

Primrose Dental Ltd

Primrose Dental Practice

Inspection Report

61A Regents Park Road
London
NW1 8XD
Tel: 02077220860
Website: N/A

Date of inspection visit: 25 August 2017
Date of publication: 05/09/2017

Overall summary

We carried out a follow-up inspection on 25 August 2017 at Primrose Dental Practice

We had undertaken an announced follow-up inspection of this service on 10 March 2017 as part of our regulatory functions where breach of legal requirements were found.

After the follow up inspection, the practice wrote to us to say what they would do to meet the legal requirements in relation to the breach.

We revisited Primrose Dental Practice as part of this review and checked whether they had followed their action plan.

We reviewed the practice against four of the five questions we ask about services: is the service safe, effective, responsive and well-led? This report only covers our findings in relation to those requirements.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Primrose Dental Practice on our website at www.cqc.org.uk.

Background

This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The follow up inspection was led by a CQC inspector who was supported by a specialist dental adviser.

During our inspection visit, we checked that points described in the provider's action plan had been implemented by looking at a range of documents such as risk assessments, staff files, policies, procedures and staff training. We also carried out a tour of the premises.

Our key findings were:

- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk.
- The practice had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- The practice had effective leadership. Staff felt involved and supported and worked well as a team.

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 safe?

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

The practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

Staff were qualified for their roles and the practice completed essential recruitment checks.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

No action



Are services effective?

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

The dentist assessed patients' needs and provided care and treatment in line with recognised guidance.

The principal dentist and staff at the practice had undertaken relevant training in implants.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

No action



Are services responsive to people's needs?

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

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

No action



Are services well-led?

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

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

No action



Are services safe?

Our findings

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at four staff recruitment records. These showed the practice followed their recruitment procedure.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. All action in the fire risk assessment had been completed, including installation of fire doors and staff fire training.

Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations.

There was sufficient equipment to undertake implant surgery in a safe and effective manner.

Are services effective?

(for example, treatment is effective)

Our findings

Staffing

Staff new to the practice had a period of induction based on a structured induction programme. We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council.

The principal dentist was able to provide evidence of their up-to-date training in dental implants and record of experience and training on implants staff had undertaken.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. The principal dentist was responsible for dealing with these. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Governance arrangements

There was now a practice manager who had overall responsibility for the management and day to day running of the service and clinical leadership of the practice. Staff knew the management arrangements and their roles and responsibilities.

The practice had 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 of the service and make improvements.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Leadership, openness and transparency

Staff were aware of the Duty of Candour requirements to be open, honest and to offer an apology to patients if anything went wrong.

Staff told us there was an open, no blame culture at the practice. They said the practice manager encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us practice manager was approachable, would listen to their concerns and act appropriately, it was clear the practice worked as a team and dealt with issues professionally.