

Redbridge Associates Limited

Deepdale Dental Health Center

Inspection Report

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Overall summary

We undertook a focused inspection of Deepdale Dental Health Centre on 12 March 2020. 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 Deepdale Dental Health Centre on 03 October 2019 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 Deepdale Dental Health Centre on our website www.cqc.org.uk.

As part of this inspection we asked:

- Is it well-led?

When one 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 area where improvement was required.

Our findings were:

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 breach we found at our inspection on 03 October 2019.

Background

Deepdale Dental Health Centre is in Preston and provides NHS and private treatment for adults and children.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces, including spaces for blue badge holders, are available behind the practice.

The dental team includes six dentists, seven dental nurses, one dental hygiene therapist and two receptionists. The practice has six treatment rooms.

The practice is owned by a company and as a condition of registration must have a person registered with the

Summary of findings

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 Deepdale Dental Health Centre is a senior partner.

During the inspection we spoke with five dentists, two dental nurses and the practice manager. The practice manager was supported by the lead nurse from their sister practice. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday – Friday 9.00 – 17.00

Our key findings were:

The provider had made improvements in relation to the regulatory breach we found at our inspection on 03 October 2019.

- Incidents that affected the health, safety and welfare of people using the service were now reported, reviewed and investigated. Staff had received training and information about incidents which could promote learning.

- There were systems in place to ensure the manual X-ray system was serviced and safety checks were performed routinely.
- The Hepatitis B immunity status was confirmed for all staff. Those staff who required a booster immunisation had received this. For any staff who had shown an immune response below that expected, there was a risk assessment in place which was focussed on minimizing the risk of injury from contaminated instruments and materials.
- The oversight of fire safety had improved.
- Radiography audits were in place which covered all dentists at the practice.
- Dental treatment records audits were in place, but the provider had failed to address the findings from these audits.
- The provider could not demonstrate that all clinicians followed guidance in respect to the completion of patient dental care records.
- Leadership and oversight of governance systems were improved.

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

- Take action to ensure the clinicians take into account the guidance provided by the Faculty of General Dental Practice when completing dental care records.

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 in accordance with the relevant regulations.

At our previous inspection on 3 October 2019 we judged the provider was not providing well led care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notice. At the inspection on 13 March 2020 we found the practice had made the following improvements to comply with the regulations:

- The provider had introduced a system for the identifying and reporting of incidents. Staff had received training in incident reporting
- Effective systems had been put in place to ensure the manual X-ray equipment was serviced and checked routinely. We saw evidence of this taking place.
- The provider had improved the system for ensuring all clinical staff had adequate immunity for vaccine preventable infectious disease. The Hepatitis B immunity status was confirmed for all staff. There was a risk assessment in place which was focussed on minimising the risk of injury from contaminated instruments and materials. We saw evidence of staff immunisation status which was held in the electronic maintained staff personal files.
- The oversight of fire safety had improved. There was a designated person in the practice for ensuring fire safety checks were undertaken and recorded in the fire log book.
- Radiography audits were in place which covered all dentists at the practice.

- The practice had improved their infection control procedures (IPC) and protocols taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance' In particular the carrying out of IPC audits.

The provider told us, and we saw how most of the clinicians had made improvements to more closely follow guidance from The Faculty of General Dental Practice (FGDP (UK) in respect to the completion of patient dental care records. In particular: Risk factor annotation was more consistent and more accurately reflected the patient dental care records we reviewed. There were still improvements to be made with the dental care records completed by one dentist with regards to following current guidance.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulation when we inspected on 13 March 2020 but there were still improvements to be made. In particular:

- The provider demonstrated they undertook a more systematic audit in respect to the completion of patient dental care records. However, where clinicians had areas of improvement identified there was a lack of oversight, management and learning in place. In particular they failed to take action to ensure the clinicians take into account the guidance provided by the Faculty of General Dental Practice when completing dental care records.