

Mr. Michael Green

The Park Row Dental Practice

Inspection report

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Overall summary

We undertook a follow up focused inspection of The Park Row Dental Practice on 19 May 2022. 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 The Park Row Dental Practice on 8 March 2022 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, effective or well-led care and was in breach of regulations 12, 17 and 19 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 The Park Row Dental Practice on our website www.cqc.org.uk.

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 areas where improvement was required.

As part of this inspection we asked:

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

Our findings were:

Are services safe?

Summary of findings

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

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 not providing well-led care in accordance with the relevant regulations.

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 are available near the practice in city centre car parks.

The dental team currently consists of one dentist. The practice has two treatment rooms.

During the inspection we spoke with the principal dentist. 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 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.

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

- Improve the practice's infection control procedures and protocols taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'. In particular in respect of manual cleaning.

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 effective?	No action	✓
Are services well-led?	Requirements notice	✗

Are services safe?

Our findings

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

At the inspection on 19 May 2022 we found the practice had made the following improvements to comply with the regulations:

- The walls in clinical areas had been treated with two coats of epoxy resin to make them non-porous.
- An automated external defibrillator had been purchased and formed part of the medical emergency equipment available at the practice.
- Flooring in the clinical areas had been replaced or repaired.
- Work surfaces in the clinical areas had been sealed to close the gap between the work surfaces and the walls.
- The provider had purchased new equipment including an ultrasonic cleaner, an X-ray machine, a compressor and an autoclave. This equipment was purchased to replace old and outdated equipment which we saw at our Inspection in March 2022.
- 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. Particularly in respect of manual cleaning of dental instruments. Heavy duty gloves were not available, and there was no digital thermometer to check the water temperature. Record keeping in respect of manual cleaning was not being completed. Guidance and equipment were needed for staff undertaking this activity.
- The practice had procedures to reduce the risk of Legionella or other bacteria developing in water systems, in line with a risk assessment. An external professional company had completed a full Legionella risk assessment on 21 March 2022. The risks associated with Legionella were assessed as minor. However, we noted that the hot water temperatures recorded only reached 46 degrees centigrade, rather than the required 60 degrees centigrade. Following this inspection, the provider sent us evidence that hot water taps were reaching 60 degrees centigrade.
- The practice had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. We discussed with the provider the need to have chair side clinical support to potentially protect both the dentist and patients.
- Emergency equipment was not available and checked in accordance with national guidance. In particular they did not have clear face masks (sizes 0,1,2,3 and 4), a pocket mask with oxygen port, oxygen face masks with reservoir and tubing for both adult and child sizes. A self-inflating bag with reservoir (for adults) was present but not bagged or dated. Following this inspection the provider sent evidence to demonstrate the missing items had been purchased.

Are services effective?

(for example, treatment is effective)

Our findings

The practice had been closed since our inspection in March 2022, and therefore no patients had been seen. As a result due to the practice not treating patients since our last visit there were no new clinical records for us to review. The provider had also had no opportunity to demonstrate that new policies and procedures had been embedded.

- The practice did not have systems in place to ensure dental professionals were up to date with current evidence-based practice. As identified at our inspection on 8 March 2022 there were limited records of examinations and periodontal assessments recorded. We will re-assess this at our next follow-up inspection.
- As identified at our inspection on 8 March 2022 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. We will re-assess this at our next follow-up inspection.
- As identified at our inspection on 8 March 2022 records were not available to demonstrate staff undertook training in patient consent and mental capacity. We noted there were individual consent sheets relating to specific treatments such as extractions and root canal treatments.
- As identified at our inspection on 8 March 2022 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. We will re-assess this at our next follow-up inspection.

Are services well-led?

Our findings

We found that this practice was not providing well-led care and was not complying with the relevant regulation. 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).

The provider had made a number of improvements since the inspection of 8 March 2022. However, concerns relating to the governance of the practice were as identified at that inspection, as the provider had not embedded systems and processes:

- Systems and processes were not embedded among staff. For example, failings in the infection prevention and control procedures, the lack of emergency resuscitation equipment, oversight of environmental cleaning and the water temperatures not reaching the required temperature.
- 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 appropriate quality assurance processes to encourage learning and continuous improvement. The practice had only recently undertaken audits of dental care records, radiographs and infection prevention and control, which had not yet given the opportunity to demonstrate improvements had been made. Action plans had not been produced to drive improvements.
- The provider was unable to demonstrate a transparent and open culture in relation to people's safety. In particular there were few risk assessments to assess threats to people's safety, and no oversight to ensure these were in place.

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
Treatment of disease, disorder or injury Diagnostic and screening procedures Surgical procedures	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</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">• The provider was unable to demonstrate a transparent and open culture in relation to people's safety. In particular there were few risk assessments to assess threats to people's safety, and no oversight to ensure these were in place.• The provider was unable to demonstrate leadership and oversight at the practice. In particular there was no quality assurance arrangements, as the number of audits completed were not sufficient to show improvements in the governance arrangements.• The provider 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 appropriate quality assurance processes to encourage learning and continuous improvement. The practice had only recently undertaken audits of dental care records, radiographs and infection prevention and control, which had not yet given the opportunity to demonstrate improvements had been made.

This section is primarily information for the provider

Requirement notices

- 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 improve the quality and safety of the services being provided. In particular: manual cleaning of dental instruments was not as identified in national guidance.
- 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.

Regulation 17 (1)