

MA Surgeries Limited

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Inspection Report

16 North Street
Wilton
Salisbury
SP2 0HE
Tel: 01722 742100
Website: N/A

Date of inspection visit: 12 March 2019
Date of publication: 02/08/2019

Overall summary

We undertook a focused inspection of M.A. Surgeries Ltd also known as Wilton Dental Practice on 12 March 2019. This inspection was carried out to review in detail 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 who was supported by a specialist dental adviser.

We undertook a comprehensive inspection of M.A. Surgeries Ltd also known as Wilton Dental Practice on 13 November 2018 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 safe or well led care and was in breach of regulation 12 and 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 M.A. Surgeries Ltd also known as Wilton Dental Practice dental practice on our website www.cqc.org.uk.

As part of this inspection we asked:

- Is it safe?
- Is it well-led?

When one or more of the five 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.

Our findings were:

Are services safe?

We found this practice was providing safe care in accordance with the relevant regulations.

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 13 November 2019.

Are services well-led?

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 breaches we found at our inspection on 13 November 2019.

Background

Wilton Dental Practice is in Wilton on the outskirts of Salisbury and provides NHS and private treatment to adults and children.

Summary of findings

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces are available near the practice.

The dental team includes two dentists (one of whom is the principal dentist), one qualified dental nurse, three trainee dental nurses, one receptionist and a practice manager. The practice has three treatment rooms, one of which we were assured by the provider was not currently used to treat patients.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

During the inspection we spoke with one dentist, one dental nurse, one receptionist and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

- Monday to Thursday 08.45am – 1.00pm and 2.00pm – 5.00pm

- Friday 08.45am – 1.00pm
- Closed at weekends.

Our key findings were:

- The provider had infection control procedures which reflected published guidance, and had improved the application of the procedures.
- Staff knew how to deal with emergencies. All appropriate medicines and life-saving equipment were available.
- The practice had improved their systems to help them manage risk to patients and staff and they appeared robust with staff having an improved understanding of risk management throughout the practice.
- The provider had suitable safeguarding processes. and staff knew their responsibilities for safeguarding vulnerable adults and children. Staff had undertaken further training and were aware of their responsibilities for safeguarding vulnerable adults and children.
- The provider had further empowered their practice manager who was providing leadership and a culture of continuous improvement. They were ensuring good governance of the practice.

Summary of findings

Are services safe?

We found this practice was providing safe care and was complying with the relevant regulations.

The provider had made improvements to the systems and processes to provide safe care and treatment. They had addressed the high risk areas in both the legionella and fire risk assessments.

Staff had undertaken further training in safeguarding people and demonstrated they knew how to recognise the signs of abuse and how to report concerns.

The practice had amended their process for the management of sharp instruments and was following national guidance.

The practice had suitable arrangements and all the required equipment for dealing with medical and other emergencies.

No action



Are services well-led?

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

The provider had made improvements to the management of the service. The improvements provided a sound footing for the ongoing development of effective governance arrangements at the practice.

The practice had arrangements to ensure the smooth running of the service and these were now being operated effectively.

These included systems for the practice team to discuss the quality and safety of the care and treatment provided.

The system for reporting, recording and managing significant events and the system for ensuring appropriate risk assessments had been reviewed and we saw a more robust system had been implemented.

No action



Are services safe?

Our findings

At our previous inspection on 13 November 2018 we judged the practice was not providing safe care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notice. At the inspection on 12 March 2019 we found the practice had made the following improvements to comply with the regulation(s):

- They had reviewed and amended their systems and processes to ensure care and treatment is provided in a safe way to patients.
 - The sharps and inoculation injury policy had been reviewed and now reflected compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
 - Staff we spoke demonstrated they were fully conversant with, and able to apply, the practice infection control procedures and protocols taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practice.

- The practice manager and provider had acted to address the high risk recommended actions from the Legionella and fire risk assessments to minimise risk to patients.
- The practice demonstrated they had all the required equipment in the practice to manage medical emergencies. They had taken into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.

The provider had also made further improvements:

- They had reviewed the practice policy for the control and storage of substances hazardous to health to comply with the Control of Substances Hazardous to Health Regulations 2002. They had undertaken risk assessments of most products in the practice. We observed the products were stored securely.

These improvements showed the provider had taken action to comply with the regulation: when we inspected on 13 November 2018.

Are services well-led?

Our findings

At our previous inspection on 13 November 2018 we judged the provider was not providing well led care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notice. At the inspection on 12 March 2019 we found the practice had made the following improvements to comply with the regulation:

- The practice manager demonstrated how they had worked together with the provider to establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- They demonstrated they had a robust system for significant event reporting, recording and management with a view to preventing further occurrences. We saw clear information of processes that would be followed to ensure improvements were made as a result of the review of any incident.
- The practice manager demonstrated they had implemented robust systems for assessing, monitoring and mitigating the various risks arising from the undertaking of the regulated activities. They described to us the risk management process and how they would act to mitigate the risks.

- We saw they had acted to address all the risks identified in the fire and legionella risk assessments. They showed us the system they had implemented to ensure they were reminded to contact an appropriate person for the fire and legionella risk assessments in the future.

The practice had also made further improvements:

- The practice manager and provider had reviewed the practice responsibilities and considered the needs of patients with disabilities. They had installed a hearing loop and had ensured they had a magnifying glass was available.
- This demonstrated they had taken steps to comply with the requirements of the Equality Act 2010 taking account of people living with hearing and sight loss.
- The practice manager and provider had reviewed the practice arrangements for ensuring good governance so clear leadership is sustained in the longer term.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulation: when we inspected on 13 November 2019.