Wandsworth Town Dental Practice Limited

Morden Dentist

Inspection Report

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Morden
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Overall summary

We undertook a follow up focused inspection of Morden Dentist on 30 January 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 who was supported by a specialist dental adviser.

We undertook a comprehensive inspection of Morden Dentist on 30 July 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 safe or 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 Morden Dentist dental practice 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 areas where improvement was required.

As part of this inspection we asked:

- Is it safe?
- Is it well-led?

Our findings were:

Are services safe?

We found this practice was providing safe care in accordance with the relevant regulations.

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 30 July 2018.

We found this practice was providing safe care in accordance with the relevant regulations.

The provider had made sufficient improvements to put right the shortfalls and had responded to the regulatory breaches we found at our inspection on 30 July 2018.

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/es we found at our inspection on 30 July 2018.

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

The provider had made sufficient improvements to put right the shortfalls and had responded to the regulatory breaches we found at our inspection on 30 July 2018.

Summary of findings

Background

Morden Dentist is in the London borough of Merton and provides private treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs.

The dental team includes one dentist (another dentist was due to start in the service in the coming weeks), one dental nurse (who also provides reception duties) and a practice manager. The practice has one treatment rooms.

The practice is owned by a company 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 Morden Dentist is the principal dentist.

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

The practice is open: Tuesday, Thursday and Fridays from 9.00am to 5.00pm.

Our key findings were:

- The practice had processes in place for safeguarding people from abuse. All staff had received training and the policy had been updated.
- Recruitment checks had been carried out to staff employed at the service and documents were on staff records to reflect this.
- There were systems and processes in place to ensure good governance.
- Information was available at the location, relating to each employed person.
- Staff were aware of their responsibilities in relation to the duty of candour to ensure compliance with the Health and Social Care Act 2008 (Regulated Activities)2014
- The practice responded to the needs of patients with disabilities and there was a Disability Discrimination Act audit for the premises.

There were areas where the provider could make improvements. They should:

- Review the practice's protocols to ensure audits of infection prevention and control and other areas of the service are undertaken at regular intervals to improve the quality of the service. Practice should also ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?

We found that this practice was providing safe care in accordance with the relevant regulations.

Staff had received training in safeguarding and the lead for safeguarding demonstrated understanding of safeguarding issues. Details relating to the local authority and reporting procedures were available to staff and the policy had been updated. All relevant essential recruitment checks for staff employed in the service had been undertaken.

No action

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 establishing clear roles and responsibilities for all the practice team, setting up systems for governance arrangements and ensuring records were retained at the location. The improvements provided a sound footing for the ongoing development of effective governance arrangements at the practice.

No action

Are services safe?

Our findings

At our previous inspection on 30 July 2018 we judged the practice was not providing safe care in accordance with the relevant regulations. We told the provider to take action as described in our requirement notice. At the inspection on 30 January 2019 we found the practice had made the following improvements to comply with the regulation:

- All staff working in the practice had completed appropriate safeguarding training, including the lead person for safeguarding.
- The safeguarding policy had been updated and had relevant contact details for the local authority and other reporting authorities.
- We reviewed all staff records and saw that all essential recruitment checks and documents were on staff files for staff employed in the service.

The practice had also made further improvements:

- All staff were up to date with medical emergencies training
- Recruitment checks had been carried out to staff employed at the service and documents were on staff records to reflect this.

These improvements showed the provider had taken action to comply with the regulation when we inspected on 30 January 2019.

Are services well-led?

Our findings

At our previous inspection on 30 July 2018 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 30 January 2019 we found the practice had made the following improvements to comply with the regulation:

- Staff training details were maintained at the location and staff were up to date with training.
- Policies and procedures had been reviewed and updated. They were readily available at the location (hard copy and via the computer).
- There was an orderly system in place for maintaining policies and other key documents for the smooth running of the practice.
- Risk assessments had been carried out and systems were in place to identify risks and mitigate them.
- All staff records were up to date with documents relating to recruitment including curriculum vitaes, Disclosure and Barring Services checks and indemnity insurance.

The practice had also made further improvements:

- Staff were aware of their responsibilities in relation to the duty of candour to ensure compliance with the Health and Social Care Act 2008 (Regulated Activities)2014
- The practice responded to the needs of patients with disabilities and there was a Disability Discrimination Act audit for the premises.

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 30 January 2019.