Mr. Kevin Nutt

Skirsgill Dental Surgery

Inspection Report

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Overall summary

We carried out a follow- up, desk based inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions at Skirsgill Dental surgery on the 25 July 2017.

We had undertaken an announced comprehensive inspection of this service on the 25 May 2017 as part of our regulatory functions where a breach of legal requirements was found.

After the comprehensive inspection, the practice manager wrote to us to say what they would do to meet the legal requirements in relation to the breach. This report only covers our findings in relation to that requirement.

We reviewed the practice against one of the five questions we ask about services: is the service well led? You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Skirsgill Dental Practice on our website at www.cqc.org.uk.

Our findings were:

Are services well-led?

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

Background

The practice is situated in an industrial park setting on the outskirts of Penrith Cumbria. The practice offers both NHS and limited private primary care dentistry to both adult patients and children.

Staff employed at the practice include the principal dentist, two dental nurses, one receptionist and the practice manager.

The practice is open:

Monday, Tuesday and Thursday between 9.00am and 5.00pm.

Wednesday the practice is open 10.00am to 6.00pm. Friday the practice opens at 9.00am to 4.00pm.

The practice is owned by an individual. 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.

Our key findings were:

- The practice had completed an infection control audit using a recognised audit tool and a radiograph audit.
- All missing emergency medical equipment had been purchased.
- Staff recruitment procedures have been review and necessary employment checks had been undertaken.
- Staff appraisals had been performed where any training needs were identified. Training was now monitored by the practice manager.

Summary of findings

- The practice had addressed the actions identified in their Legionella risk assessment.
- Safety Data Sheets had been obtained for all COSHH products used in the practice.

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?

No action

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

We found there were support systems in place to ensure the smooth running of the practice which was the responsibility of the principal dentist.

Staff were recruited and trained into their roles. Training was identified and monitored.

Risk assessments had been undertaken and on going checks were recorded to ensure that equipment and the building remained safe.

The provider could demonstrate that audits of various aspects of the service were undertaken at regular intervals to help improve the quality of service. Audits did have documented learning points and the resulting improvements demonstrated.

No action

Are services well-led?

Our findings

Governance arrangements

The principal dentist had overall responsibility for the management and clinical leadership of the practice. Staff knew the management arrangements and their roles and responsibilities.

The practice had reviewed policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality and safety of the service and make improvements.

Equipment and medicines for use in a medical emergency had been purchased and replaced. The provider could demonstrate that they had all equipment was available as outlined in the Resuscitation Councils guidance. This equipment was regularly checked to ensure it was in good working order should it need to be used.

Water temperatures to assist in the prevention of Legionella were recorded.

Staff performed the regular checks on the autoclave used in the decontamination process for instruments.

The fire risk assessment was now supported by documentation showing that the premises and equipment for firefighting were checked on a regular basis.

The principal dentist kept all staff files, training logs and certificates and these were now stored in an organised way. Protocols had been updated to ensure that staff recruitment as far as reasonably practicable contained documentation as stated under Schedule 3 of the Health and Social Care Act 2014.

Safety data sheets (SDS) had been obtained for all hazardous products used in the practice. The SDS provides information on the hazardous properties of the substances which were being used, any health effects associated with its use, how likely it is to get into the air or onto the skin, and what risk reduction measures should be used to control exposure to an acceptable level.

Learning and improvement

The practice had introduced quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, X-rays and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

The General Dental Council requires clinical staff to complete continuous professional development. Certificates of training had been provided to demonstrate that staff had completed all recommended training. The practice manager had taken on the responsibility to monitor staff training. All staff had been appraised.