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The Crescent Dental Practice

Inspection report

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Overall summary

We undertook a follow-up focused inspection of The Crescent Dental Practice. 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 following our visit to the practice on 7 July 2021.

The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We undertook a comprehensive inspection of The Crescent Dental Practice on 8 June 2021 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 or well-led care and was in breach of regulations 12, 17, 18 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In response to our findings, we took urgent enforcement action, closing the practice for a period of 28 days during which the provider was required to make improvements. We revisited the practice on 7 July 2021 to check on improvements made. We found that sufficient improvements had been made to allow the practice to open again from Monday 12 July 2021. There were some areas that required further improvement and we set these out in our report from that inspection, published on 27 July 2021.

You can read our reports of these inspections by selecting the 'all reports' link for The Crescent Dental Practice on our website www.cqc.org.uk.

As part of this inspection we asked:

- 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:

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 7 July 2021.

Background

The Crescent Dental Practice is in the West Derby area of Liverpool and provides largely NHS treatment for adults and children. Some private treatment is available.

There is level access to the practice for people who use wheelchairs and those with pushchairs. There is some car parking available outside the practice.

The dental team includes seven dentists, four qualified dental nurses, six trainee dental nurses, one dental hygiene therapist, a practice administrator and a practice manager. The practice has five treatment rooms.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

During the inspection we spoke with the practice owner, two dental nurses, staff working in reception, the practice administrator and the practice manager.

The practice is open from Monday to Friday 9.30am to 5.30pm.

Our key findings were:

- Staff were following recommended guidance in respect of Infection prevention and control. Processes and procedures had been introduced to uphold standards of infection control and staff had received training on the related

'Health Technical Memorandum 01-05 (HTM01-05) Decontamination in primary dental care services'. Validation checks on equipment used to clean dental instruments were being undertaken as required and records of this were in place.

- Our observation of dental nurses working in the decontamination room indicated that further training was required on the provision of HTM01-05.
- Needlestick injury posters were in place around the practice. These had the contact details of local occupational health services, for use in the event of injury.
- Emergency medicines and equipment, (including the recommended volume of medical oxygen) were available as described in recognised guidance. Daily checks on all medical emergency equipment and medicines were in place and we found these to be effective.
- The complaint handling policy and procedure had been updated to reflect recognised guidance on handling complaints and concerns in the NHS.
- A system was in place to provide oversight of staff training and continuing professional development (CPD).
- All required recruitment checks were in place for staff. One of the staff background checks required further follow-up.
- The required check on staff levels of immunity to blood borne diseases, for example, Hepatitis B, had been carried out and records of these held. Further follow-up was required for one staff member.

Summary of findings

- The provider had adapted the appointment booking system in order to effectively support safe flow of patients through the practice in a way that upheld COVID security. Our review of dental care and treatment records showed that not all clinicians were recording their observance of required fallow times between patient treatments.

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

- Take action to ensure the suitability of the premises and ensure all areas are fit for the purpose for which they are being used. In particular that the decontamination room is developed and improved to meet the requirements of the size of the practice.
- Take action to ensure audits, for example of dental treatment records and infection prevention and control are undertaken at regular intervals to improve the quality of the service. The provider should also ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.
- Take action to ensure the practice stores records relating to people employed and the management of regulated activities in compliance with legislation and take into account current guidance. Particularly, that where staff have failed to supply required evidence of checks, that these are followed up.

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 our previous inspection on 7 July 2021 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 21 September 2021 we found the practice had made the following improvements to comply with the regulations:

- Staff had received training on the safeguarding of children and vulnerable adults, to the recommended standard. This was recorded in staff files. A system had been put in place to enable oversight of staff training and development, including required levels of continuing professional development (CPD).
- All staff had received training on the provisions of 'Health Technical Memorandum 01-05 (HTM01-05) Decontamination in primary dental care services'. Our observation of staff working in the decontamination room on the day of this inspection, indicated that this knowledge was not embedded. We recommended that further training was delivered for staff carrying out these duties.
- Staff were validating decontamination processes carried out in equipment used for cleaning dental instruments.
- Checks on medical emergency medicines and equipment, including the amount of medical oxygen available, were in place and we found these to be effective.
- The policy and process for handling complaints had been updated to reflect recognised guidance on managing NHS complaints.
- The needlestick injury policy had been updated and held the details of who staff should contact in the event of a sharps injury. Posters with this information were displayed in each treatment room and in the decontamination room.
- The practice used computerised record keeping systems for creating and storing dental care records. The appointment system for patients was managed electronically. We were told that the nationally recognised guidance for managing patients and providing care and treatment safely in the context of COVID, had been adopted by the practice. As a result, a 'fallow time' of ten minutes between each patient consultation that involved aerosol generating procedures, was observed by clinicians. When we made checks on computerised records, we could see that the time a patient arrived at the surgery was recorded. The computerised booking set out appointments with consideration of the required fallow period. We checked patient treatment records. We observed that the time patients sat in the dental chair, and the time the aerosol generating procedure finished, was not recorded. There are fields within the computerised dental treatment record that prompt the entering of this information. We discussed with the provider, how the lack of this information meant the practice could not fully demonstrate their observance of required fallow times between patients. We discussed how improvements in this could be driven by regular auditing of dental care records.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulations when we inspected on 21 September 2021. We recommended that the work to drive improvements continues, until these are fully embedded across the practice.