

Mr. Richard Riddell

Kings Heath Dental

Inspection Report

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Overall summary

We undertook a focused inspection of Kings Heath Dental on 24 June 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 had access to telephone support of a specialist dental adviser.

We undertook a comprehensive inspection of Kings Heath Dental on 12 September 2016 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 well led care and was in breach of 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 Kings Heath Dental on our website www.cqc.org.uk.

As part of this inspection we asked:

- 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 (requirement notice only). We then inspect again after a reasonable interval, focusing on the area(s) where improvement was required.

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 in relation to the regulatory breach we found at our inspection on 12 September 2016.

Background

Kings Heath Dental is in Kings Heath, Birmingham and provides NHS and private treatment for adults and children.

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

The dental team includes one dentist, three dental nurses (including the practice manager) and one dental hygiene therapist. The practice has two 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.

Summary of findings

During the inspection we spoke with the practice manager and we were introduced to a dental nurse who had recently been employed. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday and Wednesday 8am to 5pm, Tuesday 8am to 8pm, Thursday 8am to 6pm and Friday 9am to 5pm. The practice is closed between the hours of 1pm to 2pm each day during lunchtime.

Our key findings were:

- Appropriate signage was in place on doors where X-ray machines were located. Systems and processes had been implemented to safeguard patients from abuse.
- Staff had received annual update training regarding basic life support. Equipment and medicines to manage medical emergencies were available. Systems were in place to ensure these were checked in accordance with the guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
- The provider had developed a recruitment procedure and all pre-employment information in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been obtained for a newly employed member of staff.
- Information regarding Duty of Candour was available to staff at the practice.
- The practice had reviewed staffing arrangements. The dentist and dental hygiene therapist were supported by a trained member of the dental team.
- The practice had introduced documentation regarding fire drills which recorded date, time and details of all staff in attendance.
- The practice had reviewed its responsibilities to the needs of people with a disability and the requirements of the Equality Act 2010 and systems were in place to assist those patients with hearing difficulties.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

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 providing signage as required regarding x-ray machinery in use, developing procedures regarding safeguarding vulnerable adults and staff recruitment. A hearing induction loop and automated external defibrillator had been purchased. Pre-employment information had been obtained for a newly employed member of staff in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 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 previous inspection on 12 September 2016 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 24 June 2019 we found the practice had made the following improvements to comply with the regulation:

The provider had appropriate signage on doors where the X-ray machine was located. There were two doors to gain entry to this room and signage was available for both doors. The provider had developed a policy regarding safeguarding vulnerable adults, various other pieces of information were available to guide staff. Contact details for the organisations responsible for the investigation of suspected abuse were available. We were told that contact details would be checked annually to ensure they were up to date; a date of review was recorded.

All staff at the practice had completed training regarding basic life support on 17 June 2019. This training was completed on an annual basis. Since the last inspection the practice had purchased an automated external defibrillator. All equipment and medicines to manage medical emergencies were available. Systems had been put in place to ensure that medicines and equipment were checked in line with the guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team. A log was kept demonstrating when checks were made.

The provider had developed a recruitment procedure. This standardised procedure had not been fully adapted to meet the needs of the practice. The date of implementation and review were recorded. A member of

staff had been recruited since the last inspection of the practice. A file of information was available for this staff member which included pre-employment medical information, disclosure and barring check, references and other pre-employment information in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The practice had also made further improvements:

The practice had developed a procedure regarding Duty of Candour and this information was available to staff in the practice's quality assurance manual.

The practice had reviewed staffing arrangements. A qualified dental nurse had recently been employed and the dentist and dental hygiene therapist were supported by a trained member of the dental team when treating patients in a dental setting.

The practice had reviewed its systems and documentation regarding fire drills. A monthly fire drill was conducted, and a log kept which recorded details of all staff in attendance and the date and time of the drill.

The practice had reviewed its responsibilities to the needs of people with a disability and the requirements of the Equality Act 2010 and put systems in place to assist those patients with hearing difficulties. A portable hearing induction loop was available for use. Signs informing patients that this equipment was available were on display in the waiting room and reception area. As this equipment was portable it could be used at the reception desk and in the treatment room.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulation(s): when we inspected on 12 September 2016.