

Yourdentist (Lancaster) Limited

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Inspection report

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Overall summary

We undertook a follow up focused inspection of Your Dentist Lancaster Limited on 31 August 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 Your Dentist Lancaster Limited on 10 May 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 or well led care and was in breach of regulation 12 and 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 Your Dentist Lancaster Limited dental practice on our website www.cqc.org.uk.

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.

As part of this inspection we asked:

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

Our findings were:

Are services safe?

Summary of findings

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 10 May 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 10 May 2022.

Background

Your Dentist (Lancaster) Limited is in Lancaster and provides private dental care and treatment for adults and children.

The entrance to the practice is via a set of stairs; there is no 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 in pay and display car parks.

The dental team includes the principal dentist, two dental nurses, one of whom no longer carries out dental nursing, and a dental therapist. The practice has two treatment rooms.

During the inspection we spoke with the principal dentist, the two dental nurses and the dental therapist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: 9am to 5.30pm Monday to Friday.

There were areas where the provider could make improvements.

- 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 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 31 August 2022 we found the practice had made the following improvements to comply with the regulations:

- Arrangements in place for the manual cleaning of dental instruments now aligned with recognised guidance 'Health Technical Memorandum 01-05 Decontamination in primary care dental practices' (HTM01 – 05).
- The transport of dental instruments between the dental treatment rooms and the decontamination room, and from the decontamination room to the dental treatment rooms, was carried out using safe, lockable boxes, which were colour coded for dirty and clean instruments.
- Recruitment checks on staff were now complete. Checks on the levels of immunity of clinical staff to Hepatitis B had been carried out, and records of this held in staff recruitment records. Where applicable, risk assessments were in place, in line with the duties carried out by these staff members.
- Dental therapists were not permitted to work alone in the practice; in any circumstance where they did not have chairside assistance, the principal dentist would be working in the adjoining treatment room, and this arrangement was applied as part of the risk assessment for staff working in the practice.
- In accordance with recognised guidance from the Resuscitation Council UK, all items in the medical emergency kit were present and available for use. These included: clear face masks for adults and children in all sizes; a self-inflating bag for use on a child; a spacer for a salbutamol inhaler. Staff who made checks on this kit had been provided with a list to make checks against.
- The principal dentist had a written card to refer to for the dose of adrenaline to administer for a child and for an adult, in the case of anaphylaxis. Ampoules of adrenaline were available as a back up to adrenaline auto-injectors.
- The provider no longer dispenses medicines. The provider now issues a prescription for medicines which patients can present to local pharmacies for dispensing
- The X-ray equipment at the practice had been serviced and tested on 6 May 2022, and the report of findings was now available. Any actions identified had been addressed by the practice.
- Safety alerts and clinical updates were now being received into the practice, shared and discussed between staff, for example, from the Medicines and Healthcare Regulatory Agency (MHRA) and from the National Institute of Health and Care Excellence (NICE).
- Recommended safety devices, used to protect the patient airway during treatment were now being used. This was evidenced in patient consultation notes.

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 31 August 2022 we found the practice had made the following improvements to comply with the regulations:

The registered person had systems or processes in place to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:

- Patient records created and maintained were now broadly in line with recognised guidance 'General Dental Council Standards for the Dental Team'. Information required to be recorded was present, including:
 - justification for taking of X-rays;
 - grading of X-rays;
 - information on referrals for treatment between the principal dentist and dental therapist;
 - justification and explanation for prescribing of antibiotics;
 - statement on use of rubber dam or another patient safety device and if applicable;
 - record of checks on soft tissues;
 - record of basic periodontal examination or scoring;
 - intra-oral or extra-oral examination notes;
 - record of examination;
 - tooth wear or gum disease examination and notes;
 - record of anaesthetic use.
- Information in relation to patient consent to treatment was recorded in dental records. This also included the patients' treatment options and the risks and benefits of treatment.

Systems or processes to assess, monitor and improve the quality and safety of services were now in place. We found:

- There was audit of X-rays, as required by The Ionising Radiation Regulations 2017 (IRR17).
- There was audit of patient records and of antibiotic prescribing.
- Infection control audit was being carried out with use of a recognised auditing tool.
- The process for decontamination of dental instruments by manual cleaning aligned with recognised guidance.
- Systems for checks on emergency medicines and equipment were effective; staff had a list of required items, as referred to in recognised guidance, to make checks against.
- Systems and processes for identifying training required for staff were in place; evaluation of benefits of training and continuing professional development for staff were ongoing.
- Systems were in place to ensure accurate, complete and contemporaneous patient clinical records kept. The provider was using templates to support higher standards of patient record keeping. We noted that greater detail should be included in patient records, as sometimes a template may not prompt the required depth of detail to be included in records of each consultation. Records reviewed as part of the inspection were broadly in line with the recognised guidance 'General Dental Council Standards for the Dental Team'. Clinical record audit by the principal dentist, through use of a recognised audit tool, had promoted improvement in patient clinical record keeping, and referral information between the dentist and dental therapist.
- The provider no longer dispenses medicines. The provider now issues a prescription for medicines which patients can present to local pharmacies for dispensing

Are services well-led?

- Medical alerts and updates, and updates on clinical treatment protocols were received at the practice and shared and discussed with staff. Staff understanding and awareness of the importance of these updates was now improved.
- Systems and processes for the management, servicing and periodic checking of radiography equipment were in place. A system to identify the point in time when professional maintenance and functional testing was due for this equipment, was in place.
- Systems and processes were in place to prompt timely safety checks. The gas safety check for the premises had recently been completed and we saw the required gas safety certificate for the building.
- When reviewing systems and processes to support staff recruitment we observed that the required check on immunity to Hepatitis B had been undertaken for all staff members.
- Indemnity cover for the principal dentist, was in place and we saw that this covered dental nurses working at the practice.

All actions taken by the provider to make improvements since our last inspection, now meant they were meeting the requirements of the regulations.