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# Church Street Dental Care

## Inspection Report

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### Overall summary

We undertook a follow up focused inspection of Church Street Dental Care on 21 February 2020. 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 a specialist dental adviser.

We undertook a follow up focused inspection of Church Street Dental Care on 16 September 2019 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 effective or well led care and was in breach of regulation 9 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 Church Street Dental Care on our website [www.cqc.org.uk](http://www.cqc.org.uk).

As part of this inspection we asked:

- Is it effective?
- Is it well-led?

#### **Our findings were:**

#### **Are services effective?**

We found this practice was providing effective care in accordance with the relevant regulations.

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

We found this practice was providing well-led care in accordance with the relevant regulations.

#### **Background**

Church Street Dental Care is in Littleborough, Lancashire and provides private treatment for adults and children.

There is single step access into the practice. Car parking is available near the practice on local side streets.

The dental team includes the principal dentist, four dental nurses and one dental hygienist. The practice has two 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 principal dentist and two dental nurses. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday by appointment only.

Tuesday 10am to 7:30pm, Wednesday 10am to 2:30pm, Thursday 9am to 5pm and Friday 8am to 4pm.

# Summary of findings

## Our key findings were:

- The provider could demonstrate they more closely followed guidance in respect to the completion of patient dental care records. Further improvements could be made.
- Systems were in place to ensure the provider remained up to date with relevant professional guidance.
- The provider was able to demonstrate their intention to integrate the use of dental dams.
- Recruitment procedures were in line with relevant legislation.
- Safer sharps systems were in line with current regulations.
- Improvements could be made to ensure clarity when reporting on X-rays taken.
- A system was in place to respond to relevant patient safety alerts.

- Control measures were in place for the use of the Orthopantomogram (OPG) and these reflected current regulations.
- Leadership and oversight of governance systems were improved.
- Systems to assess, monitor and improve the quality and safety of the service were more effectively managed.

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

- Take action to ensure the clinicians take into account the guidance provided by the Faculty of General Dental Practice when completing dental care records.
- Take action to ensure clinicians report on the findings and the quality of the X-ray image in compliance with Ionising Radiation (Medical Exposure) Regulations 2017 and taking into account the guidance for Dental Practitioners on the Safe Use of X-ray Equipment.

# Summary of findings

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

We asked the following question(s).

**Are services effective?**

**No action**



**Are services well-led?**

**No action**



# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous inspection on 16 September 2019 we judged the practice was not providing effective 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 February 2020 we found the practice had made the following improvements to comply with the regulation.

The provider told us, and we saw how they had made improvements to more closely follow guidance from The Faculty of General Dental Practice UK (FGDP (UK)) in respect to the completion of patient dental care records, for example:

- Risk factor annotation was more consistent and more accurately reflected the patient dental care records we reviewed. We discussed with the provider where small adjustments could be made to add detail when required for completeness. The provider agreed with these findings.
- Basic Periodontal Examinations (BPE) results were accurately recorded when reviewed against current radiographs.

- We identified further improvements could be made to ensure the treatment options discussed with the patient were recorded in more detail. The provider agreed with these findings.

The provider discussed how they had improved the process to consistently justify, grade and report on the radiographs taken. We found:

- The provider had completed an Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) update training course in November 2019.
- Justification and grading of the radiographs were in line with guidance.
- An X-ray audit was completed in December 2019.
- Reporting on radiographs had improved but needed further attention. We discussed how a more detailed audit could help improve this process.
- The provider had a clearer understanding of the guidance relating to the frequency to take radiographs.

These improvements showed the provider had taken action to comply with the regulation when we inspected on 21 February 2020.

# Are services well-led?

## Our findings

At our previous inspection on 16 September 2019 we judged the practice 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 enforcement notice. At the inspection on 21 February 2020 we found the practice had made the following improvements to comply with the regulation.

The provider described how they had tried to implement the use of dental dams during root canal procedures but felt further training was needed to be fully confident in its use. Currently when not using rubber dam, the provider protected the patients' airway using other methods, we noted this was not consistently being recorded in patient dental care records; this was discussed with the provider. A dental dam placement training course was currently being sourced.

Improvements were made to ensure the recruitment process was fully in line with relevant legislation. The provider was aware of when to carry out an appropriate Disclosure and Barring Service check (DBS) risk assessment and the practice recruitment policy reflected this. Records showed all current staff have an up-to-date DBS check in place.

Safer sharps systems aligned with Health and Safety (Sharps Instruments in Healthcare) Regulations 2013. Staff confirmed that all sharps were disposed of at point of use by the clinician. A policy was displayed in the treatment room and a risk assessment was in place. The risk assessment covered all sharps in use at the practice. We also noted the safer sharps policy was added to the locum induction process.

The provider had introduced some control measures and protocol adjustments for using the Orthopantomogram

(OPT) X-ray machine at the previous inspection; these were not sufficient to ensure all possible safety measures were in place. We reviewed the area again at the follow up inspection and found the following action had taken place:

- The provider had contacted the Radiation Protection Advisor (RPA) for their advice.
- The RPA submitted a letter to the provider giving guidance and direction. All of which the provider had acted upon.
- Signage was in place to inform patients not to enter the area if the newly installed warning lights were switched on.
- The newly implemented control measures were added to the local rules for using X-ray machines as advised by the RPA.
- Staff had signed the local rules as having read and understood the changes. We discussed the need to ensure the new control measures were added to the staff induction process to ensure all locum staff are made aware of the control measures now in place.

The system to receive and act upon patient safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) was effective. We reviewed the folder containing recent and retrospective alerts from the previous 12 months and noted that all alerts had documented actions against them and where relevant all staff had been informed of any action taken.

The provider had effective systems of clinical governance in place which included policies, protocols and procedures, these were accessible to all members of staff and were updated and reviewed on a regular basis. The team had improved their overall awareness of governance systems and these were more closely monitored and overseen by the provider. The quality and safety of the service provided was now effectively managed.

These improvements showed the provider had taken action to comply with the regulation when we inspected on 21 February 2020.