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Queens Terrace Dental Practice

Inspection Report

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Overall summary

We carried out a focused inspection of Queens Terrace Dental Practice on 13 November 2017.

The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We carried out this inspection focusing only on the well-led key question to check on information we had received relating to this aspect of care at this practice.

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 area(s) where improvement was required.

At the previous comprehensive inspection 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 regulation 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 Queens Terrace 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 dealt with the regulatory breach we found at our inspection on 11 October 2016.

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.

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

The practice team kept complete patient dental care records which were, clearly written or typed and stored securely.

No action



Are services well-led?

Our findings

At our inspection on 11 October 2016 we judged it was not providing well led care and told the provider to take action as described in our requirement notice. At the inspection on 13 November 2017 we noted the practice had made the following improvements to meet the requirements:

- The practice records were accurately maintained and written policies and procedures were practice specific, reviewed regularly through a practice manager, and outsourced policy management system.
- Training, learning and development needs of staff members were collated and reviewed at appropriate intervals through a practice manager and outsourced management system.
- There was an effective process for the on-going assessment and supervision of all staff employed through a practice manager and outsourced management system.
- The practice had a system of monthly staff meetings established.

The practice had also made further improvements:

- The practice provided a 2017 annual statement in relation to infection prevention control required under The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'.
- The practice had during 2017 reviewed its responsibilities to the needs of disabled people and the requirements of the Equality Act 2010 and ensure a

Disability Discrimination Act audit is undertaken for the premises. A decision had been taken not to provide a hearing loop for patients who were hearing aid wearers due to a lack of need. The decision to provide a hearing loop would be reviewed annually.

- We spoke with staff and confirmed their understanding of Gillick competency. The practice ensured that training was delivered to staff to ensure their awareness of their responsibilities.
- The practice had a legionella risk assessment, dated June 2017, and had implemented the required actions of the assessment, which was carried out by a competent person, and was reviewed on a regular basis by the practice owner, through a practice manager and outsourced policy management system.
- The practice had arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies such as Public Health England (PHE), through a practice manager and outsourced policy management system.
- The practice the practice's protocols for recording in the patients' dental care records the use of a rubber dam followed guidelines. The practice audited clinical records to ensure compliance with guidelines through a practice manager and outsourced management system.

These improvements showed the provider had taken action to address the shortfalls we found when we inspected on 11 October 2016.