Mrs Megha Deval

St Helier Dental Surgery

Inspection Report

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Overall summary

We undertook a follow up inspection of St Helier Dental Surgery on 7 December 2018. 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 St Helier Dental Surgery on 15 June 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 in accordance with the relevant regulations 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 St Helier Dental Surgery on our website www.cqc.org.uk.

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

As part of this inspection we asked:

• Is it well-led?

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 breach we found at our inspection on 15 June 2018.

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

Background

St Helier is in the London borough of Merton and provides NHS and private treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs. Unrestricted car parking spaces are available in local surrounding roads.

The dental team includes five dentists, five dental nurses (two of which also provide reception duties), two dental hygienists and two receptionists. The practice has three treatment rooms.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

Summary of findings

During the inspection we spoke with the principal dentist and two dental nurses and the receptionist. We looked at practice policies and procedures and other records about how the service is managed.

Our key findings were:

- The provider had established effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Systems were in place to demonstrate how they used learning from incidents and complaints to improve the service.
- Systems were in place to monitor staff training.
- Policies and procedures were up to date
- An up to date sharps risk assessment was in place.
- All staff had completed recent medical emergencies training.
- Systems were in place to obtain and store documentation relating to staff recruitment.
- The provider had reviewed their responsibilities to consider the needs of patients with disabilities.
- The safeguarding policy was up to date and details of the local authority were readily available to staff.

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 in accordance with the relevant regulations.

The provider had made improvements to the management of the service. This included implementing a new electronic system for monitoring staff recruitment and staff training, updating policies and procedures and providing additional staff time available for management and administration. 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 15 June 2018 we judged the practice was not providing well led care and told the provider to take action as described in our requirement notice. At the inspection on 7 December 2018 we found the practice had made the following improvements to comply with the regulation(s):

- Systems were in place to demonstrate how they used learning from incidents and complaints to improve the service. Recent incidents had been investigated and learning shared with the team.
- Systems were in place to monitor staff training. Staff training details were maintained in a central electronic file and was monitored and updated.
- A new system had been introduced to monitor staff recruitment. We reviewed the records relating to staff who had been recruited since our last inspection. All relevant documents were on their files.
- Policies and procedures were up to date. Electronic versions of policies were available on they practice system.
- An up to date sharps risk assessment was in place.
- All staff had received a recent appraisal.
- Staff surveys were being completed and all staff were offered the opportunity to take part and provide feedback.
- Systems were in place to obtain and store documentation relating to staff recruitment.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulation when we inspected on 7 December 2018.