

Mrs Rachel Carmen Annable

# Richardsons Dental Practice

## Inspection report

Portland Square  
Rear of Sutton News  
Sutton In Ashfield  
NG17 1BA  
Tel:

Date of inspection visit: 20 July 2021  
Date of publication: 09/08/2021

### Overall summary

We undertook a focused follow-up inspection of Richardsons Dental Practice on 20 July 2021. 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 Richardsons Dental Practice on 10 May 2021 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 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 Richardsons Dental Practice on our website [www.cqc.org.uk](http://www.cqc.org.uk).

As part of this inspection we asked:

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

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.

### **Our findings were:**

#### **Are services safe?**

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

#### **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 breaches we found at our inspection on 10 May 2021.

## Background

Richardson's Dental Practice is located in Sutton-in-Ashfield town centre in north Nottinghamshire and provides private dental care and treatment for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. There are town centre car parks available near the practice including spaces for blue badge holders.

The dental team includes two part-time dentists, two dental nurses, and the practice owner who is also a dental nurse. The practice has two treatment rooms, both of which are on the ground floor. Currently, only one is in use as a treatment room.

The practice is owned by an individual. 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 one dentist, one dental nurse and the practice owner. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Friday: 9am to 5pm.

## Our key findings were:

- The provider had reviewed the health and safety concerns raised at the last inspection.
- A new set of emergency medicines and equipment had been purchased to replace the medicines held previously.
- Arrangements had been made for an electrician to carry out the five year-fixed wire electrical safety check.
- An infection prevention and control audit had been completed in June 2021.
- Arrangements had been made to complete the annual Landlord's gas safety check.
- The practice did not have a Legionella risk assessment. Arrangements had been made to address this.
- Staff recruitment records had been reviewed and updated.
- The provider had reviewed the systems and processes relating to the governance of the practice. New recording and monitoring tools had been introduced and staff had received training in their use.
- The provider had introduced a monitoring tool for staff training to enable them to have an overview of staff training needs and training courses that had been completed.
- Improvements had been made to the security of dental care records.
- Staff meetings had resumed, and minutes were kept of those meetings.

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

# Summary of findings

- Take action to ensure a Legionella risk assessment is completed and implemented. 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.'

# 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 well-led?**

**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 10 May 2021 we judged the provider 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 20 July 2021 we found the practice had made the following improvements to comply with the regulation:

The provider had reviewed the health and safety concerns raised at the last inspection. They had taken steps to address those concerns including:

- The provider had purchased a new set of emergency medicines to replace the medicines held previously. This was to ensure they had all of the medicines that were required as identified in national guidance.
- They had purchased a new set of emergency equipment to replace the emergency equipment held previously. At our inspection in May 2021 we saw there were items missing. The new emergency equipment included a new medical oxygen cylinder, bag valve masks for both adults and children, new oropharyngeal airways, oxygen masks and tubing. We noted some minor omissions with the larger size oropharyngeal airways and oxygen masks missing. These had not been supplied, and the provider made arrangements to order the missing items during the inspection.
- At our inspection in May 2021 we saw that six-monthly infection prevention and control audits were not being completed as identified in the guidance: The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health and Social Care. A new recording tool had been introduced for these audits and the most recent one was completed during June 2021.
- Arrangements had been made for an electrician to carry out the five year-fixed wire electrical safety check and the annual Landlord's gas safety check. We saw evidence appointments had been booked and the provider assured us they would send confirmation when the work had been completed to the Care Quality Commission.
- The provider did not have a Legionella risk assessment. A company specialising in Legionella control and management had been contacted, and an appointment had been arranged for them to visit the practice and complete a Legionella risk assessment. The provider sent us evidence this had been booked to be completed.
- Staff recruitment records had been reviewed since our last inspection visit. This had resulted in all clinical staff having a new Disclosure and Barring Service check. The Hepatitis B status of all staff had been reviewed and records updated accordingly.

The practice had also made further improvements:

- Following our inspection on 10 May 2021 the dentists had decided not to complete any endodontic treatments (root canal treatments). Patients requiring this treatment would in future be referred to another dental practice to have the treatment carried out.
- All staff had completed sepsis awareness training and information relating to sepsis was available within the practice.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulations when we inspected on 20 July 2021

# Are services well-led?

## Our findings

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

At our previous inspection on 10 May 2021 we judged the provider 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 requirement notice. At the inspection on 20 July 2021 we found the practice had made the following improvements to comply with the regulations:

- The provider had carried out a comprehensive review of the systems and processes relating to the governance of the practice. New recording and monitoring tools had been introduced and staff had received training in their use. These covered daily, weekly and monthly checks of governance areas such as emergency medicines and equipment, dental care records and anti-microbial prescribing. The information gathered through the recording and monitoring tools fed into a new audit tool.
- The provider had introduced a monitoring tool for staff training to enable them to have an overview of staff training needs and training courses that had been completed.
- Dental care records were now stored in a locked room, with arrangements being made to further increase their security through the purchase of lockable metal cabinets.
- Face to face staff meetings had resumed and minutes were being kept of staff meetings for staff to refer to.

The practice had also made further improvements:

- Anti-microbial prescribing at the practice was being monitored through a new logbook which allowed for a more simplified audit of practice.
- A monitoring tool had been introduced for patient referrals. We saw that more detail had been captured regarding referrals since our inspection on 10 May 2021 and a new logbook was on order to make further improvements.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulations when we inspected on 20 July 2021