

Healthy Smiles Limited

Concordia Dental Healthcare

Inspection Report

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Overall summary

We undertook a focused inspection on 22 January 2020. 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 that 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 Concordia Dental Healthcare on 10 May 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 safe and well led care and was in breach of regulations 12, 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 Concordia Dental Healthcare on our website www.cqc.org.uk.

As part of this inspection we asked:

- Is it safe?
- 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 improvements were required.

Our findings were:

Are services safe?

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

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 10 May 2019.

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 breaches we found at our inspection on 10 May 2019.

Background

Concordia Dental Healthcare is in East Grinstead and provides private treatment for adults and children.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces, including some for blue badge holders, are available near the practice.

The dental team includes one dentist, two dental nurses, one of which is a trainee nurse, one dental hygienist, two receptionists and the registered manager who is also the practice manager. The practice has two treatment rooms.

Summary of findings

The practice is owned by an individual who is the principal dentist there. 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 inspection we spoke with one dental nurse and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

- Monday to Thursday 8am to 5.30pm
- Friday 8am to 3pm

The practice open days are rotated over a two week period with the practice open on week one Monday, Thursday, Friday and the second week Tuesday, Wednesday, Friday.

Our key findings were:

- Effective governance systems and processes had been established
- Recruitment procedures had been brought in line with current legislation
- Staff were supported and supervised throughout their training by a qualified member of staff
- Evidence was available that identified that staff were sufficiently covered for Hepatitis B
- Staff had completed Immediate life support training
- Staff were aware of and had a good understanding of Gillick competency
- Staff were aware of and had a good understanding of the Duty of Candour
- All staff had completed GDPR training.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?

No action ✓

Are services well-led?

No action ✓

Are services safe?

Our findings

We found that this practice was providing safe care and was complying with the relevant regulations.

At our previous inspection on 10 May 2019 we judged the practice was not providing safe care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notices. At the inspection on 22 January 2020 we found the practice had made the following improvements to comply with the regulation: Regulation 12, Safe care and treatment.

- All staff had completed safeguarding training for vulnerable adults and children since our last inspection. We saw that there were clear reporting protocols and information for staff to refer to. Staff told us how they

would report suspected abuse and who they would report to. Reporting information was available and displayed throughout the practice. This was in line with the practice policy and current legislation.

The provider had also made further improvements:

- We saw that all clinical staff employed at the practice and a visiting sedationist had provided evidence to show their levels of cover against Hepatitis B.
- We saw certification to show that all staff involved in sedation procedures had completed immediate life support training.
- We saw that the dispensing of antibiotic medicines were properly recorded and monitored in line with the Medicines Act 1968.

These improvements showed the provider had taken action to comply with the regulations: when we inspected on 22 January 2020.

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 10 May 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 22 January 2020 we found the practice had made the following improvements to comply with the regulations: Regulation 17 Good governance and Regulation 19 Fit and Proper persons.

- Staff had implemented a clinical governance programme. We saw that all of the policies had been recreated and updated. Staff had read the new policies and had signed to say that they had read and understood the content of each new policy. We saw meeting minutes which documented each new policy introduction and discussions.
- Staff were supported during their training by a qualified member of staff.
- Appraisals were in progress, told us how they had identified further training needs so that staff completed their Continuing Professional Development responsibilities.

The practice had also made further improvements:

- Staff demonstrated a good understanding, when questioned, of their responsibilities regarding Gillick competencies. We saw that the practice policy for consent detailed Gillick competencies.
- Staff demonstrated a good understanding of the duty of candour and what events would be included, such as a wrong tooth extraction and retention of an endodontic file in a tooth.
- Staff had completed a disability access audit and were working to improve access for patients with disabilities to receive services where practicable.
- Staff had a clear protocol for interpreter services. They told us that in the event a patient would need interpreter services they would use an online service as this would be confidential.
- All staff had completed training for General Data Protection Regulations (GDPR) and demonstrated a good understanding of their responsibilities under GDPR.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulations: when we inspected on 22 January 2020.