

R and M Elsey Dental Clinic Limited

Elsey and Elsey Dental Practice

Inspection Report

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Overall summary

We undertook a focused inspection of Elsey and Elsey Dental Practice on 27 August 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 the practice was now meeting legal requirements.

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

We undertook a comprehensive inspection of Elsey and Elsey Dental Practice on 11 March 2019 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 Elsey and Elsey dental practice 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. We then inspect again after a reasonable interval, focusing on the areas 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 11 March 2019.

Background

Elsey and Elsey Dental Practice is in South Cerney and provides private treatment to adults and children and NHS treatment to children only.

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

Summary of findings

The dental team includes one dentist, one specialist orthodontist, two orthodontic therapists, one dental hygiene therapist, two dental hygienists, two dental nurses and one receptionist. The practice has three treatment rooms.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Elsey and Elsey Dental Practice is the principal dentist.

During the inspection we spoke with one dentist, one dental nurse and one receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday and Thursday 8.30am to 5.30pm

Tuesday and Wednesday 9.00am to 4.00pm

Friday 8.30am to 4.00pm

Our key findings were:

- The practice appeared clean and well maintained.

- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. All appropriate medicines and life-saving equipment were available.
- The practice had improved existing, and implemented new, systems to help them manage risk to patients and staff.
- The provider had reviewed and improved staff recruitment procedures to ensure all aspects of the practice policy and were met.
- The provider had a culture of continuous improvement.
- Staff felt involved, supported, worked well as a team and had been involved in the recent changes to meet the regulatory breach.
- The provider asked staff and patients for feedback about the services they provided.
- The provider had suitable information governance arrangements.

There were areas where the provider could make improvements. They should:

- Review the practice protocol regarding audits for prescribed antibiotic medicines taking into account the guidance provided by the Faculty of General Dental Practice.

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 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 11 March 2019 .

No action



Are services well-led?

Our findings

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

At our previous inspection on 11 March 2019 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 27 August 2019 we found the practice had made the following improvements to comply with the regulation:

The provider:

- demonstrated they had worked to establish effective systems and processes to ensure good governance in accordance with the fundamental standards.
- reviewed and amended the practice policies to provide staff with the most recent information and advice to support them in their role. We saw the safeguarding policy had been updated and contained the local contact numbers. The whistleblowing policy seen contained appropriate and relevant information including who to contact outside the practice if needed. It also contained clear information about how the practice would manage poor performance. We saw the consent policy now included information relating to the Mental Capacity Act 2005 and who could consent for patients in instances where cognition was impaired.
- obtained an electrical mains wiring safety certificate in line with guidance provided by the Electricity at Work Regulations 1989.
- reviewed and implemented a new risk assessment process for monitoring and mitigating the various risk arising from the undertaking of the regulated activities. We saw the provider had implemented risk assessments for lone working, staff who had not responded to Hepatitis B vaccination, and a health and safety risk assessment for the practice building. They had also obtained a fire safety officer report and a fire risk assessment had been completed. Records seen showed the fire detection equipment and emergency lighting were tested regularly.
- reviewed the practice system for recording, investigating and reviewing significant events with a view to preventing further occurrences and ensuring improvements were made as a result. The health and safety policy had been updated to ensure clear information was available for staff about how, and to whom, to report an accident or incident. Staff spoken with were aware of this process. There had been no incidents since our last visit to evidence the recording system.
- completed audits of dental care records, radiography and infection control practices. We observed the dental care records audit had included the hygienist's and therapist's notes. We saw they had assessed the results and formulated an action plan to improve the quality of the service. The provider had not completed an antimicrobial audit. The provider should review current guidelines for the prescribing, dispensing and management of antibiotics. A disability access audit had been completed and the provider had obtained a hearing loop for the reception desk and some reading glasses to assist patients with hearing loss or sight impairment.
- reviewed the emergency equipment and medicines available in the practice. We saw all emergency equipment and medicines were available as described in the guidelines issued by the Resuscitation Council (UK) and the General Dental Council. We found staff kept records of their checks of these to make sure they were available, within their expiry date, and in working order.
- reviewed the system and risk assessments for managing substances hazardous to health as identified by the Control of Substances Hazardous to Health Regulations 2002. We saw the provider had suitable risk assessments to minimise the risk which can be caused from substances that are hazardous to health. However not all cleaning products had been risk assessed.
- implemented a system of clinical governance which included policies, protocols and procedures that were accessible to all members of staff and would be reviewed regularly. They had also undertaken an appraisal with all staff members and these reflected the provider response to training needs.

The practice had also made further improvements:

- The provider had implemented a system for seeking and learning from patient feedback. We saw a completed patient satisfaction survey analysis and action plan.

Are services well-led?

- The provider had reviewed the current staffing arrangements in line with General Dental Council (GDC) Standards for the Dental Team and were recruiting staff. A risk assessment was in place for when the dental hygienist/hygiene therapist worked without chairside support.

These improvements showed the provider had taken action to improve the quality of services for patients and complied with the regulation when we inspected on 27 August 2019.