

Dentith and Dentith Dental Practice

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Inspection Report

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Overall summary

We undertook a follow up desk-based inspection of Dentith and Dentith Dental Practice on 18 March 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.

We undertook a comprehensive inspection of Dentith and Dentith Dental Practice on 16 August 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 well led care and was in breach of regulation 17 and 19 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 Dentith and Dentith Dental Practice on our website www.cqc.org.uk.

As part of this inspection we asked:

- 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 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 16 August 2018.

Background

Dentith and Dentith Dental Practice is located in Oakham, the county town of Rutland. It mainly provides private treatment to adults and children and also has an NHS contract to provide treatment to children only.

There is level access for people who use wheelchairs and those with pushchairs. There is no car parking facility on site. Parking spaces, including those for blue badge holders, are available in local car parks and on the road within close proximity to the practice.

Summary of findings

The dental team includes four dentists, eight dental nurses, two trainee dental nurses, two dental hygienists and a practice manager.

The practice has five treatment rooms; one is on the ground floor.

The practice is owned by a partnership 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 manager at Denith and Dentith Dental Practice is the practice manager.

During the inspection we spoke with the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday to Thursday from 8.30am to 5.15pm and Friday 8.30am to 12.30pm.

Our key findings were:

- Systems and processes had improved in relation to the reporting and investigating of significant events and near misses.
- The provider demonstrated that systems for audit had improved; we were provided with evidence of audits completed.
- All staff had received an appraisal; this included objectives and their training requirements.
- The Mental Capacity Act had been discussed with staff to increase their knowledge and understanding.
- There was a system for receiving and reviewing patient safety alerts.
- Risks presented by fire had been appropriately mitigated; an external contractor was utilised to complete a risk assessment and a five yearly fixed wiring safety inspection had been completed.
- Staff recruitment processes had been improved to ensure compliance with legislative requirements.
- A hearing loop had been purchased and the practice had contact information for an interpreter service.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services well-led?

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

The provider had made improvements to the management of the service. This included: improving their policy and process for reporting and investigating untoward incidents, audit processes, undertaking staff appraisals, increasing awareness and understanding of the Mental Capacity Act, receiving and responding to patient safety alerts, mitigating risks in relation to fire and ensuring suitable systems for recruiting persons of good character.

The improvements provided a sound footing for the ongoing development of effective governance arrangements at the practice.

No action



Are services well-led?

Our findings

At our previous inspection on 16 August 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 18 March 2019 we found the practice had made the following improvements to comply with the regulations:

- The provider had implemented a detailed policy identifying the process for reporting and investigating significant events and near misses. The policy was implemented in October 2018 and was subject to discussion in a practice meeting. We looked at the practice incident log and noted that two minor incidents had been reported in November 2018 and February 2019. The incidents were subject to investigation and discussion amongst staff. The practice manager had also updated their knowledge in the reporting of injuries, diseases and dangerous occurrences regulations (RIDDOR).
- The provider had strengthened their systems for monitoring and improving quality of the service. For example, we looked at record keeping audits and action plans (June 2018, and January 2019). The audit in June 2018 identified areas for improvement which were reviewed again in January 2019. The latest audit showed improvements had been made in the specific areas, such as recording of rubber dam use. We were also provided with the latest Infection and Prevention Control audit dated January 2019. This showed the practice had scored 97% compliance.
- The provider demonstrated they had improved their processes for improving quality in relation to staff appraisals. We saw an example of an appraisal and personal development plan (PDP) for one of the dental nurses. The appraisal identified objectives, staff training requirements and the support to be provided by the practice to enable the staff member to achieve these. The provider's action plan identified the aim to ensure that all staff received an appraisal by the end of March 2019 and we were informed that this had been achieved.

- The provider had also improved in the quality of services delivered in relation to staff understanding of the Mental Capacity Act. We were provided with a training certificate for the principal dentist. In practice staff meeting minutes dated 31 October 2018, we saw that the Mental Capacity Act was discussed with the team to raise awareness and understanding.
- The provider had strengthened their systems and processes for assessing, monitoring and mitigating the risks relating to service users. In particular, patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). We were provided with a log of alerts issued and actions taken since July 2018 to ensure that any potential risks were addressed.
- The provider had taken action to mitigate the risk of fire by utilising an external contractor to undertake a risk assessment of the premises in August 2018. A fire alarm system had been installed in January 2019 and we were sent documentary evidence to support this. A five yearly fixed wiring safety inspection had been completed in November 2018. We were also provided with weekly fire safety check records. Training certificates were sent to us that showed staff had ensured their knowledge on fire prevention was up to date.
- The provider had established procedures to ensure that persons employed were of good character. For example, a recruitment policy had been implemented to help them employ suitable staff. These reflected legislative requirements. A new starter checklist had been devised as an aid to assist the provider. The provider told us that they no longer utilised any agency staff.

The practice had also made further improvements:

- A hearing loop had been purchased to benefit any patients who had hearing difficulties. The practice also had access to interpreter services.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulations when we inspected on 18 March 2019.