

Drysdale Medical Ltd

# Aesthetic and Implant Dentistry

## Inspection Report

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### Overall summary

We carried out a focused inspection of Aesthetic and Implant Dentistry on 6 March 2018.

The inspection was led by a CQC inspector who had access to telephone support from a dental clinical adviser.

We carried out the inspection to follow up concerns we originally identified during a comprehensive inspection at this practice on 26 September 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

At a comprehensive inspection we always ask the following five questions to get to the heart of patients' experiences of care and treatment:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

When one or more of the five questions is 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 area where improvement was required.

At the previous comprehensive inspection we judged the practice was not providing well-led care in accordance with Regulation 19 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 Aesthetic and Implant Dentistry on our website [www.cqc.org.uk](http://www.cqc.org.uk).

#### **Our findings were:**

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

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

The provider had made improvements to put right the shortfalls and deal with the regulatory breach we found at our inspection on 26 September 2017.

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

# 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?**

The provider had made improvements to the management of the service. This included having in place policies for the recruitment of staff in accordance with regulations. We saw evidence of staff correctly recruited. The improvements provided a sound footing for the ongoing development of effective governance arrangements at the practice.

**No  
action**  


# Are services well-led?

## Our findings

At our inspection on 26 September 2017 we judged it was not providing well led care and told the provider to take action as described in our requirement notice. At the inspection on 6 March 2018 we noted the practice had made the following improvements to meet the requirement notice:

We saw evidence that the practice's recruitment policy and procedures were now suitable and the recruitment arrangements in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to ensure necessary employment checks were in place for all staff and the required specified information in respect of persons employed by the practice was held. We saw evidence that staff were correctly recruited.

- A full employment history with a satisfactory written explanation of gaps was now taken
- Where previous employment involved work with children and vulnerable adults, verification of why that employment ended was now sought
- Satisfactory evidence of conduct of previous employment relating to health and social care, children or vulnerable adults was now obtained
- Disclosure and Barring Service checks were now sourced within an appropriate timescale

The practice had also made further improvements:

- We saw that the practice now had arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines

and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies such as, Public Health England (PHE). We saw a folder containing this information.

- We saw that the practice had reviewed its responsibilities as regards to the Control of Substance Hazardous to Health (COSHH) Regulations 2002 and, ensured all documentation was up to date and staff understood how to minimise risks associated with the use of and handling of these substances. We saw the COSHH file was up to date.
- We saw that the practice had reviewed availability of equipment to manage medical emergencies and how often it should be checked giving due regard to guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team. We saw check sheets and equipment in accordance with regulations and guidance.
- We saw that the practice had reviewed infection control procedures and protocols giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'. We were shown procedures and techniques which were in accordance with regulations and guidance.

These improvements showed the provider had taken action to address the shortfalls we found when we inspected on 26 September 2017.