

IDH Limited

Mydentist - Commercial Street - Hereford

Inspection Report

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Date of inspection visit: 18 July 2016 Date of publication: 11/08/2016

Overall summary

During our comprehensive inspection of this practice on 18 December 2014 we found a breach of legal requirements in relation to the Health and Social Care Act 2008. After this comprehensive inspection, the practice wrote to us to say what they would do to meet legal requirements in relation to Regulation 10, Governance.

We undertook this focused inspection to check that the practice met the legal requirement. This report only covers our findings in relation to this requirement. You can read the report from our previous comprehensive inspection, by selecting the 'all reports' link for Mydentist -Commercial Street–Hereford on our website at www.cqc.org.uk .

Are services safe?

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

Are services well-led?

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

Key findings

 Overall we found that sufficient action had been taken to address the shortfalls identified at our previous inspection and the provider was now compliant with the regulations.

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 safe?

Overall we found that the provider had taken sufficient action to address the shortfalls identified in our previous inspection of 18 December 2014. The reporting and learning from significant events had improved; requests for repairs were monitored and followed up; a safeguarding lead had been appointed and essential information about radiography equipment was now available.

No action



Are services well-led?

Overall we found that the provider had taken sufficient action to address the shortfalls identified in our previous inspection of 18 December 2014. Clinical governance systems had improved and the practice undertook regular audits of its record keeping, infection control procedures, antimicrobial prescribing levels and quality of radiographs to ensure good standards were maintained and to identify any shortfalls. New staffing arrangements allowed the practice manager better oversight of the service.

No action





Mydentist - Commercial Street - Hereford

Detailed findings

Background to this inspection

We undertook an announced focused inspection of Mydentist -Commercial Street–Hereford on 18 July 2016. This inspection was carried out to check that improvements to meet legal requirements after our comprehensive inspection on 18 December 2014 had been made. We inspected the practice against two of the five questions we ask about services: is the service safe and is it effective?

The inspection was led by a CQC inspector who had access to remote advice from a specialist advisor.

During our inspection we spoke with the practice manager, the area manager, and a dental nurse. We checked the premises and reviewed a range of documentation.



Are services safe?

Our findings

Reporting, learning and improvement from incidents

At our previous inspection we found that there was no effective system in place to manage repairs and ensure they were reported and followed up. During this inspection, the manager told us that all requests for repairs were now logged centrally on the provider's computer system. An email was then sent to the practice manager when the repair had been logged and another when the repair had been completed. The practice also held its own 'Facilities log book', to help them track any requests.

At our previous inspection we found that the recording and management of incidents was not robust. During this inspection, we found that all incidents were reported to the provider's health and safety department so that any themes or trends in them could be monitored centrally. These were then shared in the provider's fortnightly bulletin that was sent to all practice managers in the company. Incidents were also a standing agenda item at the practice's monthly staff meetings, evidence of which we viewed.

Reliable Safety Systems

At our previous inspection we found that staff were not aware of who the safeguarding lead was within the practice. During this inspection the manager told us she was now the appointed lead, and we viewed a safeguarding poster which clearly named her as such. The dental nurse we spoke with was able to name the practice manager as the safeguarding lead. We saw that all staff had signed the practice's safeguarding polices to show that they had read and understood them.

At our previous inspection not all dentists in the practice were using rubber dam kits. A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal work. During this inspection the practice manager told us she purchased rubber damn kits for each surgery and that she regularly checked with dental nurses to ensure that the dentists used them. The dental nurse we spoke with told us that all the dentists used rubber dams as far as practically possible.

At our previous inspection we found that some dentists were still using traditional syringes and needles. The practice manager us during this inspection that all dentists now used a sharps' safety system which allowed them to discard needles without the need to re-sheath them. We saw evidence of this in the treatment rooms we checked.

Infection control

At our previous inspection we found that staff could not tell us how often they changed heavy duty rubber gloves used for handling dirty instruments. During this inspection, staff told us that rubber gloves were changed at least once a week and we viewed a sheet that staff signed to indicate when this had been done.

At our previous inspection we noted that computers in treatment rooms did not have wipable key boards so that they could be cleaned easily. We checked two treatment rooms during this inspection and found wipable covers had been placed over the keyboards.

Medical Emergencies

At our previous inspection we found that staff did not regularly undertake simulations to ensure they knew what to do in the event of a medical emergency. During this inspection staff told us they now rehearsed these and we viewed evidence that a simulation of a patient fainting had taken place in December 2015. However the recording of these simulations could be improved so that learning from them can be shared, and so that it's clear which emergency was actually rehearsed.

Radiography

At our previous inspection we found that the radiation folder did not contain essential information such as the critical examination and acceptance testing reports, or the last three years of maintenance logs. During this inspection we viewed that all this information was available and up to date. Audits of the quality of radiographs were now undertaken every six months and results discussed with dentists in their one to one meetings with the practice manager.



Are services well-led?

Our findings

At our previous inspection we found that the practice did not have a system of audits in place to monitor the service. During this inspection we viewed a range of audits including those for record keeping, infection control procedures, referrals, antimicrobial prescribing levels, and the quality of radiographs to ensure good standards were maintained. These audits were used by the provider to identify additional training or clinical supervision needs. The provider had also introduced a comprehensive on-line compliance tool kit to help ensure that the practice adhered to standards.

At our previous inspection the practice manager had day to day responsibility for the running of three practices, one of which was in Gloucestershire, some 22 miles away. She told us then that this had impacted on her ability to manager each practice effectively. The manager now only had responsibility for two practices, within walking distance of each other. She told us that this allowed her better oversight of the practices, and meant she was available to staff more easily. Staff we spoke with also confirmed this.