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Yorkshire Dental Suite

Inspection report

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Overall summary

We undertook a follow-up focused inspection of Yorkshire Dental Suite on 6 December 2021. 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 two specialist dental advisers.

We undertook a comprehensive inspection of Yorkshire Dental Suite on 31 August 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 well-led care and was in breach of Regulations 17 and 18 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 Yorkshire Dental Suite on our website www.cqc.org.uk.

As part of this inspection we asked:

• Is it well-led?

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 31 August 2021.

Background

Yorkshire Dental Suite is in Leeds and provides 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 are available at the practice.

Summary of findings

The dental team includes five dentists, one dental hygienist and six dental nurses who also cover reception duties. The practice has five treatment rooms and the team is supported by an operations manager.

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 provider, the operations manager, the dental hygienist and a dental nurse. We looked at practice policies and procedures and other records about how the service is managed.

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.

The practice is open:

Monday, Thursday and Friday 9am to 5pm

Tuesday and Wednesday 9am to 6pm

Saturday 9am to 3pm

Our key findings were:

- Systems for recording, investigating and reviewing incidents or significant events were in place.
- Additional training had taken place to ensure infection prevention and control processes were in line with published guidance. We identified areas still in need of improvement.
- Safer sharps systems and processes were in line with current guidance and regulations.
- Systems to ensure the equipment in the medical emergency kit remained in date were improved.
- Systems to mitigate role-related risks to protect staff members were in place.
- Improvements had been made to ensure effective oversight of governance and compliance to support the team.
- Documents which were unavailable at the previous inspection were available, reviewed and found to be in order.
- Staff training records and certification which were unavailable at the previous inspection relating to the delivery of conscious sedation were available, were reviewed and found to be in order.
- Systems were in place to record role-related continuing professional development for staff. The system was in its early stages of use and required embedding within the team.

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

- Improve the practice's infection control procedures 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, effective use of the light magnification to identify debris on instruments prior to sterilisation and the sessional change of solution in the ultrasonic bath.
- Implement and embed practice protocols and procedures to ensure staff remain up to date with their mandatory training and their continuing professional development.

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 31 August 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 31 August 2021 we found the practice had made the following improvements to comply with Regulations 17 and 18:

Systems for recording, investigating and reviewing incidents or significant events were in place. The provider had implemented processes to ensure staff knew how to identify incidents and accidents at the practice. The reporting process was reviewed and evidence of a follow-up and reflective journal was seen.

All staff completed in-house external provider infection prevention and control training on the 13 November 2021. A staff member competently demonstrated the decontamination process and equipment validation process in place. However, our findings showed further improvements could be made, for example:

- Ensure the inspection light with magnification is utilised effectively to confirm that all debris has been removed from dental instruments prior to sterilisation.
- The ultrasonic bath solution was not being changed at the end of each clinical session in line with best practice and published guidance.

Safer sharps systems and processes were in line with current guidance and regulations. Staff confirmed that clinicians were responsible for handling and disposing of sharps. A risk assessment was in place to mitigate role-related risks.

The system to ensure the medicines and equipment in the medical emergency kit remained in date had improved. An electronic spreadsheet was implemented to capture the expiry dates of all items in the medical kit. This was managed by the operations manager.

Evidence was seen to ensure role-related risk mitigation was in place to protect staff members.

Improvements had been made to ensure effective oversight of governance and compliance to support the team, for example:

- Oversight and management systems was prioritised for improvement, and measures were put in place to implement this.
- A risk register was raised to capture risk, such as fire safety, Legionella management and oversight and equipment maintenance schedules.
- Legionella systems were reviewed, a lead person was appointed. Oversight of water line management was now effective, and records were kept.
- Practice protocols were reviewed, and an online system set up to ensure staff had direct access to them.
- Systems were in place to ensure monthly training and refresher sessions were planned for the next 12 months.
- The practice had taken measures to ensure they had a buddy practice in place in respect to business continuity.

Documents not made available to us at the previous inspection were available, reviewed and found to be in order. For example, registration with the Health and Safety Executive as required by the Ionising Radiations Regulations 2017, and the compressor maintenance certificate and schedule.

Training records for the operator sedationist relating to the delivery of conscious sedation were available, reviewed and found to be in order. We noted the second appropriate person (staff member assisting during the conscious sedation treatment), had not completed the required Intermediate Life Support training, and had not completed the mandatory

Are services well-led?

theory and practical accredited training in conscious sedation in line with The Intercollegiate Advisory Committee for Sedation in Dentistry (IACSD). We discussed this with the provider, who agreed in writing not to conduct any operator sedationist conscious sedation treatments until the second appropriate person had completed the required training. Evidence sent to us three days after the site visit confirmed the required training had been completed.

The provider had implemented a training matrix to ensure that going forward, all staff training would be captured, and the relevant certification retained. The system was in its early stages of use and required embedding within the team. We identified areas where improvements could be made, for example:

- Safeguarding training in some instances was completed in relation to vulnerable adults but not for children at risk, as required by the safeguarding intercollegiate guidance.
- Staff training had not been completed in some cases in a timely manner or at the appropriate level for their role.

The provider sent evidence after the inspection to confirm that where gaps had been identified at the site visit the training had been completed.

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 6 December 2021.