

Dumbledore Dental Care Limited

South Cliff Dental Group - Moulsecomb

Inspection report

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Overall summary

We undertook a follow up focused inspection of South Cliff Dental Group - Moulsecomb on 26 April 2022. 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 South Cliff Dental Group - Moulsecomb on 08 February 2022 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, effective and well led care and was in breach of regulations, 12, Safe care and treatment, 17, Good governance, 18, Staffing and 19, Fit and proper person 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 South Cliff Dental Group - Moulsecomb on our website www.cqc.org.uk.

As part of this inspection we asked:

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

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.

Our findings were:

Summary of findings

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 08 February 2022.

Are services effective?

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

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 08 February 2022.

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 breaches we found at our inspection on 08 February 2022.

Background

This provider has 27 practices and this report is about South Cliff Dental Group – Moulsecoombe.

South Cliff Dental Group - Moulsecoombe is in Brighton 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 some for blue badge holders, are available near the practice.

The dental team includes a dentist, a trainee dental nurse, a dental hygienist, and two receptionists. The practice has three treatment rooms. The team is overseen by the clinical lead for the area and the compliance manager.

During the inspection we spoke with the trainee dental nurse, one of the receptionists, the clinical lead for the South Cliff Dental group for Sussex and the compliance manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: 8.30am to 5.30pm Monday to Friday.

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 College of General Dentistry 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 safe?	No action ✓
Are services effective?	No action ✓
Are services well-led?	No action ✓

Are services safe?

Our findings

We found that this practice was providing safe care and was complying with the relevant regulations.

At the inspection on 26 April 2022 we found the practice had made the following improvements to comply with the regulations:

- The provider had implemented safeguarding processes. Staff were aware of their responsibilities for safeguarding vulnerable adults and children. We saw that all of the information was available for staff to refer to. All staff had completed safeguarding training for both vulnerable adults and children to the correct level.
- The provider had implemented infection control procedures which reflected published guidance.
- Staff had completed training in infection control as recommended.
- The practice had procedures to reduce the risk of Legionella or other bacteria developing in water systems, in line with a risk assessment.
- Records were available to demonstrate that the equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance.
- We saw that the clinical areas were clean, uncluttered and well organised.
- The provider had a recruitment policy and procedure in line with current legislation.
- We saw that all recruitment checks had been conducted.
- We saw that where relevant, staff had up to date professional indemnity cover.
- We saw that improvements had been made in relation to fire and gas safety. We saw that the fire alarm had been serviced and checks of both the fire alarm and emergency lighting had been conducted.
- Important documents which relate to the safety of X-rays were available, such as local rules, for the units installed in the practice.
- The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. We saw risk assessments for sharps safety and staff had completed training in sepsis awareness.
- We saw that all of the required medicines and equipment to attend to a medical emergency was available, staff were booked to attend training.
- We saw a comprehensive system to minimise the risk that can be caused from substances that are hazardous to health.
- We saw improved systems for appropriate and safe handling of medicines and a stock control system had been implemented.
- An antimicrobial prescribing audit had been conducted.
- The practice had implemented a system for the recording of when things go wrong, we saw retrospective entries regarding two events had been recorded.
- The provider had a process to receive and to act on safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

We found that this practice was providing effective care and was complying with the relevant regulations.

At the inspection on 26 April 2022 we found the practice had made the following improvements to comply with the regulations:

- The practice had systems to keep dental professionals up to date with current evidence-based practice.
- We saw that some dental care records we reviewed did not have information regarding examination visits, risk assessments for caries, oral cancer, tooth wear or periodontal condition recorded. We noted that three of the five records we reviewed did not have any information recorded that costs for treatment had been clearly explained. We discussed this with the clinical lead who had highlighted these areas for improvement in the most recent record card audit. Subsequently, the clinical lead assured us they would put in place robust measures to improve recording keeping standards within the practice via training and audit.
- Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA). All staff had completed training in the MCA and consent.
- Evidence was not available to demonstrate the dentists consistently justified, graded and reported on the radiographs they took. This was discussed with the clinical lead as an area of improvement. We were told that an action plan would be developed to improve radiographic standards within the practice via further training and audit.
- Staff had the skills, knowledge and experience to carry out their roles.
- Staff had a structured induction and clinical staff completed continuing professional development required for their registration with the General Dental Council.

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 26 April 2022 we found the practice had made the following improvements to comply with the regulations:

- The practice demonstrated improvements in fostering a transparent and open culture in relation to people's safety.
- Leadership had improved and the practice was actively recruiting a new practice manager.
- Processes and systems were being implemented and improved but further work was required to ensure these were embedded with staff.
- The information and evidence presented during the inspection process was clear and well documented.
- The practice demonstrated they were working towards providing a culture of quality sustainable care.
- Staff we spoke with felt more confident to raise concerns and these would be listened to and actioned.
- Systems and processes had been implemented to support staff.
- Staff discussed their training needs at an annual appraisal and one to one meetings which were currently in progress. They also discussed learning needs, general wellbeing and aims for future professional development.
- Staff had clear responsibilities roles and systems of accountability to support good governance and management.
- The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis. We agreed with staff that there were further improvements that could be made regarding the content of policies and procedures and were assured that this was currently being reviewed.
- Staff involved patients, the public, staff and external partners to support the service.
- The provider had recently gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.
- The practice had implemented quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, disability access, radiographs and infection prevention and control. The actions identified in the audits were currently being addressed.