

Dhody's Ltd

Dhody's

Inspection Report

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Overall summary

We carried out an announced focussed inspection on 20 October 2016 following a previous inspection in January 2016 where we found shortfalls in the governance arrangements for the practice. On 20 October 2016, we inspected the practice to ask the following key question; are services well-led?

Our findings were:

Are services well-led?

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

Background

Dhody's Ltd provides private dental treatment mainly for adults. The practice is situated in a converted commercial property. The practice has one dental treatment room and a separate decontamination room used for cleaning, sterilising and packing dental instruments. Dental care is provided on the ground floor which also has a reception and waiting area. The practice is open 9.00am to 12.00pm and 4.00pm to 8.00pm Monday to Friday. The practice had one dentist who is supported by a trainee dental nurse/practice manager, a part time dental hygienist and a receptionist.

The practice owner is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons 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 was supported in their role by a practice manager who is also training to be a dental nurse.

Our key findings were:

- All the requirements set out by the Care Quality Commission in relation to well-led key question at the previous practice inspection had been met.
- Since our last visit the provider had put into place more robust governance systems to underpin the clinical care provided.
- We found that an empowered practice manager oversaw the maintenance of these clinical governance systems.
- Monitoring systems and audit had been improved.
- The practice had appropriate medicines and life-saving equipment readily available in accordance with current guidelines.
- Infection prevention control methods followed the guidance set out in HTM 01 05 (national guidance for infection prevention control in dental practices) in relation to meeting essential quality requirements.
- The practice environment was clean, tidy and clutter free.

Summary of findings

- The control of Legionella was managed in accordance with national guidelines.
- Information provided to patients with respect to fees was clear and unambiguous and displayed clearly in the patient waiting area and on the practice website.
- The practice had introduced an additional in house system to capture patient feedback which supplemented the online and social media systems.

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.

Since our previous inspection in January 2016 the practice had introduced systems and processes that had improved the governance of the practice. This included improved monitoring of the systems underpinning dealing with medical emergencies in dental practice and infection prevention control.

We saw that the practice met all the requirements as set out in the previous report. This included ensuring that all the emergency medicines, oxygen and associated breathing aids met with national guidelines.

The practice had also addressed the shortfalls in relation to infection control. Underpinning these improvements was the empowering of the practice manager who took responsibility and ownership for the governance arrangements of the practice. The practice had improved the quality of their audit process which was reflected in the improvements around infection control and the monitoring of the quality of dental X-rays. The practice had also improved the transparency of information provided to patients in relation to the practices' fee structure. This helped to prevent any ambiguity on the patient's part as to whether they were receiving private or NHS treatment.

No action



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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection took place on 20 October 2016 and was led by a dentally qualified CQC inspector.

During the inspection, we spoke with the practice manager/lead nurse and reviewed policies, procedures and other documents.

To get to the heart of patients' experiences of care and treatment, we always asked the following question:

- Is it well-led?

This question therefore formed the framework for the area we looked at during this inspection.



Are services well-led?

Our findings

Governance arrangements

At our previous inspection in January 2016 we found that there were shortfalls in the governance arrangements that underpinned the quality of dental care. These shortfalls included the monitoring arrangements for emergency medicines and equipment and those for ensuring that guidance in relation to infection prevention control was followed.

At this inspection, we found that the practice manager had reorganised policies, protocols and procedures so that they were aligned to the Care Quality Commission (CQC) key questions of safe, effective, caring, responsive and well led care. We were told this reorganisation was work in progress.

We noted that the practice manager had improved the governance arrangements in relation to managing the risks with respect to Legionella (legionella is a term for bacteria which can contaminate water systems in buildings). Previously the practice relied upon the landlord of the building for managing this risk. Following our last inspection, the practice manager arranged their own risk assessment which was carried out by a competent person from the Legionella Control Association. The practice manager had kept records with respect to the recommended tests advised by the competent person. This included the testing of the temperatures of various water taps in the dental practice and the use of an appropriate biocide used in maintaining the dental water lines. We noted that management policies and procedures were kept under review by the practice manager on a regular basis.

Leadership, openness and transparency

At our previous inspection in January 2016 we found that although the practice owner appeared to provide good clinical care from the patient's perspective, we found shortfalls in the clinical governance systems and processes underpinning that clinical care.

Since our previous inspection the practice manager has taken the lead role in ensuring that the practices' systems and processes are working more effectively. This individual now devotes two days per week maintaining the governance systems and processes. For example, the practice manager made improvements to the way the

emergency medicines and equipment were organised and monitored. Since our last inspection the practice manager had sourced a new contractor for the emergency oxygen. The new contractor provided a new oxygen cylinder and all the appropriate breathing aids so that a patient suffering from a respiratory collapse could be managed effectively. They had also ensured that the emergency medicines kit now contained all the medicines recommended by current national guidelines. This included now having the emergency medicine Midazolam in place to deal with an epileptic seizure. We saw that all emergency medicines were in date. We also found on this inspection that the emergency medicines, oxygen, breathing aids and automated external defibrillator were stored in a readily accessible area near reception should a medical emergency occur.

Since our previous inspection the practice changed the way the practice fee structure was advertised and communicated to patients. Previously the practice had aligned their fee structure with the NHS system which could have been misinterpreted by patients into believing that the practice offered NHS care. It was very clear with the information displayed in the waiting area and on the practice website

Learning and improvement

At our previous inspection in January 2016 we found several examples where clinical audit was not effective. An example of this was in the monitoring of infection prevention control systems and processes. During the January 2016 inspection, we found areas of the practice that were cluttered and untidy.

At this inspection, we found that the audit process for infection control was now effective. We found that all areas of the practice were clean, tidy and clutter free. All the cluttered areas we found previously had been decluttered and the floors were free from any visible debris. The practice had replaced the manual cleaning sinks used in the pre-sterilisation cleaning of instruments with new stainless steel sinks. These sinks appeared in good condition. We also noted that the dental chair which had obvious repairs to its upholstery had been replaced with a new chair. We also found that the audit ensured that sharps bins were managed appropriately and the environmental cleaning now followed national guidelines.



Are services well-led?

We also observed that the auditing of the quality of dental X-rays now followed national professional guidelines which included an analysis of the percentages of the three nationally agreed quality parameters used to grade each X-ray when they were taken. The practice had also undertaken an audit of the quality of clinical record keeping since our last inspection. We noted that the practice had analysed the results and completed an action plan of the areas that required improvement.

Staff working at the practice were supported to maintain their continuing professional development as required by the General Dental Council. We saw that records were kept of the different courses that staff had attended. We noted that the practice manager since our last inspection in January 2016 had attended meetings with a local dental practice managers support group. We were told this was an effective vehicle for sharing best practice from other practice managers.

Practice seeks and acts on feedback from its patients, the public and staff

The practice continued to seek and act on feedback from patients and the public using online and social media systems. We noted that the practice had introduced a paper questionnaire system for obtaining the views of patients to supplement the online formats since our last inspection. We noted the results of the questionnaire and online feedback indicated that patients were satisfied with the clinical care provided by the practice.

Due to the small number of staff, the practice used daily group meetings where they discussed any issues as they arose rather than having monthly staff meetings. We did note that the practice continued to have formal staff meetings which were held on a three monthly basis. We found that these were written up and contained details of the discussions that were held between the staff.