

Mr. Simon Hetherington

# Skinnergate Dental Practice

## Inspection Report

76 Skinnergate  
Darlington  
County Durham  
DL3 7LX  
Tel: 01325 462215  
Website: n/a

Date of inspection visit: 13 December 2018  
Date of publication: 09/01/2019

### Overall summary

We undertook a focused inspection of Skinnergate Dental Practice on 13 December 2018. 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 Skinnergate Dental Practice on 27 July 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 and well led care and was in breach of regulation 12 and 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 Skinnergate dental practice on our website [www.cqc.org.uk](http://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 breach we found at our inspection on 27 July 2018.

#### 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 breach we found at our inspection on August 2018.

### Background

Skinnergate Dental Practice is in Darlington town centre and provides NHS treatment to adults and children.

There is step free access for people who use wheelchairs and those with pushchairs and a ground floor surgery. The toilet is on the first floor; patients with mobility difficulties are made aware of this before accepting treatment at the practice. Public parking and transport links are available near the practice.

# Summary of findings

The dental team includes two dentists, four dental nurses, two dental hygienists, and a practice manager. The dental practice has three treatment rooms.

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.

The practice is open:

Monday to Thursday 9am-6pm Friday 9am to 4:30pm

## **Our key findings were:**

- Overall governance systems had improved, policies and procedures had been reviewed, amended and the appropriate risk assessments put into place.
- Appropriate systems for cleaning, sterilising and storing of dental instruments were now in place.
- Infection control had improved including adherence to safe hand washing guidance.
- Systems were in place to assure the effectiveness of sterilisation equipment.
- Recruitment procedures and processes had improved.
- The medical emergency drugs and equipment reflected nationally recognised guidance and a robust checking system was now in place.
- Staff training was in place for medical emergencies, safeguarding and a comprehensive staff induction was in place for all new staff.

# Summary of findings

## The five questions we ask about services and what we found

We asked the following question(s).

### **Are services safe?**

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

The provider had made improvements to the infection control and decontamination processes, to ensure safe dental care. Health and safety and risk had been reviewed and improved in areas such as fire and sharps risk assessments.

**No action**



### **Are services well-led?**

We found that 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. This included overall governance, policies and procedures, staff training and recruitment. The improvements provided a sound footing for the ongoing development of effective governance arrangements at the practice.

**No action**



# Are services safe?

## Our findings

At our previous inspection on 27 July 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 13 December 2018 we found the practice had made the following improvements to comply with the regulation.:

- Infection control procedures were improved and staff had good knowledge of the processes for cleaning, sterilising and storing dental instruments. We checked a selection of dental instruments and these were visibly clean when we inspected them.
- The contents of the medical emergency kit had been reviewed. When we checked the emergency kit this reflected nationally recognised guidance.

- The recruitment process had been reviewed and we were shown Disclosure and Barring Service, (DBS), checks for all members of staff. In addition, we saw Hepatitis B titre levels were in place for all staff.
- All staff had completed safeguarding training to the recommended level.
- We saw evidence that there were effective systems in place to manage medical alerts
- Staff were completing medical emergencies training on the day of our visit.
- Risk assessments were now in place for latex, sharps and fire. Sharps guidance was in place in all surgeries for staff should a sharps injury occur.
- Improvements had been made to the security of NHS prescription pads. These were now locked in the surgeries when the surgery was not in use.

These improvements showed the provider had taken action to comply with the regulations when we inspected on 13 December 2018.

# Are services well-led?

## Our findings

At our previous inspection on 27 July 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 13 December 2018 we found the practice had made the following improvements to comply with the regulation.:

- The practice had improved governance arrangements to improve the running of the service. Policies had been put in place, reviewed and brought up to date with current guidance.

- The practice had improved staff recruitment, staff training and support.
- Medical emergency equipment was now in date and robust checking systems in place.

The practice had also made further improvements:

- The practice had reviewed responsibilities in line with the Equality Act 2010

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulations when we inspected on 13 December 2018.