Kulina Limited

NW1 Dentalcare

Inspection Report

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Overall summary

We carried out this announced inspection on 05 July 2018. The inspection was led by a Care Quality Commission (CQC) inspector who was supported by a specialist dental advisor.

At the previous comprehensive inspection on 20 December 2017 we found the registered provider was providing safe, effective, caring and responsive care in accordance with relevant regulations. We judged the practice was not providing well-led care in accordance with regulations 17 and 19 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 NW1 Dentalcare on our website www.cqc.org.uk.

The provider submitted an action plan to tell us what they would do to make improvements. We undertook this inspection on 05 July 2018 to check that they had followed their plan. We reviewed the key question of whether the practice was well-led.

Our findings were:

Are services well-led?

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

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

We found that this practice was providing well-led care in accordance with the relevant regulations. The provider had made improvements to address shortfalls and the regulatory breaches we identified during the previous inspection on 20 December 2017.

The practice had made improvements relating to maintaining records, ensuring training needs were monitored effectively, ensuring appropriate policies and procedures were available and established, and ensuring thorough recruitment procedures were implemented.

They completed, and appropriately followed up, various risk assessments. This included a disability access audit which resulted in improved services for people with enhanced needs such as hearing loss.

The practice monitored its clinical performance to drive improvements, by auditing the quality of dental radiography.

The practice ensured they completed the infection control audit at the recommended frequency in line with national guidance.

They had implemented an effective system to keep up to date with national safety alerts.

Are services well-led?

Our findings

At the previous inspection on 20 December 2017, we found the practice was not providing well led care.

During this inspection on 05 July 2018, we found the practice had made several improvements to address shortfalls and the regulatory breaches we previously identified.

Staff we spoke with had a good understanding of significant events and incidents and the reporting protocols. The practice implemented a safeguarding policy and a comprehensive incident reporting form.

The practice had updated their COSHH risk assessments; they ensured they included a comprehensive list of hazardous materials used in the practice and clear guidance staff should follow in the event of accidental exposure to these materials.

The practice had established a system for receiving, and sharing with staff, national safety alerts in order to avoid adverse safety events.

We checked staff records and found staff completed key training in safeguarding children and vulnerable adults, medical emergencies and basic life support, infection control, and dental radiography. They had implemented systems to help them monitor training needs of the practice staff by using a training log.

The practice had revised its recruitment procedures. We checked recruitment records for three members of recently recruited staff and found the practice had followed their recruitment policy; they had made key background (and other) checks for these members of staff.

The practice had implemented and used induction forms for newly-recruited trainee dental nurses and receptionists. A receptionist we spoke with told us they had found their induction useful.

We confirmed all the practice's clinical staff had suitable indemnity insurance in place.

The practice had carried out an audit of the quality of dental radiographs taken by the dentists. This audit was dated to create an audit trail. It identified aims and objectives and an action plan to ensure optimum quality of radiographs. The principal dentist ensured they shared this information with the relevant staff.

The practice had carried out new risk assessments for legionella, fire safety, health and safety. And the use of sharp instruments. They actioned the recommended improvements in a timely manner, and suitably documented the completed actions to create a clear audit trail.

The practice had reviewed its responsibilities to meet the needs of people with a disability, in line with the requirements of the Equality Act 2010. They had carried out a disability access audit and installed a hearing loop in the reception area to support patients with hearing difficulties.

The practice ensured they had access to interpreter services for patients who did not understand or speak English. These services included British Sign Language.

We reviewed a sample of dental care records to confirm our findings; the quality of record keeping had improved since the last inspections.

The practice had updated their existing policies, and added new policies to provide guidance to staff on various protocols. They ensured the documents were better-organised to facilitate and expedite access to them by the staff. They had added a review date to all documents to help ensure they would be reviewed annually and kept up to date. All the policies we reviewed were fit for purpose and contained information that accurately reflected arrangements in the practice.

The practice had revised its consent policy to ensure it contained information and guidance to staff on mental capacity.

The practice had formalised and documented minutes of their staff meetings, to help ensure discussions at the meetings could be reviewed, and shared with any staff members who were unable to attend them.

The practice had made further improvements by updating their telephone system; this included an answerphone message which provided patients with information about how they could seek urgent care when the practice was closed.