

Mr. Martin Barrett

# Orthodontic Surgery

## Inspection Report

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Date of inspection visit: 29 March 2017  
Date of publication: 15/06/2017

### Overall summary

During our announced comprehensive inspection of this practice on 20 June 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 Orthodontic Surgery at [www.cqc.org.uk](http://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, staff had received appropriate safeguarding training, medical emergency equipment now met recommended guidelines, recruitment procedures were more robust, legionella was monitored more effectively, infection control had improved and staff had undertaken a range of relevant training. Regular staff meetings were now held and audits were used to improve the service.

**No action**



# Orthodontic Surgery

## Detailed findings

### Background to this inspection

We undertook an announced focused inspection of the Orthodontic Surgery 29 March 2017. This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 15 November 2017 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 a representative of a dental consultancy service and the receptionist. 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:

- A specific policy and form to record any untoward events had been implemented at the practice. We viewed minutes of the practice meeting held on 10 March 2017 and saw that the new policy had been discussed with staff, with further discussion and training to take place at the forthcoming meeting in April 2017.
- We viewed certificates that demonstrated that all staff had received safeguarding training at the appropriate level. In addition to this, the orthodontist had undertaken training in level three child protection. Details of how to report any concerns had been put on display in the patient toilet to make them easily accessible and staff had a good awareness of agencies concerned with the protection of vulnerable adults and children.
- All staff now regularly rehearsed medical emergency simulations and the receptionist told us two had been completed since our last inspection. One involving an epileptic seizure and the other a hypoglycaemic attack. She told us these had been useful and that two more had been planned in the forthcoming months.
- The practice had purchased the full range of airways equipment, a blood glucose measuring device, an eyewash station and a bodily fluid spills kit.
- Disclosure and barring checks had been completed for all staff and records of the nurse's vaccination status had been obtained. Although no new staff had been employed since our previous inspection, we were shown robust recruitment policies and protocols that had been implemented to ensure that any new staff would be recruited in-line with legislation
- Legionella management had improved; water temperatures were monitored monthly, and the flushing of dental unit water lines met national guidance. Records of these were kept to demonstrate they had been completed.
- We noted significant improvement in infection control procedures: the orthodontist now wore full scrubs, the base of the treatment chair had been cleaned, the overflow on the hand wash sink had been blocked, loose and uncovered instruments in treatment room drawers had been pouched, and cleaning equipment used in different areas of the practice had been colour coded.
- The practice now directly received national safety alerts such as those issued by the Medicines and Healthcare Regulatory Authority (MHRA). These were a standing agenda item at the regular staff meetings.
- Prescription pads were now held securely and a logging sheet had been introduced to account for those issued.
- Staff training had improved and we viewed records that showed they had undertaken recent training in infection control, the Mental Capacity Act, information governance, infection control and data protection.
- Patient confidentiality had improved; the treatment room door was now kept shut and plaster dental models were now kept behind a screen.
- A range of audits was now in use at the practice and we viewed those undertaken in relation to dental care records, radiographs, health and safety, disability and waiting times. It was clear these were used to improve the service as additional appointment time had been allocated to reduce waiting times for patients.
- All staff had received an appraisal of their performance that assessed the quality of their work, attendance, job knowledge and teamwork.
- The practice had completed an information governance tool kit that showed that they were handling patients' information in line with legislation.
- The practice now held regular staff meetings, minutes of which we viewed.

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.