

C M Desai Limited

C M Desai Limited - Thurncourt

Inspection Report

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Overall summary

We undertook a focused inspection of C M Desai Limited - Thurncourt on 29 August 2019. 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 C M Desai Limited - Thurncourt on 20 November 2018 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 effective and well led care and was in breach of regulation 9 and 17 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 C M Desai Limited – Thurncourt on our website www.cqc.org.uk.

As part of this inspection we asked:

- Is it effective?
- 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 (requirement notice only). We then inspect again after a reasonable interval, focusing on the area(s) where improvement was required.

Our findings were:

Are services effective?

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

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 20 November 2018.

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 20 November 2018.

Background

C M Desai Limited - Thurncourt is in Leicester and provides NHS and private treatment for adults and children.

Summary of findings

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces are available at the front of the premises.

The dental team includes three dentists, one dental nurse and one trainee dental nurse. Practice administrative duties are shared between the two principal dentists. The practice has one treatment room.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered managers at C M Desai Limited – Thurncourt are the two principal dentists.

During the inspection we spoke with two dentists, one dental nurse and the trainee dental nurse. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday, Wednesday and Thursday from 9.30am to 12pm, Tuesday and Friday from 1.30pm to 4pm.

Our key findings were:

- The provider demonstrated their commitment to the improvement of governance arrangements.

- We found significant improvements to detail recorded by clinicians in patients' records.
- Staff demonstrated their knowledge and understanding of the Mental Capacity Act 2005.
- Learning outcomes were identified when incidents were reported and investigated.
- Audit was being used as a tool to drive improvement.
- Policies had been implemented that were specific to the practice.
- A system had been established for the receipt and action of patient safety and medicines safety alerts.
- Risk assessments had been undertaken where required and were specific to the practice operations.
- A computerised patient record system had been implemented; this ensured that information contained in records was legible.
- Appropriate arrangements were in place regarding the disposal of out of date medicines.
- The practice had access to an X-ray viewer to examine radiographs.
- The provider had reviewed access arrangements for patients and improvements were made as a result.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services effective?

No action 

Are services well-led?

No action 

Are services effective?

(for example, treatment is effective)

Our findings

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

At our previous inspection on 20 November 2018 we judged the practice was not providing effective 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 29 August 2019 we found the practice had made the following improvements to comply with the regulations:

- The provider had implemented a computerised patient record system. This included the use of a template to record information when patients were attending for dental care treatment. We reviewed a small sample of patients records and found significant improvements to

detail recorded by clinical staff. For example, we saw information regarding examinations, treatments and consent. We found that not all the risks and benefits of each treatment option were recorded; there was scope to include further detail.

- We saw an example of a comprehensive periodontal consent form that had been signed by a patient. This, alongside our discussions held with staff, supported that the provider was taking a robust approach to obtaining and documenting patient consent.
- Staff had discussed the Mental Capacity Act 2005 and we saw notes regarding this in a practice meeting held in June 2019. They demonstrated understanding of the Act and how this applied to patients.

These improvements showed the provider had taken action to comply with the regulations.

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 20 November 2018 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 29 August 2019 we found the practice had made the following improvements to comply with the regulations:

- The provider demonstrated their commitment to the improvement of their governance arrangements. We saw that considerable time and investment had been made by staff to drive improvement, since our previous visit.
- We looked at how untoward or significant incidents were reported and investigated and whether learning outcomes were present. We saw that an incident had been recorded in June 2019 involving a patient fall. The issue had been discussed by staff in a subsequent staff meeting. A positive outcome was noted as staff had followed agreed protocol.
- The provider demonstrated they were using audit as a tool to drive improvement. We saw that audits had been undertaken in areas including infection and prevention control, post care, oral cancer risk, record keeping, radiography, appointments and patient satisfaction. We noted some areas where audit could be strengthened

further, for example, ensuring individual practitioners could be identified so that any specific learning needs could be addressed. We saw audit outcomes were discussed in staff meetings.

- We looked at a range of policies and saw that they were specific to the practice operations. For example, safeguarding and whistleblowing policies.
- The dentists had signed up to receive patient safety and medicines alerts from the Medicines and Healthcare Regulatory Agency (MHRA) . We saw there was a system for the review of alerts that were then held in a log.
- Risks had been mitigated where appropriate, for example the use of sharps. The practice had moved to a safer sharps system and an appropriate risk assessment completed.
- We found that notes made in patients' records were now legible.

The practice had also made further improvements:

- Arrangements were in place to ensure that medicines no longer required were appropriately disposed of.
- An X-ray viewer was used to examine radiographs.
- Staff responded to the needs of patients. For example, a hearing loop and magnifying glass had been purchased, there was access to interpreter services and information in different fonts and formats could be obtained for patients, if required.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulations.