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Key Dental Practice – Willenhall

Inspection report

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Overall summary

We undertook a follow up focused inspection of Key Dental practice on 29 August 2023. This inspection was carried out to review 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 advisor.

We had previously undertaken a comprehensive inspection of Key Dental Practice on 18 May 2023 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 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 Key dental practice on our website www.cqc.org.uk.

When 1 or more of the 5 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 well-led?

Our findings were:

Are services well-led?

Summary of findings

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 18 May 2023.

Background

Key Dental Practice is in Willenhall and provides NHS and private dental care and treatment for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for disabled people, are available near the practice. The practice has made reasonable adjustments to support patients with specific needs.

The dental team includes 3 dentists, 1 foundation dentist, 9 dental nurses (including 4 trainee nurses), 1 practice manager and 2 receptionists. The practice has 3 treatment rooms.

During the inspection we spoke with 1 dentist, 1 dental nurse, 1 receptionist and the practice manager. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday to Thursday from 9am to 6pm (Closed for lunch from 1pm to 2pm).

Friday from 9am to 4.30pm (Closed for lunch from 1pm to 2pm).

Saturday from 9am to 1pm.

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

- Implement an effective system of checks of medical emergency equipment and medicines taking into account the guidelines issued by the Resuscitation Council (UK).
- Improve the security of NHS prescription pads in the practice.
- Take action to ensure audits of radiography, infection prevention and control and record keeping accurately reflect clinical practice and 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 well-led?

No action



Are services well-led?

Our findings

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

At the inspection on 29 August 2023, we found the practice had made the following improvements to comply with the regulation:

- Staff recruitment processes were in accordance with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- A policy and procedure was in place for Disclosure and barring service checks for newly recruited staff going forward.
- The provider had not ensured the availability of equipment in the practice to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council. The provider sent us evidence all missing and out of date items had been ordered immediately following the inspection.
- Processes for the control and storage of substances hazardous to health identified by the Control of Substances Hazardous to Health Regulations 2002, did not ensure risk assessments were undertaken.
- The provider was in the process of implementing a system to ensure clinical staff had completed CPD as required for their registration with the General Dental Council.

However,

- Audits of radiography, infection prevention and control and record keeping did not reflect issues we found during the inspection. For example the infection prevention control audit showed full compliance, although we found issues with the decontamination process.
- We found the system of checks of medical emergency equipment and medicines were not effective and did not take into account the guidelines issued by the Resuscitation Council (UK).
- A system was needed to Improve the security of NHS prescription pads in the practice.