- The provider had ensured all recommended actions were addressed as stated in the Electrical installation condition report (fixed wiring).
- A fire safety risk assessment had been completed by an external company in December 2023. Systems to monitor the fire detection and suppression equipment was in place and effective.
- The shortfalls we identified at our inspection on 6 December 2023 in relation to the leadership provided, governance systems, staff training and recruitment, peoples' safety and continually striving to improve had all been addressed demonstrating the providers commitment to improving the service for both staff and patients. These systems were embedded within the practice.

These improvements show the practice had taken sufficient action to comply with regulations when we inspected on 6 March 2024.

The provider did not have an effective system in place for the security of NHS prescriptions pads or to identify any lost or missing prescriptions. Following our inspection, the provider submitted evidence of a system to track any lost or missing prescriptions.

The practice had also made further improvements:

- The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety and lone working. We viewed risk assessments which covered a range of potential hazards in the practice and detailed control measures that had been put in place to reduce any risks.