

Dr Ritu Dhariwal

# Drakes Dental Care – Ribbleton

## Inspection report

67 Longridge Road  
Ribbleton  
Preston  
PR2 6RH  
Tel: 01772797724

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### Overall summary

We undertook a follow up focused inspection of Drakes Dental Care - Ribbleton on 2 February 2024. This inspection was carried out to review 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 advisor.

We had previously undertaken a comprehensive inspection of Drakes Dental Care - Ribbleton on 9 May 2023 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 regulation 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 Drakes Dental Care - Ribbleton on our website [www.cqc.org.uk](http://www.cqc.org.uk).

When 1 or more of the 5 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 area where improvement was required.

As part of this inspection we asked:

- Is it well-led?

### **Our findings were:**

### **Are services well-led?**

# Summary of findings

We found this practice was not providing well-led care in accordance with the relevant regulations.

The provider had made insufficient improvements to put right the shortfalls and had not responded to the regulatory breach we found at our inspection on 9 May 2023.

## Background

Drakes Dental Care - Ribbleton is part of Smart Dental, a dental group provider. The practice is in Preston in Lancashire and provides NHS and private dental care and treatment for adults and children.

There is ramped access to the practice for people who use wheelchairs and those with pushchairs. The practice is located close to local transport routes and car parking spaces are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 5 dentists, 6 dental nurses (including 3 trainees), 1 dental therapist, a practice manager and 2 receptionists. The practice has 5 treatment rooms.

During the inspection we spoke with 4 dentists, 1 dental nurse, and the practice manager. The practice was supported during the inspection by the group operation lead and a practice manager from a sister practice. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday to Friday from 9am to 5.30pm

## **We identified regulations the provider was not meeting. They must:**

Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

**Full details of the regulation the provider was not meeting are at the end of this report.**

# Summary of findings

## The five questions we ask about services and what we found

We asked the following question(s).

**Are services well-led?**

**Requirements notice**



# Are services well-led?

## Our findings

We found that this practice was not providing well-led care and was not complying with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report).

At the inspection on 2 February 2024 we found the practice had made the following improvements to comply with the regulation:

- Since the last inspection, recommended actions in the Disability Access Audit had been completed.
- Further improvements were still needed in relation to the auditing protocols to ensure they drive improvement. We saw from the records we were shown, similar areas of improvement had been identified at the last 3 quarterly record card audits. In addition, the most recent audits had not enabled the practice to identify the areas of improvement noted on the day, in particular in relation to radiographs, dental care records and antimicrobial prescribing.
- An Electrical Installation Condition Report had been carried out in June 2023 and all remedial work had been completed as required.
- We saw the boilers had been serviced and the current gas safety certificate was available.
- Recommendations made in the fire and Legionella risk assessments had been actioned. We discussed with the practice leadership team, the importance of ensuring staff have adequate training and support to carry out additional duties, for example in relation to the management of Legionella.
- The practice leadership team had sought guidance from their Radiation Protection Advisor and X-ray engineers in relation to the recommendation made in the Critical Examination Report for 1 X-ray unit. On the day we were told the protocols in place to manage the risk of exposure as detailed in their safety information. However, staff members we spoke to, confirmed that while working in the surgery they adopted a different protocol to manage the risk. The practice manager confirmed they would update the documentation and reinforce with staff the correct protocols to follow. In addition, we identified from the quality of the X-ray records we were shown, there were possible issues with the sensor used to expose the image. Protocols were in place for this to be raised by staff but there was no evidence this had been done.
- Since the last inspection, the practice had stopped dispensing medicines. Improvements were needed to the protocols for managing prescriptions. We were told the practice retained any voided prescriptions as part of their security protocols; however, we noted this was not consistently being adhered to by staff, as not all records were available.
- Since the last inspection, there had been a number of accidents and incidents. From the records we were shown, there was no evidence these were appropriately recorded, reviewed and used to share learning. The leadership team told us they had recently implemented a new protocol for recording incidents and accidents and they felt confident this would prompt staff to review and share any learning.
- We were shown a risk assessment had been carried out when staff worked alone; however, it did not appropriately consider all the risks and did not reflect the current protocols at the practice.
- Information recorded in the dental care records did not consistently meet the minimum recommended requirements.
- We noted one of the clinical waste bins was unlocked on the day. The practice manager confirmed they had discussed this with staff but would reinforce the importance of this being done consistently.

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>How the Regulation was not being met</p> <p>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none"><li>• Auditing protocols did not drive improvement and did not identify areas of improvement noted on the day.</li></ul> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <ul style="list-style-type: none"><li>• Protocols for the management of prescriptions were not consistently adhered to by staff.</li><li>• Protocols adopted by staff in relation to the use of one of the X-ray units were not in accordance with the safety information.</li><li>• Systems for staff to raise concerns about the quality of equipment were not being followed. In particular relating to the X-ray sensors.</li><li>• Incidents and accidents were not recorded, reviewed and used as an opportunity for shared learning.</li></ul>

This section is primarily information for the provider

## Requirement notices

The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to ensure that accurate, complete and contemporaneous records were being maintained securely in respect of each service user. In particular:

- Information recorded in some dental care records did not consistently meet the minimum recommended requirements, in particular relating to the provision of X-rays and antimicrobial prescribing.

Regulation 17(1)