

Avtar Pardesi Ltd

Cambridge Street Dental Practice

Inspection Report

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Overall summary

During our announced comprehensive inspection of this practice on 28 November 2016 we found breaches of legal requirements of the Health and Social Care Act 2008 in relation to regulation 17- Good Governance.

We undertook this focused inspection to check that the provider now met legal requirements. This report only covers our findings in relation to these requirements. You can read the report from our previous comprehensive inspection by selecting the 'all reports' link for Cambridge Street Dental Practice at www.cqc.org.uk

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 effective action had been taken to address the shortfalls identified at our previous inspection and the provider was now compliant with the regulation.

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 effective action had been taken to address shortfalls we had identified in our previous inspection and staff had worked hard to implement them. For example, untoward events were better managed, recruitment processes had strengthened, risk assessment was more robust, and clear dirty and clean zoning was in place in clinical areas. Regular staff meetings were now held and an appraisal system had been implemented. A practice manager had been appointed to provide leadership and oversight within the practice.

No action



Cambridge Street Dental Practice

Detailed findings

Background to this inspection

We undertook an announced focused inspection of the Cambridge Street Dental Practice on 21 April 2017. This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 28 November 2016 had been made.

We inspected the practice against one of the five questions we ask about services: is the service well-led?

During our inspection we spoke with the principal dentist and practice manager. We reviewed a range of documentation and checked the decontamination room.

Are services well-led?

Our findings

Governance arrangements

At our previous inspection in November 2016 we found a number of shortfalls in the practice's governance procedures that showed that it was not well led. During this inspection we noted the following significant improvements had been implemented since then:

- Staff had received training in untoward event recording and a specific folder in which to record events had been implemented. Significant events were now a standing agenda item at the practice meeting. We viewed details of a recent sharps' injury and noted that it had been recorded in detail and discussed at the practice meeting of 16 March 2017.
- A system to monitor national patient safety alerts had been introduced and the practice manager now checked these twice a week to ensure that any that required implementation were identified.
- We viewed record logs that showed that the practice's defibrillator was checked each week by staff. The practice manager and principal dentist had booked onto a forthcoming first aid course in June 2017.
- We were shown robust recruitment policies and protocols that had been implemented to ensure that any new staff were recruited in-line with legislation. We checked the personnel file of a recently recruited nurse that contained evidence of appropriate pre-employment checks to ensure they were suitable for their role.
- The practice's risk assessment had been updated and we noted action was in the process of being taken to address identified hazards.
- Clinical areas were generally less cluttered, and clear signage was in place indicating clean and dirty zones. The rip in one dental chair had been repaired, making it easier to keep clean. The external clinical waste bin had been secured to the wall and locked.
- Temperature checks of the fridge were now undertaken daily to ensure that medicines were stored safely. Prescription pads were held securely and a logging book had been introduced to account for those issued.
- The practice now held regular monthly staff meetings, minutes of which we viewed. An appraisal process had been implemented with two staff having already received a full appraisal and personal development plan. Staff training was now monitored closely to ensure they kept up to date with continuing professional development.
- A practice manager had been appointed on 1 March 2017 to ensure better governance and leadership within the practice.

These improvements demonstrated that the provider had taken good action to address the shortfalls we had identified during our previous inspection. Staff had worked hard to implement them effectively.