

Mr Sushil Kumar Jamnadas Dhanesha

# Dolphins Positive Health

## Inspection report

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## Overall summary

We undertook a follow up desk-based review of Dolphins Positive Health on 29 September 2020. This review was carried out to assess in detail the actions taken by the provider to improve the quality of care and to confirm that the practice was now meeting legal requirements.

The review was led by a CQC inspector who was remotely supported by a specialist dental adviser.

We undertook a comprehensive inspection of Dolphins Positive Health on 3 March 2020 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 Dolphins Positive Health on our website .

As part of this review we asked:

- Is it well-led?

### 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 3 March 2020.

### Background

Dolphins Positive Health is in Torquay and provides private dental care and treatment for adults and children.

There is step free access to the practice, via a temporary ramp, for people who use wheelchairs and those with pushchairs. Car parking spaces, including parking for disabled people, are available near the practice.

The dental team includes one dentist, one dental nurse and one receptionist.

The practice has one treatment room.

The practice is owned by an individual who is the principal dentist. 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.

During the review the provider sent us records to show where improvements had been made.

The practice is open:

- Monday - 8.30am to 1.00pm and 2.00pm to 5.30pm
- Tuesday - 8.30am to 1.00pm and 2.00pm to 5.30pm
- Wednesday - 8.30am to 12.30pm and 1.30pm to 3.00pm
- Thursday - 9.30am to 1.00pm and 2.00pm to 6.00pm
- Friday - Closed

# Summary of findings

- Saturday – Closed

## **Our key findings were:**

- Infection prevention and control procedures were being effectively followed.
- Emergency equipment was provided in line with guidance.
- A full range audits including antibiotic prescribing and infection prevention control had been implemented.
- Staff had received relevant training in infection control, sepsis management and safeguarding.
- A system to receive and, where relevant, act upon patient safety and dental medical devices alerts was in place.

- An effective staff appraisal system was implemented in line with guidance.
- Equipment was safe to use in line with manufacturers and servicing recommendations.

We are mindful of the impact of COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this review. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

# Summary of findings

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

We asked the following question(s).

**Are services well-led?**

**No action**



# Are services well-led?

## Our findings

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

At our previous inspection on 3 March 2020 we judged the practice 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 review on 29 September 2020 we found the practice had made the following improvements to comply with the regulations:

- The provider produced evidence to demonstrate that they had implemented quality assurance processes to ensure infection prevention and control audits were taking place on a six-monthly basis and that action plans were in place and updated to address identified issues.
- The provider provided evidence that compressor and X-ray equipment servicing recommendations had been addressed.
- The provider produced evidence that effective processes were in place to check that emergency medicines and oxygen were available, in date and monitored on a weekly basis.

- The provider had implemented a system to receive electronic patient safety and dental medical devices alerts. The checks were being recorded accordingly.
- The provider had implemented a system for monitoring cleaning equipment and safe medical sharps storage. This ensured that the practice infection control policy was being followed effectively.
- The provider produced evidence to demonstrate that all staff had received relevant training in infection control, sepsis management and safeguarding training.

The practice had also made further improvements:

- The practice had commenced a dental compliance system to monitor progress and ensure that audits for prescribing of antibiotic medicines took into account the guidance provided by the Faculty of General Dental Practice.
- The provider had implemented a performance review system and had an effective process established for the on-going assessment and supervision of all staff. The review system was part of a dental compliance system which helped to ensure that reviews were not missed.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulations when we reviewed the evidence submitted, on 29 September 2020.