

Mrs Kishanie Little

Indigo Little

Inspection Report

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Date of inspection visit: 19 April 2016
Date of publication: 01/06/2016

Overall summary

We carried out an announced comprehensive inspection of this service on 2 September 2015 as part of our routine regulatory function. During the visit, a breach of legal requirements was found.

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

We carried out an announced inspection on 19 April 2016 to ask the practice the following key questions; Are services well-led?

We revisited Indigo Little as part of a review.

Are services well-led?

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

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Indigo Little on our website at www.cqc.org.uk.

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.

We found there were effective system to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors. Staff employment records were complete and stored securely. The provider had ensured that their audit and governance systems were effective and a well-defined system was in place. An empowered practice manager had been employed at the practice.

Indigo Little

Detailed findings

Background to this inspection

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.

We carried out an inspection of this service on 19 April 2016.

This inspection was carried out to check that improvements to meet legal requirements planned by the

practice after our comprehensive inspection on 2 September 2015 had been made. We reviewed the practice against one of the five questions we ask about services: is this service well-led? This is because the service was not previously meeting one of the legal requirements.

The inspection was led by a CQC inspector who had access to remote advice from a specialist advisor. During our inspection visit, we checked that the provider's action plan had been implemented by looking at a range of documents such as risk assessments, staff files, policies and minutes of meeting. We also carried out a tour of the premises.

Are services well-led?

Our findings

Governance arrangements

We spoke with the principal dentist about the governance arrangements at the practice. We found that they had initiated a number of changes to their governance systems since the previous inspection. A practice manager had been appointed to take over the day to day running of the practice.

Audits had been carried out with a view to monitoring and improving performance. We saw that audits for monitoring infection control processes, the quality of X-rays, and the quality of dental care records had all been carried out. Records of the actions taken following the audits, including discussions with relevant members of staff, were kept and discussed in staff meetings. There was a six month rolling audit programme in place that the practice manager had implemented.

The principal dentist had implemented a system of log books to check that oxygen, water temperature monitoring and fridge temperature were being maintained appropriately. Staff were carrying out weekly and monthly checks and recording when these were complete. There was a spacer device for use by asthmatic patient's, portable suction and an automated external defibrillator (AED) in line with Resuscitation Council UK guidance and the General Dental Council (GDC) standards for the dental team. [An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm].

There was a risk assessment for handling sharps as required by Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. There was also available

saline for use during oral surgery and illuminated magnifier for checking instrument cleanliness during the decontamination procedure in accordance with Health Technical Memorandum (HTM) 01-05.

Monthly meetings were taking place, with various topics being discussed including processes in place for receiving and sharing safety alerts, Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

Leadership, openness and transparency

Leadership was very clear in the practice and we saw clear examples of how the principal dentist led by example and promoted an atmosphere of openness amongst staff. For example, we saw that meetings were used to discuss issues related to staffing issues, incident and errors.

Learning and improvement

The principal dentist had organised staff meetings to discuss clinical and other issues affecting the practice. Issues including an outcome of the risk assessment related to sharps had been discussed. Also discussed were how any agency staff working at the practice would receive induction training and to ensure that it would be logged and signed when complete.

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

The practice carried out patient satisfaction surveys on an on-going basis. Results were analysed to identify themes and trends. We reviewed the results of recently completed forms and they were very positive and also outlined areas of improvements for the practice to consider. We saw that the practice had put processes in place to act on patient feedback and make improvements.