

Mr. Kamlesh Christian

Alexandra Dental Practice

Inspection Report

43 Alexandra Road
Epsom
Surrey
KT17 4DB
01372 722685

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Overall summary

We visited Alexandra Dental Practice for a follow-up inspection on 8 February 2017.

We had undertaken an announced comprehensive inspection of this service on 4 July 2016 as part of our regulatory functions where a breach of legal requirements was found.

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

We visited the practice to check that they had followed their plan and to confirm that they now met the legal requirements.

We reviewed the practice against one of the five questions we ask about services: is the service 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 Alexandra Dental Practice 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 carried out an inspection on the 8 February 2017. Action had been taken to ensure that governance arrangements had been improved.

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

Strong and effective clinical and business leadership was evident during our inspection underpinned by an effective governance system that had recently been introduced by the practice.

The practice had arrangements in place for monitoring and improving the services provided for patients. Regular checks and audits were completed to ensure the practice was safe and patient's needs were being met.

Staff described an open and transparent culture where they were comfortable raising and discussing concerns with the management team. They were confident in their abilities to address any issues as they arose.

No action



Alexandra Dental Practice

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.

The principal dentist is registered with the Care Quality Commission (CQC) as an individual provider. 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.

This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 4 July 2016 had been made. We reviewed the practice against one of the five questions we ask about services: is this service well-led?

The follow up inspection was led by a CQC inspector.

During our inspection visit, we checked that points described in the action plan had been implemented by looking at a range of documents such as risk assessments, staff files, policies, procedures and staff training.

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 safe?

Our findings

We did not assess this domain at this inspection

Are services effective?

(for example, treatment is effective)

Our findings

We did not assess this domain at this inspection

Are services caring?

Our findings

We did not assess this domain at this inspection

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We did not assess this domain at this inspection

Are services well-led?

Our findings

Governance arrangements

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

The provider had employed a practice manager who had overall responsibility for the management of the practice including the governance. The manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

We found that the provider had initiated a number of changes to their governance systems since the previous inspection and this was ongoing. The practice now had a range of policies and procedures for the smooth running of the service.

This included the health and safety risk assessment, an updated file for Control of Substances Hazardous to Health 2002 (COSHH) regulations and regular infection control audits. There was a system in place for policies to be reviewed periodically and the practice manager demonstrated how they kept this under review.

Learning and improvement

We found the provider had made improvements and there were now effective systems in place for reporting incidents and learning from them to prevent repeat incidents.

The manager showed us how training records were being updated and recorded and kept under review for all staff. We saw evidence that staff completed mandatory training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, X-rays and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

There were formal appraisals where staff discussed learning needs, general wellbeing and aims for future professional development.

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

The practice had collected feedback through the Friends and Family cards. The feedback from patients was overall positive and most patients were likely to recommend the service to friends and family. We reviewed a sample of 31 cards completed by patients during 2016/17. All patients had indicated they would recommend the practice.