

Better Dental Ltd

Better Dental Ltd

Inspection report

758 Manchester Road
Rochdale
OL11 3AW
Tel: 01706352348

Date of inspection visit: 12 October 2020
Date of publication: 20/11/2020

Overall summary

We undertook a follow up desk-based review of Better Dental Ltd on 12 October 2020. This review was carried out to assess 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 review was led by a CQC inspector.

We undertook a comprehensive inspection of Better Dental Ltd on 23 January 2020 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 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 Better Dental Ltd on our website www.cqc.org.uk.

As part of this review 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 or review again after a reasonable interval, focusing on the areas where improvement was required.

Our findings were:

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 23 January 2020.

Summary of findings

Background

Better Dental Ltd is in Rochdale and provides private dental care and treatment for adults and children.

A ramp is provided for people who use wheelchairs and those with pushchairs. On-street parking is available near the practice.

The dental team includes two dentists, three dental nurses, (one of whom manages the practice), one dental hygiene therapist and one receptionist. The practice has two treatment rooms.

The practice is owned by a company and as a condition of registration must have a person registered with the CQC as the registered manager. Registered managers 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 registered manager at Better Dental Ltd is the practice owner.

The practice is open:

Monday 9am to 3pm

Tuesday, Thursday and Friday 9am to 5.30pm

Wednesday 9am to 6.30pm

Saturday 9am to 1pm, (one per month)

During the review we communicated with a manager from the organisation. We looked at practice policies and procedures and other records about how the service is managed.

Our key findings were:

- Legionella risks had been assessed and action taken where necessary.
- Systems were introduced to show relevant patient safety alerts were acted on.
- The systems to identify and manage risks in relation to radiographic safety had been reviewed.
- Systems to audit antimicrobial prescribing and the documentation of care had been improved.

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 23 January 2020 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 review on 12 October 2020 we found the practice had made the following improvements to comply with the Regulations:

The systems to identify and manage risks in relation to the management of Legionella, systems to receive patient safety alerts and radiographic safety had been reviewed.

- At the inspection in January we highlighted that a Legionella risk assessment had not been carried out since 2011. In response, the provider had engaged an external company to carry out a Legionella risk assessment. The risk assessment report made several recommendations and stated that once corrected, the risk would be low. We saw evidence these recommendations had been actioned. These included pipework being thermally insulated to protect against heat gain and loss, water system servicing, labels to identify water flow and flexible hoses checked for compliance. The provider had introduced a written scheme of compliance and staff maintained a log book to record their checks. We saw that water temperatures were in the accepted range. The responsible person had completed Legionella awareness training to support their understanding.
- Staff used a biocidal product to maintain the water quality in the dental unit water lines and carried out regular testing to monitor the water quality. At the inspection in January we found that staff were not following the manufacturer's instructions not to remove the bottles from the dental units at the end of each working day. The practice had since implemented a revised protocol for the use of this product and daily surgery checklists had been updated to ensure staff followed the correct procedure.
- A system had been introduced to log patient safety alerts and any actions taken in response to these to demonstrate that these were acted on in a timely way.
- At the inspection in January 2020 we noted an X-ray machine critical acceptance testing report carried out in 2015 included recommendations to relocate the X-ray control panel and isolation switch, and to ensure an unshielded door was reviewed. This had not been acted on in a timely way. The provider took immediate action to raise this with their radiation protection adviser for advice. After the inspection the provider sent evidence to show the working instructions for the operators had been adjusted and action taken to relocate the isolation switch. The provider gave assurance that all future service reports will be reviewed to ensure any recommendations are acted on promptly.

We highlighted that the provider's quality assurance and audit process should be reviewed to encourage learning and continuous improvement. In particular, ensuring improvements could be demonstrated.

- At the inspection in January 2020 we found that current guidance with regards to prescribing medicines was not being followed. In particular, we noted higher than expected prescribing of antimicrobial medicines. We were sent evidence that in response, the provider carried out audits of prescribing. The provider told us these will be repeated on a six-monthly basis. The first audit carried out in February 2020 highlighted actions including ensuring a diagnosis is documented and better process to triage patient need to ensure adequate appointment time is allocated for the treatment required. We saw evidence that the dentist completed continuing professional development in antibiotic stewardship to support them to review prescribing and the documentation of this in dental care records. The second audit completed in August 2020 showed a reduction in antimicrobial prescribing and how the dentist followed guidance from the Faculty of General Dental Practitioners. The audit report recognised the current challenges due to COVID-19 where telephone triage and remote prescribing systems were in place.

Are services well-led?

- The provider sent evidence of updated dental care record audits. These showed that records were maintained appropriately. The audit highlighted an issue with some patient's dates of birth not recorded on the clinical software system and staff were addressing this. The provider gave assurance that audits will be completed regularly and meetings held to discuss the process, findings and any actions.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with Regulations 12 and 17 when we carried out our review on 12 October 2020.