

Danbury Dental Care Limited

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Inspection Report

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Overall summary

We carried out an announced comprehensive inspection of this practice on 14 March 2016. A breach of legal requirement was found. After the comprehensive inspection, the practice wrote to us to say what they would do to meet legal requirements in relation to Regulation 17 HSCA (RA) Regulations 2014 Good Governance.

We carried out a desk based review for Danbury Dental Care Ltd on 29 June 2017. This was to follow up on actions we asked the provider to take after our announced comprehensive inspection. During the inspection on March 2016, we identified that the provider must improve safety checks and training for staff with regard to safeguarding training and risk assessments for fire safety and the need for a defibrillator. In addition we identified that the provider must ensure a system was in place ensure regular audits are undertaken in line with recommended guidance with regards to infection control and radiography.

We reviewed the action plan supplied by the practice following the inspection in March 2016. Additional evidence of the improvements made were sent by the practice for us to review. We looked at practice policies and procedures and other records about how the service is managed.

Our findings were:

Are services well-led?

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

Background

Danbury Dental Care is a private dental practice located on the main road in the village of Danbury in Essex. The practice is located on the ground floor of a Grade II Listed building which has been adapted to meet the needs of patients. The practice has approximately 3000 patients and has an older than average population.

There are two dentists, a hygienist and three dental nurses, one of whom is also the practice manager.

The practice is open from 8.30am to 8pm on Mondays and from 8.30am to 5pm Tuesday to

Friday. When the practice is closed an answerphone message gives an emergency contact telephone number for one of the dentists who provide out of hours care and advice.

The principal dentist is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'.

Summary of findings

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.

Our key findings were:

- Improvements were seen in all areas where concerns had been highlighted in the comprehensive inspection.
- Clinical audits were used effectively to highlight areas where improvements could be made.
- Risk assessments were undertaken to assess, monitor, manage and mitigate risks to the health and safety of service users.
- Staff had undergone safeguarding training.

At our announced inspection on 14 March 2016, there were areas we identified where the provider could make improvements. During our desk based review on 29 March 2017 improvements were seen in all areas where the provider could make improvements.

- The practice had introduced a policy for recording and discussing significant events. We examined

information the practice sent us and saw that significant events had been reported and discussed at practice meetings to reduce risk and support future learning. For example following the loss of some electronic information the practice had raised a significant event and following discussion had employed the services of a specialist computer organisation to review and monitor their systems. As a result the practice had put systems in place to review and improve the daily back up of computers to avoid further loss and disruption of their systems.

- The practice had reviewed its recruitment procedures to ensure a practice specific recruitment policy was in place.
- The practice had reviewed its protocol for the use of rubber dams in root canal treatment. We were told the dentists now used rubber dams in line with guidance from the British Endodontic Society when providing all root canal treatment.

The provider told us the practice had reviewed its policy on emergency medicines to ensure it complied with nationally recognised guidance.

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.

Improvements were noted in the way the practice managed risk assessments and audits.

The provider and practice manager had oversight of continuous professional development and staff training. We saw evidence that staff received safeguarding training to ensure they knew about the signs and symptoms of abuse and neglect and were confident in how to report concerns.

No action



Danbury Dental Care Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. 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.

We undertook a desk based review inspection of Danbury Dental Care Ltd on 29 June 2017. This inspection was

carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 14 March 2016 had been made. We inspected the practice against one of the five questions we ask about services: is the service well-led. This is because the service was not meeting some legal requirements.

The inspection was undertaken by a CQC inspector.

Are services well-led?

Our findings

Governance arrangements

Areas of concerns from the previous inspection were examined and improvements were noted in many areas.

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements. Concerns were raised at the previous inspection that fire risk assessments were not undertaken and no risk assessment was in place for the practice having no Automated External Defibrillator (AED) on site. We examined information the practice sent us and saw that the practice had employed the services of a Fire Safety Services organisation who had undertaken fire risk assessments. As a result of these assessments the practice told us they had installed additional equipment as an interim measure and to address the recommendations of improvements highlighted in the assessment. At the previous inspection the practice had an arrangement with a neighbouring practice for the use of their AED in an

emergency. However, following the previous inspection the practice had reviewed its policy and had invested in its own AED. Staff training had been put in place as part of the practice annual life support training and the practice had reviewed its agreement with its neighbouring practice to provide back up support in the event of servicing or maintenance.

Learning and improvement

Concerns were raised at the previous inspection that clinical audit was not effective at highlighting areas where improvements could be made. We examined the clinical audits that had been completed since our last inspection in infection control and X-ray quality and found that they were comprehensive and accurate.

Improvements were noted in the management of staff training. We examined information the practice sent us and saw that all staff had undertaken safeguarding training relevant to their role

to ensure they knew about the signs and symptoms of abuse and neglect and were confident in how to report concerns.