Dumbledore Dental Care Limited

South Cliff Dental Group - Dover

Inspection report

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Overall summary

We undertook a follow up focused inspection of South Cliff Dental Group – Dover on 1 November 2023. 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 2 CQC inspectors who were supported by a specialist dental adviser.

We undertook a comprehensive inspection of South Cliff Dental Group – Dover on 22 November 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 regulations 12 Safe care and treatment and 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. A follow up inspection was carried out on 12 April 2023 where ongoing compliance with the regulations 12 Safe care and treatment and 17 Good governance were identified.

You can read our report of those inspections by selecting the 'all reports' link for South Cliff Dental Group – Dover on our website www.cqc.org.uk.

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 12 April 2023.

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 12 April 2023.

Background

The provider has 28 practices and this report is about South Cliff Dental Group – Dover.

South Cliff Dental Group – Dover provides NHS and private dental care and treatment for adults and children.

There is 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.

The dental team includes 4 dentists, 5 trainee dental nurses, 4 dental therapists, 4 receptionists and a practice manager. The team are supported by staff at head office with HR and compliance. The practice has 4 treatment rooms.

During the inspection we spoke with 1 dentist, 2 trainee dental nurses, 2 dental therapists, 1 receptionist, the practice manager, the compliance manager and the clinical director. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Saturday from 8:30am to 5:30pm

Sunday from 10:00am to 4:30pm

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

- Improve the practice's systems and processes for managing the risks associated with Legionella, 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, ensuring appropriate action is taken when the monthly hot water checks do not reach the desired temperature.
- Improve the practice's systems for ensuring all clinical staff have adequate immunity for vaccine preventable infectious diseases.

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 1 November 2023 we found the practice had made the following improvements to comply with the regulations:

- We saw evidence the chairs in the treatment rooms had been re-covered and were easily cleanable.
- We saw evidence of logs for the checking of the emergency lighting and fire detection equipment. Staff were aware of how to check these systems and record them on the electronic system.
- Improvements had been made to the storage and maintenance of clinical waste. We saw the clinical waste cupboard was locked and the waste bins inside the room were also locked. There were no excess clinical waste bags within this room and it was easy for staff to access safely. We also saw evidence the provider had increased the amount of clinical waste collected on a fortnightly basis. Staff told us this was sufficient for the volume of clinical waste produced within the practice.
- The door to the clinical waste bin in the decontamination room had been repaired to ensure the clinical waste was not exposed and also allowed easy access to the medical emergency kit.
- The system for checking medical emergency medicines and equipment had been improved. Staff told us they carried out checks on the medical emergency medicines and equipment to ensure they were in date and in good working order. We saw logs to support this.
- Staff described the process for maintenance of the water distiller. We saw evidence of completed logs to support this.
- The infection control procedures reflected published guidance. This included staff completing logs to support these processes such as the changing of heavy-duty gloves and long handled brushes and also the changing of the enzymatic cleaner.

The provider had also made further improvements:

- Antimicrobial prescribing audits were carried out.

However:

- Further improvements were required to ensure the risks associated with Legionella are appropriately managed. Staff showed us logs of hot and cold-water temperatures. The hot water temperatures were often below the required 55'C as stated in the Legionella risk assessment. On the day of inspection, a plumber was called to investigate the issue. The plumber identified a fault with the pump on the boiler and the pump was replaced. We were told this had rectified the issue with the low water temperatures. We were assured staff awareness of how to escalate any low water temperatures would be improved.
- We reviewed records in relation to staff recruitment. These were generally in line with the requirements of schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. However, we noted for one clinical member of staff there were no titre levels which are required to demonstrate adequate immunity to Hepatitis B. We discussed this with staff and were assured it would be addressed and processes put in place to ensure this does not happen again.

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 1 November 2023 we found the practice had made the following improvements to comply with the regulations:

- Audits of infection prevention and control, radiography and antimicrobial prescribing had been completed. These had outcomes and action plans. Staff were aware of the frequency of these audits.
- The significant event policy and business continuity plan had been updated accurately.
- The disability access audit had been reviewed and action was currently being taken to improve accessibility. This included changing the colours in the patient toilet to make them more contrasting to aid persons with sight impairment or whom are living with dementia.

The provider had also made further improvements:

- Since the previous inspection the provider had overhauled their clinical governance system. We were shown this system and staff were aware of how it worked. Senior leaders told us this system would enable them to have improved oversight of the governance arrangements at the practice. Although the system had only been in place for approximately 3 months, senior leaders told us they had rolled this system out across all of the practices within the group.