

Doctor Michael Frain Limited

Regency Dental Practice

Inspection Report

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Overall summary

We carried out a focused inspection of Regency Dental Practice on 18 January 2018.

The inspection was led by a CQC inspector who was supported by a specialist dental adviser. We carried out the inspection to follow up concerns we originally identified during a comprehensive inspection at this practice on 5 June 2017 and had not been resolved when we visited on 9 September 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

At a comprehensive inspection we always ask the following five questions to get to the heart of patients' experiences of care and treatment:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

When one or more of the five questions is 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 improvement was required.

At the previous comprehensive and focused inspections we found the registered provider was providing safe, effective, caring and responsive care in accordance with relevant regulations. We judged the practice was not providing well-led care in accordance with Regulations 17 and 18 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 Regency Dental Practice on our website www.cqc.org.uk.

Our findings were:

Are services well-led?

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

The provider had made improvements to put right the shortfalls and deal with the regulatory breaches we found at our inspections on 5 June and 9 September 2017.

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?

The provider had made improvements to the management of the service. This included making additional staff time available for management and administration and establishing clear roles and responsibilities for all the practice team. The improvements provided a sound footing for the on going development of effective governance arrangements at the practice.

There were effectively operated systems for the practice team to review the quality and safety of the care and treatment provided. Potential risks in the practice had been identified and where necessary action had been taken to mitigate risks.

There was a clearly defined management structure and all staff spoken with told us they felt supported and appreciated.

The practice arrangements for monitoring clinical and non-clinical areas of their work to help them improve and learn were well managed. Where findings showed improvements could be made action had been taken.

No action



Are services well-led?

Our findings

At our inspection on 4 June 2017 we judged the practice was not providing well led care and told the provider to take action as described in our Warning Notice and Requirement notice. At the inspection on 4 September 2017 we noted the practice had made the few improvements to meet the warning and requirement notices.

At the inspection on 18 January 2018 we noted the practice had made the following improvements to meet the warning notice:

- A new practice manager had been appointed and we observed they had made significant changes. Staff told us the practice manager acted in a timely way when equipment repairs were required. They told us the practice manager was good at their job and all staff felt supported by them.
- 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.
- The systems in place for assessing, monitoring and mitigating risk had been reviewed and improved. The risk assessments reflected the practice manager had implemented all recommended actions in the fire risk assessment to mitigate risks. For example they had installed the recommended fire doors throughout the building. We saw documentary evidence and were told all staff had received fire awareness training. We saw evidence a fire drill had taken place with a significant number of staff present since the last inspection. They told us this had been a helpful exercise.
- Systems and processes in place to monitor staff by way of induction and appraisal were effectively operated. We saw evidence staff had received an appraisal and personal development plans had been drawn up in conjunction with the employee. Staff spoken with told us the practice manager had supported them to develop their role and helped them source the relevant training.
- We were shown that each staff member had a training file and this contained all records of ongoing training and continuing professional development. The practice manager had implemented a system to monitor training to ensure all staff maintained their skills and knowledge.
- Staff told us there was an open, no blame culture at the practice. They said the encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the practice manager was approachable, would listen to their concerns and act appropriately. The practice manager discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.
- The practice held monthly where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information.
- The practice manager effectively operated the 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.
- A patient satisfaction survey had been undertaken in November 2017 which showed mostly positive feedback from patients. We saw in the practice meeting minutes the results had been discussed and all staff spoken with corroborated this.