

Puredental Care (UK) Limited

Puredental - Allerton Road

Inspection Report

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Overall summary

We undertook a follow up inspection of Puredental – Allerton Road on 3 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 comprehensive inspection of Puredental – Allerton Road on 1 October 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 safe care and was in breach of regulation 12 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 Puredental – Allerton Road on our website www.cqc.org.uk.

As part of this inspection we asked:

- Is it safe?

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 again after a reasonable interval, focusing on the area where improvement was required.

Our findings were:

Are services safe?

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

The provider had made improvements in relation to the regulatory breach we found at our inspection on 1 October 2019.

Background

Pure Dental – Allerton Road is in south Liverpool and provides private dental treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs; this is through a staff entrance. Access can be facilitated by contacting the practice before any appointments. Car parking is available nearby.

The dental team includes three dentists, three dental nurses and a 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 Care Quality Commission 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 Pure Dental – Allerton Road is the principal dentist.

Summary of findings

During the inspection we spoke with the principal dentist, the lead dental nurse and the practice receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open from Monday to Friday from 8.50am to 5.50pm, with later opening on Thursday evening until 7.50pm. The practice is open on Saturday from 9am to 4pm.

Our key findings were:

- The provider had infection control procedures which reflected published guidance. This covered staff uniforms and the laundering of these, and the audit and management of cleaning and cleaning equipment.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- Evidence of electrical safety testing for fixed wiring in the building was held by the provider. Portable appliances had also been checked and passed as safe for use.
- Management of X-ray equipment was effective and took account of associated guidance and regulations. The provider held evidence of the required continuing professional development for staff who used X-ray equipment.
- All staff had received updated training on Gillick competence and the Mental Capacity Act. We observed that this was reflected in patient records and in consent procedures.
- An updated, detailed whistleblowing policy was in place. All staff had access to this; staff we spoke with could explain and describe actions they would take if they had concerns about the practice of any member of staff or visiting clinician.
- Antibiotic prescribing was in line with updated guidance and was audited.
- Dentists were using appropriate safety devices when providing dental treatment. Dentists recorded in patient notes the use of rubber dam and instances when this was not used, detailing other safety devices used as appropriate.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?

No action



Are services safe?

Our findings

We found that this practice was providing safe care and was complying with the relevant regulations.

At our previous inspection on 1 October 2019 we judged the practice was not providing safe 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 3 February 2020 we found the practice had made the following improvements to comply with the regulation:

- Infection control procedures had been reviewed and improved. The improvements included the effective management of cleaning equipment, materials and audits of cleaning. We saw that this also covered staff uniforms, how often these were changed and the laundering of these items.
- All appropriate emergency medicines and equipment was available and ready for use, and checks to ensure this were in place.
- The provider had taken steps to improve the management of X-ray equipment at the practice. All mechanical servicing and safety testing, as required by associated regulation and recommended guidance, had been carried out and we saw records to support this. Local rules were in place for each piece of equipment. Equipment to carry out monthly quality assurance tests had been purchased and training on how to use this was in place.
- The provider held records in relation to the continuing professional development of all clinicians who used

X-ray equipment. Our review of this confirmed that this training and development was taking place at appropriate intervals within the development cycle of each clinician.

- A full check on the fixed electrical wiring in the building had been carried out and a safety certificate issued. All portable appliances had been tested and passed as safe for use.
- All staff had received updated training on whistleblowing and a policy for staff to refer to was in place. This was sufficiently detailed, giving contact details of organisations staff could contact if they had any concerns.
- All staff had received updated training in the Mental Capacity Act and Gillick competence. When we reviewed patient records, this was reflected in new consent procedures and documentation of this.
- Dentists were routinely using safety devices to protect the patient's airway when providing dental treatment, for example, rubber dam, as described in recognised guidance. Where this was not being used, details of other safety devices employed were recorded in patient records.
- Dentists were using current antibiotic prescribing guidance for reference and recording all prescriptions for antibiotics issued by dentists. This prescribing was audited alongside guidance and reviewed regularly by dentists as part of clinical oversight meetings.

These improvements showed the provider had taken action to comply with the regulations when we inspected on 3 February 2020.