

Mr Samuel Odai

Mr & Mrs S Odai Dental Surgery - Stainforth

Inspection report

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Overall summary

We undertook a follow up focused inspection of Mr & Mrs Odai 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 Mr and Mrs Odai Dental Practice on 6 March 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 Mr & Mrs Odai 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 breach we found at our inspection on 6 March 2023.

Background

Mr and Mrs Odai Dental Practice is in Doncaster and provides mainly NHS and a small amount of private dental care and treatment for adults and children.

There is step free access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces are available near the practice on local roads. The practice has made reasonable adjustments to support patients with access requirements, including ramp access and ground floor treatments rooms.

The dental team includes 2 dentists, 3 dental nurses and 1 receptionist. The practice has 2 treatment rooms.

During the inspection we spoke with 2 dentists, 1 dental nurse and the receptionist. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday, Tuesday and Wednesday 9am to 5:30pm

Thursday 9am to 7pm

Friday 9am to 5pm

Saturday 9am to 1pm

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

- Improve the security of NHS prescription pads in the practice to ensure there are systems in place to track and monitor their use.
- Implement an effective system to record action taken in response to patient safety alerts, recalls and rapid response reports issued by the Medicines and Healthcare products Regulatory Agency, the Central Alerting System and other relevant bodies, such as UK Health Security Agency and Office for Health Improvement and Disparities.

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:

- The practice had infection control procedures which reflected published guidance.
- Emergency equipment and medicines were available and checked in accordance with national guidance.
- The practice had systems to ensure patient referrals could be monitored and tracked.
- Improvements could be made to ensure NHS prescriptions are monitored and tracked.
- Improvements had been made to ensure staff had clear responsibilities, roles and systems of accountability to support good governance and management.
- A fire safety risk assessment was carried out in line with the legal requirements. The management of fire safety was effective.
- The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment.
- The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety and lone working.
- The practice had systems and processes for learning, quality assurance, continuous improvement. These included audits of patient care records, disability access, radiographs, antimicrobial prescribing, and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.
- The practice responded to concerns and complaints appropriately. Staff discussed outcomes to share learning and improve the service.
- The practice had systems to review and investigate incidents and accidents.
- The practice had a system for receiving and acting on safety alerts, however, no system was in place to record action taken.

The practice had also made further improvements:

- The practice had improved the practice's protocols and procedures for the use of X-ray equipment in compliance with The Ionising Radiations Regulations 2017 and Ionising Radiation (Medical Exposure) Regulations 2017 and taking into account the guidance for Dental Practitioners on the Safe Use of X-ray Equipment. In particular; the grading of X-rays and quality assurance.
- The practice had improved the practice's protocols and procedures to ensure the clinicians take into account the guidance provided by the College of General Dentistry when completing dental care records.
- The practice had improved the practice's protocols and procedures for obtaining patient consent to care and treatment to ensure they are in compliance with legislation.
- The practice had improved the practice's protocols and procedures to develop staff awareness of the requirements of the Mental Capacity Act 2005.