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Phillips & Co Cosmetic Dentistry

Inspection report

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Overall summary

We undertook a follow up focused inspection of Phillips and Co Cosmetic Dentistry on 23 April 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 two CQC inspectors.

We had previously undertaken a comprehensive inspection of Phillips and Co Cosmetic Dentistry on 16 November 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 (Good governance) 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 Phillips and Co Cosmetic Dentistry on our website 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 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 16 November 2023

Background

Phillips & Co Cosmetic Dentistry is in Darlington and provides private dental care and treatment for adults and children.

There is step free access to the practice for people who use wheelchairs at the rear of the practice and those with pushchairs. Car parking spaces are available for patients upon request. There are pay and display car parking spaces available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 2 dentists, 2 dental nurses and 1 receptionist. The practice has 3 treatment rooms.

During the inspection we spoke with 1 dentist and 2 dental nurses. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday to Thursday from 9am to 5:30pm

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

- Consider taking action to ensure staff have received appropriate training to manage medical emergencies, taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council. The practice should consider ensuring staff complete a practical element of intermediate life support training (ILS) to ensure the persons providing care or treatment and undertaking sedation have the requisite skills and competence, and continue to have the requisite skills and competence to perform intermediate life support safely.

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 the inspection on 23 April 2024 we found the practice had made the following improvements to comply with the regulation(s):

- Improvements had been made to systems to ensure medical emergency arrangements and checking processes were in line with Resuscitation Council UK and conscious sedation guidance. The practice had two oxygen cylinders, and Glucagon expiry date had been date-adjusted for non-refrigerated storage. Previously missing items, such as oropharyngeal airways and resuscitating bag and mask were available in the kit. Weekly checks are carried out on the medical emergency kit.
- Improvements were still required in relation to responding to a clinical or medical emergency. At the last inspection, the provider was unable to evidence that all staff carrying on sedation had the necessary skills to carry out ILS safely as they had not recently completed a practical element of ILS training and had not completed scenario training at the practice. We recommended the practice sought face-to-face training for staff members undertaking sedation. Staff had completed regular online training but only 1 dentist had completed face-to-face ILS training. We discussed the interpretation of national guidance and how online training provides knowledge and the theory but does not necessarily provide the practical skills required.
- Improvements had been made to assessing and mitigating risks identified by external inspection reports and risk assessment. For example:
  - Oversight and management of fire safety was effective. The practice had installed a second wall-mounted fire extinguisher. We saw evidence that fire drills, emergency lighting testing and fire alarm testing had been implemented. Consideration had been given to the evacuation of patients under sedation.
  - Oversight and management of legionella was effective. We saw evidence that thermal control is being achieved by monitoring hot and cold-water temperatures in line with current guidance.
  - Oversight and management of sharps risks was effective. We saw evidence that sharps risk assessments had been implemented, and sharps posters were displayed in clinical areas with information on what to do and who to contact in the event of a sharps injury.
- Improvements had been made to systems to ensure equipment and facilities were maintained, kept and serviced in line with manufacturer's instructions and national guidance. The compressor, ultrasonic bath and washer disinfector machines had been serviced and any recommendations actioned. The handheld x-ray machine was dismantled and stored securely when not in use.
- Improvements had been made to systems to ensure essential pre-employment checks were undertaken in line with Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We saw evidence of requests for references as well as Disclosure and Barring Service (DBS) certificates and an induction checklist.
- Improvements had been made to systems and processes for learning, quality assurance and continuous improvement. These included audits of infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements. However, antimocrobial prescribing audits had not been carried out. We signposted the staff to guidance provided by the College of General Dentistry to support this process.

The practice had also made further improvements:

- Improvements had been made in the practice's risk management systems for monitoring and mitigating the various risks arising from the carrying on of the regulated activities. Risk assessments were available for staff who did not have adequate immunity for vaccine preventable infectious diseases. A lone workers risk assessment was now available for the cleaner. Clinical waste bins were locked and chained to the wall outside the practice. We saw evidence that transport boxes for clean instruments had lids in line with HTM 01-05 guidance.