

Mr. Michael Green

# The Park Row Dental Practice

## Inspection report

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### Overall summary

We carried out this announced focused inspection on 8 March 2022 under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a Care Quality Commission, (CQC), inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we usually ask five key questions, however due to the ongoing pandemic and to reduce time spent on site, only the following three questions were asked:

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

These questions form the framework for the areas we look at during the inspection.

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

- Areas of the practice were not clean or well maintained.
- The provider's infection prevention and control procedures did not follow published guidance.
- Risks were not well managed within the practice.
- Appropriate medicines and life-saving equipment were not available.
- The risks associated with Legionella had not been assessed and were not well managed.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider's staff recruitment procedures did not follow current legislation.
- Improvements should be made regarding preventive care and support for patients to ensure better oral health.

# Summary of findings

- Improvements should be made to the leadership of the practice.

## Background

The Park Row Dental Practice is in Leeds city centre and provides private dental care and treatment for adults and children.

The practice is in the basement of a building in the centre of Leeds. Access is via a flight of stairs. Car parking spaces, including dedicated parking for people with disabilities, are available near the practice in city centre car parks.

The dental team includes one dentist, and one receptionist. The practice has two treatment rooms.

During the inspection we spoke with the receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Friday from 8am to 4pm.

We identified regulations the provider was not complying with. They must:


- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure specified information is available regarding each person employed.

**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).

<b>Are services safe?</b>	<b>Enforcement action</b> 
<b>Are services effective?</b>	<b>Requirements notice</b> 
<b>Are services well-led?</b>	<b>Enforcement action</b> 

# Are services safe?

## Our findings

We found this practice was not providing safe care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Enforcement Actions section at the end of this report).

As a result of the findings of this inspection, immediate enforcement action was taken. We will report further when any enforcement action is concluded.

### **Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)**

The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.

The practice did not have infection prevention and control procedures which reflected current published guidance. The decontamination of instruments was not carried out in accordance with The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) guidance.

Staff had not completed training in infection prevention and control as recommended.

Records were not available to demonstrate that the equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance.

The practice did not have adequate procedures to reduce the risk of Legionella or other bacteria developing in water systems. A risk assessment had not been undertaken in respect of Legionella contamination. Records were not available to demonstrate that water testing and dental unit water line management were carried out.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

We observed the practice was not well maintained or visibly clean. For example, we saw the walls in the treatment room and decontamination area were porous, and in some places damaged. Some of the tiling in the treatment room was stained. The dental chair had tears in the fabric and needed to be repaired. The flooring in the treatment was stained and damaged. There was a gap between the floor and the cabinets in the treatment room which made cleaning difficult. The work surfaces were not sealed and a joint between two work surfaces had been covered by masking tape. The dentists' chair was covered by cloth and was porous. This was not as described in HTM 01-05.

The practice did not have a recruitment policy and procedure, and recruitment checks had not been carried out in accordance with relevant legislation to help them employ suitable staff. We saw one member of staff did not have a Disclosure and Barring Service (DBS) check, work histories had not been recorded, there was no proof of identification, and there was no evidence that staff were medically fit to undertake their roles.

Clinical staff were qualified and registered with the General Dental Council.

We were unable to fully assess the practice arrangements to ensure the safety of the X-ray equipment as the relevant person was not present during this inspection visit. However, we noted there were no local rules on display, X-ray audits had not been completed and justification and grading of the X-rays had not been recorded in the dental care records.

### **Risks to patients**

The practice had not implemented systems to assess, monitor and manage risks to patient and staff safety. In particular relating to sharps safety, Legionella and medical emergencies.

Emergency equipment and medicines were not available and checked in accordance with national guidance. In particular:

# Are services safe?

- Aspirin was available, but this was out of date (December 2021).
- There was only one dose of adult adrenaline for dealing with anaphylaxis. Current guidance states that additional doses of adrenaline are required after five minutes of the first dose. In addition, this was an adult dose and not suitable for a child.
- Oral glucose was available, but this was out of date (May 2007).
- Oropharyngeal airways sizes 1,2, and 3 were present but were out of date (1995).
- One self-inflating bag was available, this was not dated or bagged. Self-inflating bags should be available in adult and child sizes. Clear face masks, sizes 0,1,2,3 and 4, were not available for the self-inflating bag.
- Oxygen face masks for adults and children with tubing were not available. The medical oxygen was fitted with a mask (but not dated), there was a label on the medical oxygen stating: Last check date 26 April 2001, there were no other more recent dates recorded on the oxygen cylinder.
- The practice did not have an automated external defibrillator. We were told there was one at a local GP service, although staff were unclear of the exact location.

Staff had completed training in emergency resuscitation and basic life support.

We were told that the dentist often worked without chairside support (unless a chaperone was requested by the patient). There was no risk assessment in place for when chairside support was not available.

The provider had risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

## **Information to deliver safe care and treatment**

The dental care records we saw were not complete. In particular they were brief and did not identify that consent has been recorded. There were limited records of examinations and periodontal assessments recorded. Patients' medical histories had not been updated, and the records did not identify what investigations had been undertaken. The dental care records did not include a record of risks, benefits or treatment options having been discussed with the patient.

## **Safe and appropriate use of medicines**

The practice did not have systems for appropriate and safe handling of medicines.

Antimicrobial prescribing audits were not carried out.

The practice did not have an adequate stock control system of medicines which were held on site, as we saw medicines including local anaesthetics that had passed their use by date.

## **Track record on safety, and lessons learned and improvements**

The provider had systems for reviewing and investigating when things went wrong. However, there were no records of any events having occurred.

The provider had a system for receiving and acting on safety alerts.

# Are services effective?

(for example, treatment is effective)

## Our findings

We found this practice was not providing effective care in accordance with the relevant regulations.

### **Effective needs assessment, care and treatment**

The practice did not have systems in place to ensure dental professionals were up to date with current evidence-based practice. There were limited records of examinations and periodontal assessments recorded.

### **Helping patients to live healthier lives**

There was no evidence the practice provided preventive care and supported patients to ensure better oral health. In particular, the dental care records did not include any evidence that preventative advice or oral health advice had been given to patients.

### **Consent to care and treatment**

The practice did not have a consent policy.

Dental care records we looked at showed there was a lack of consistency in staff obtaining patient's consent to care and treatment. In particular, the dental care records did not include a record of risks, benefits or treatment options having been discussed with the patient.

Staff did not understand their responsibilities under the Mental Capacity Act 2005 (MCA).

Records were not available to demonstrate staff undertook training in patient consent and mental capacity.

### **Monitoring care and treatment**

The practice did not keep detailed dental care records in line with recognised guidance. In particular, patients' medical histories had not been updated, and the records did not identify what investigations had been undertaken. The dental care records did not include a record of risks, benefits or treatment options having been discussed with the patient.

### **Effective staffing**

Evidence was not available to demonstrate staff had the skills, knowledge and experience to carry out their roles. We asked for information relating to staff training before this inspection visit but none was received. During the inspection we did not see any evidence of staff appraisals or performance reviews.

### **Co-ordinating care and treatment**

Staff could not demonstrate they worked together with other health and social care professionals to deliver effective care and treatment. In particular dental care records did not demonstrate that investigations that might lead to a referral had been completed.

# Are services well-led?

## Our findings

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

As a result of the findings of this inspection, immediate enforcement action was taken. We will report further when any enforcement action is concluded.

### **Leadership capacity and capability**

The practice did not demonstrate a transparent and open culture in relation to people's safety. In particular the medical emergencies medicines and equipment were incomplete or past their recommended use by date. There were no risk assessments to assess threats to people's safety, and no oversight to ensure these were in place.

There was a lack of leadership and oversight at the practice. In particular there was no quality assurance arrangements, and we saw medicines and equipment that were out of date, but this had not been checked or identified within the practice.

Systems and processes were not embedded among staff. For example, failings in the infection prevention and control procedures. The inspection highlighted issues and omissions. For example, there were no policies for Whistle blowing (speak up), lone working or the duty of candour.

The information and evidence presented during the inspection process was disorganised and poorly documented. For example, there was no Legionella risk assessment, no audits, and dental care records were brief.

We saw the practice had ineffective processes to support and develop staff with additional roles and responsibilities.

### **Culture**

The practice did not demonstrate a culture of high-quality sustainable care. In particular there was no strategy in place for improvement, no monitoring of activities and national guidance was not being followed. For example, in relation to infection prevention and control the Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05).

The practice did not have systems in place to adequately support staff, as there were only two staff working at the practice. There was no one to offer clinical support to the dentist within the practice.

We saw no evidence of completed staff appraisals, and limited training completed.

### **Governance and management**

The practice had an ineffective clinical governance system. For example, audits were not completed, and policies were missing and not regularly reviewed'. Keep this to the point as the detail is below.

### **Appropriate and accurate information**

The practice did not use quality and operational information, for example, surveys, audits or external body reviews to ensure and improve performance.

The practice had ineffective information governance arrangements. In particular, policies were not kept under review and there was no oversight of systems and process. Staff did not demonstrate an awareness of the importance of these in protecting patients' personal information.

### **Engagement with patients, the public, staff and external partners**

# Are services well-led?

There was no evidence staff gathered feedback from patients, the public and external partners.

## **Continuous improvement and innovation**

The practice did not have systems and processes in place for learning, continuous improvement and innovation.

The practice did not have appropriate quality assurance processes to encourage learning and continuous improvement.

The practice had not undertaken audits of dental care records, radiographs and infection prevention and control in accordance with current guidance and legislation.



This section is primarily information for the provider

# 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 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular:</p> <ul style="list-style-type: none"><li>• Staff working at the practice did not have photographs or proof of identification.</li><li>• One member of staff did not have a Disclosure and Barring Service (DBS) check or risk assessment as an alternative.</li><li>• Full employment histories were not held at the practice.</li><li>• There was no evidence of health checks having been completed.</li></ul> <p><b>Regulation 19(3)</b></p>

This section is primarily information for the provider

# Enforcement actions

## Action we have told the provider to take

The table below shows the legal requirements that were not being met.

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>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>• The system for ensuring medical emergency medicines and equipment reflect national guidance was not effective.</li><li>• The system for managing the risks associated with Legionella was not effective.</li><li>• The system for ensuring recruitment records are available for staff was not effective.</li><li>• The system for ensuring equipment was maintained appropriately was not effective.</li></ul> <p>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:</p> <ul style="list-style-type: none"><li>• Dental care records did not include a record of risks, benefits or treatment options having been discussed with the patient.</li><li>• There was no evidence patients' medical histories were checked and updated.</li><li>• There was limited evidence in dental care records of what investigations had been carried out.</li></ul> <p>There were no systems or processes that enabled 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>• Audits of infection prevention and control, X-rays and dental care records had not been completed.</li></ul>

This section is primarily information for the provider

# Enforcement actions

There was additional evidence of poor governance. In particular:

- We were informed that there were no specific policies for whistleblowing (speak up), consent or lone working.
- There was no sharps risk assessment.

## Regulation 17

### Regulated activity

Diagnostic and screening procedures  
Surgical procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:

- Medical emergency medicines and equipment were not available as described in national guidance.
- Equipment was not maintained, serviced, validated and certificated appropriately.
- There was evidence that single use items had been reused.
- There were medicines that were out of date, including local anaesthetics.
- A Legionella risk assessment had not been carried out and there was no monitoring of water temperatures for both the hot-water and the cold-water.

The premises being used to care for and treat service users were not safe for use. In particular:

- We saw areas of the practice that were visibly unclean. These included clinical areas and the decontamination area.
- The walls in the treatment room and decontamination room were difficult to clean and were damaged in places.

## Enforcement actions

- The flooring in the treatment room was damaged in places and therefore difficult to clean.
- The work surface in the treatment room was damaged and had been repaired with tape. This was difficult to clean.
- The dental chair upholstery was not impervious and could not be effectively cleaned.

There was additional evidence that safe care and treatment was not being provided. In particular:

- The dentist worked alone, with no chaperone (unless the patient specifically asked for one), or clinical assistance. There was no lone worker policy or risk assessment.

### **Regulation 12**