

Dental Harmony Ltd

Dental Harmony

Inspection Report

1 Seven Ways Parade
Woodford Avenue
Gants Hill
IG2 6XH

Tel: 0207 0181893

Website: www.dentalharmony.co.uk

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Overall summary

We carried an unannounced focused follow up inspection on 14 July 2017 at Dental Harmony.

We had undertaken an announced comprehensive inspection of this service on 31 January 2017 as part of our regulatory functions where breaches of legal requirements were found.

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

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

We reviewed the practice against one of the five questions we ask about services:

- Is it 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 Dental Harmony 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 carried out by a CQC inspector who had access to remote advice from a specialist advisor.

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, policies, procedures and staff training. We also spoke with staff and carried out a tour of the premises.

Our key findings were:

- Systems were in place to assess, monitor and improve the quality of the service
- The practice had systems to help them manage risk.
- Equipment was maintained and serviced in line with the manufacturer's instructions.
- The practice had infection control procedures which reflected published guidance.
- The practice had policies and procedures to underpin the day to day management of the service and there were arrangements to ensure that these were understood and followed.

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

The practice had improved the arrangements to ensure the smooth running of the service.

There were systems in place to identify and manage risks to patients and staff.

The practice had effective systems for monitoring clinical and non-clinical areas of their work to help them improve and learn.

No action 

Are services well-led?

Our findings

Governance arrangements

The practice had made improvements to its governance arrangements. The practice had policies and procedures to support the management of the service and to protect patients and staff. These policies were detailed and bespoke to reflect the management of the practice. Staff understood the practice policies and their roles and responsibilities in relation to these. The practice owner monitored the policies and procedure to ensure that they were followed. This included recruitment procedures.

There were arrangements to ensure that the practice equipment was checked and serviced in line with the manufacturer's instructions and that the range of recommended emergency medicines and equipment were available.

The practice had systems to ensure that risks were regularly monitored and appropriate actions taken to mitigate risks to patients and staff. There were risk assessments in place in relation to handling dental sharps and handling and dealing with exposure to hazardous materials. There were arrangements to assess and manage the risk of Legionella. These risk assessments and procedures to minimise risks were kept under regular review.

There arrangements to monitor the quality of the service and make improvements had been reviewed and

improved. The practice conducted a range of audits to assess, maintain and improve its service. Audits including those in relation to monitoring the effectiveness of infection control procedures, the quality of X-rays, dental records and audits in relation to dental treatment were carried out in line with current guidance. The practice had clear records of the results of these audits and the resulting action plans and improvements.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. The findings from reviews, audits and assessments were recorded, shared with relevant staff and reviewed to help maintain quality and support improvement.

The practice owner showed a commitment to learning and improvement and that they set high standards for treating patients and the general management of the service.

The whole staff team had annual appraisals and six monthly reviews. We saw evidence of completed appraisals and reviews in the staff folders. These included staff learning and development needs, general wellbeing and aims for future professional development.

The practice had improved its systems to monitor staff training, including medical emergencies and basic life support training. The General Dental Council requires clinical staff to complete continuous professional development.