

Community Dental Centres Limited

IDH Kilkenny House Taunton

Inspection Report

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Overall summary

We carried out an announced responsive follow up inspection on 20 February 2017 to ask the practice the following key questions; Are services well-led?

We had undertaken an announced comprehensive inspection of this service on 3 August 2016 as part of our regulatory functions where a breach of legal requirements were found.

IDH (Integrated Dental Holdings) is a national company which operates over 600 dental practices across the United Kingdom recently re-branded as 'My Dentist'. The Kilkenny House practice provides both NHS dental treatment to adults and children and private dental treatment to and adults.

The practice is situated in the centre of Taunton town. The practice has eight potential dental treatment rooms six of which are currently in use, two decontamination rooms for the cleaning, sterilising and packing of dental instruments, a reception, two waiting areas, two staff rooms and a manager's office. Dental services are provided on the ground and first floor. The main entrance to the practice is accessible by external steps and ramp access.

The practice is open Monday, Wednesday & Friday 8am – 5pm Tuesdays and Thursdays 8am – 8pm, every other Saturday from 9am – 2pm. It is closed on Sunday.

IDH Kilkenny House has five dentists, a visiting implantologist, two part time dental hygienists, six dental nurses one of whom is qualified and five are trainee dental nurses. The practice manager and clinical team are supported by three receptionists. The practice had a registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

Before the inspection we reviewed the action plan the provider and registered manger had sent us.

Our key findings were:

- The practice was clean and well maintained.
- Infection control procedures were robust and the practice followed published guidance.

Summary of findings

- Staff had been trained to handle emergencies and appropriate medicines and life-saving equipment were readily available in accordance with current guidelines.
- The practice had systems in place to manage risks.
- Staff understood and received safeguarding training and knew how to recognise signs of abuse and how to report it.
- Safe recruitment of staff was in place.
- The appointment system met patients' needs.
- The practice was well-led and staff felt involved and supported and worked well as a team.
- The practice sought feedback from staff and patients about the services they provided.
- Complaints were responded to in an efficient and responsive manner.

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?

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

There were systems in place to ensure the smooth running of the practice. Patient dental care records were complete, legible and stored securely.

There was a clearly defined management structure in place and all staff felt supported and appreciated in their own particular roles.

Arrangements were in place to support communication about the quality and safety of services.

The practice regularly monitored clinical and non-clinical areas of practice as part of a system of continuous improvement and learning.

No action



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Detailed findings

Background to this inspection

This inspection took place on 20 February 2017. The focused inspection was led by a CQC inspector who had access to remote advice from a dental specialist advisor.

We conducted a tour of the practice and looked at the decontamination and governance processes as the practice had been non-compliant in these areas at the last inspection. During our inspection visit, we reviewed policy documents, staff records. We spoke with three patients, five members of staff and the practice manager.

We observed staff interacting with patients in the waiting area. Patients gave positive feedback about their experience at the practice.

To get to the heart of patients experiences of care and treatment, we always ask the following five questions:

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

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services well-led?

Our findings

Since the last inspection the provider had taken action to address the areas of non-compliance and our findings are outlined below.

Governance arrangements

There was an effective management structure in place. Staff were supported, managed and were clear about their roles and responsibility. We were told staff met their professional standards and followed their professional code of conduct. There were effectively operated systems to ensure the safe recruitment of staff.

The empowered practice manager was responsible for the day to day running of the service. There was a range of policies and procedures in use at the practice. We saw they had systems in place to monitor the quality of the service and to make improvements.

The practice had an approach for identifying where quality or safety was being affected and addressing any issues. Health and safety and risk management policies were in place and we saw a process to ensure the safety of patients and staff members.

For example, we saw risk assessments relating to the use of equipment and infection prevention and control which were clear and current. The practice manager demonstrated they had been proactive in managing the company systems and ensuring works when requested were completed in a timely way.

Leadership, openness and transparency

Staff told us they were aware of the need to be open, honest and apologetic to patients if anything was to go wrong. This is in accordance with the Duty of Candour principle

All staff were aware of who to raise any issue with and told us the practice manager was approachable, would listen to their concerns and act appropriately. We were told there was a no blame culture at the practice.

Staff told us there was an open culture within the practice and they were encouraged and confident to raise any issues at any time. These were discussed openly at staff meetings and it was evident the practice worked as a team and dealt with any issue in a professional manner.

The practice held regular meetings to ensure staff could raise any concerns and discuss clinical and non clinical updates. A system for communicating information from meetings was in place to ensure all staff received the information in a timely way. If there was more urgent information staff needed to know an email would be sent and if required an informal staff meeting would be organised to discuss the matter.

Learning and improvement

We saw audits were carried out thoroughly with results analysed and action plans clearly detailed. Quality assurance processes were used at the practice to encourage continuous improvement. This included clinical audits such as dental care records, X-rays and infection prevention and control. We saw the results of these audits had been discussed at staff meetings and a re-audit date had been identified.

All staff had received an annual appraisal at which learning needs, general wellbeing and aspirations were discussed. We saw evidence of completed appraisal forms in staff folders.

Staff told us they had access to training which helped ensure mandatory training was completed each year; this included medical emergencies, basic life support and safeguarding.

The practice had implemented a clear system for monitoring staff training to ensure all staff, including visiting professionals, completed mandatory training within the required timeframes. Staff working at the practice were supported to maintain their continuing professional development as required by the General Dental Council. They were keen to inform us the practice supported training which would advance their careers.

Practice seeks and acts on feedback from its patients, the public and staff

The practice had systems in place to involve, seek and act upon feedback from staff and patients using the service. Feedback forms were available in the waiting area for patients to complete at each visit. The results were collected and reviewed by head office every three months and forwarded on to the practice.

Are services well-led?

The most recent company patient survey carried out showed a high level of satisfaction with the quality of service provided. We saw evidence these results were discussed at practice meetings. We confirmed the practice responded to feedback.