

Affinity Dental Limited

Dale Street Dental Practice

Inspection report

36 Dale Street
Milnrow
Rochdale
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Overall summary

We undertook a follow up focused inspection of Dale Street Dental Practice on 28 April 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 had remote access to a specialist dental adviser.

We undertook a comprehensive inspection of Dale Street Dental Practice on 13 August 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 well led care and was in breach of regulations 12 and 17 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 Dale Street Dental Practice on our website www.cqc.org.uk.

As part of this inspection we asked:

- 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 well-led?

We found this practice was not providing well-led care in accordance with the relevant regulations.

The provider had made insufficient improvements to put right the shortfalls and had not fully responded to the regulatory breaches we found at our inspection on 13 August 2019.

Summary of findings

Background

Dale Street Dental Practice is in Milnrow, Rochdale and provides private treatment for adults and NHS and private treatment for children.

There is level access for people who use wheelchairs and those with pushchairs. A large free car park including spaces for blue badge holders, is available near the practice.

The dental team includes one dentist, four dental nurses (one of whom is the practice manager and one is the clinical director), one dental hygiene therapist and a receptionist. The practice has two treatment rooms. The dental team is supported by a company director.

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 Dale Street Dental Practice is the clinical director.

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

The practice is open:

Monday 8am to 3.30pm

Tuesday 9am to 5.30pm (the dentist does not work on Tuesdays)

Wednesday 9am to 7pm

Thursday 8am to 5.30pm

Friday 9am to 5.30pm

Our key findings were:

- The provider did not have effective systems to help them identify and manage risk in relation to hazardous substances and immunity to hepatitis B.
- The provider had not made the necessary improvements to the staff recruitment procedures. Disclosure and Barring Service (DBS) checks were not carried out for a new clinical staff member. There was no evidence that employment history or references had been sought.
- The practice had systems to ensure that dental professionals had appropriate professional indemnity in place before treating patients.
- The registered person had implemented a system to receive relevant patient safety alerts, recalls and rapid response. Further improvement could be made to demonstrate that appropriate action is taken in response to these.
- A Legionella risk assessment and control measures were in place. This could be improved by monitoring cold water temperatures.
- The practice had introduced a system to ensure that staff completed 'highly recommended' training as per General Dental Council professional standards.

Summary of findings

- We saw how the processes to justify, grade and report on radiographs in dental care records had improved.

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 regulations the provider is 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).

Are services well-led?

Requirements notice



Are services well-led?

Our findings

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

At our previous inspection on 13 August 2019 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 28 April 2021 we found the practice had made the following improvements to comply with the Regulations.

Systems had not been implemented to address the concerns and prevent their reoccurrence.

- The provider had not made the necessary improvements to the recruitment processes. In particular, they did not ensure that an up to date Disclosure and Barring Services (DBS) check was obtained for the most recently recruited member of staff. A DBS certificate issued in January 2018 was accepted by the provider. In addition, there was no evidence that their employment history had been checked or references obtained. There was no evidence that the practice had provided them with an appropriate induction before they commenced work. The provider ensured that all staff registered with the GDC had appropriate professional indemnity in place.
- Systems to assess the risks to patients and staff from the use of substances hazardous to health had not been sufficiently implemented to comply with the Control of Substances Hazardous to Health Regulations 2002. The provider's action plan submitted in January 2020 stated that all data sheets for hazardous substances had been reviewed and relevant data included in practice risk assessments; however, we found that whilst product safety data sheets had been collated for easy reference, risk assessments had not been carried out to ensure the practice was following the manufacturer's guidance.
- The registered person did not ensure that evidence of the effectiveness of the hepatitis B vaccination was checked for all clinical members of staff. Evidence of immunity to hepatitis B had been obtained for two clinical staff members. This information remained outstanding for a third staff member.

Some risk assessments had been carried out and new systems implemented to address the concerns:

- A Legionella risk assessment had been carried out and a nominated individual with responsibility was in place. A temperature control regime had been implemented but this did not include cold water temperature monitoring. The provider gave assurance this would be addressed.
- The registered person had implemented a system to receive relevant patient safety alerts, recalls and rapid response reports issued by the Medicines and Healthcare products Regulatory Agency, the Central Alerting System and other relevant bodies, such as Public Health England. Further improvement could be made to demonstrate that appropriate action is taken in response to these.
- A sharps risk assessment had been carried out in line with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. Safer sharps were in use to reduce the risk to staff and patients.
- Systems were now in place to track the use of NHS prescriptions which were stored securely.
- The practice had introduced a system to ensure that staff completed 'highly recommended' training as per General Dental Council professional standards. We saw evidence that staff had completed safeguarding and medical emergency training (including updated guidance from the Resuscitation Council UK during Covid-19).

The practice had made some additional improvements:

- The provider had made local safeguarding information readily available for staff to support them to raise concerns appropriately.

Are services well-led?

- Standards in dental care records had been reviewed in line with Faculty of General Dental Practice (UK) guidance and templates introduced which demonstrated improvements in the documentation of justifications, grading and reporting on dental radiographs.

These improvements showed the provider had not taken sufficient action to improve the quality of services for patients and comply with the regulations when we inspected on 28 April 2021.

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 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">• Systems were not in place to assess the risks to patients and staff from the use of substances hazardous to health in line with the Control of Substances Hazardous to Health Regulations 2002.• The registered person did not ensure that a DBS check and references were obtained for the most recently recruited member of staff, or a risk assessment was undertaken and documented.• The registered person did not ensure that evidence of the effectiveness of the hepatitis B vaccination was checked for a clinical member of staff. The provider did not have a risk assessment in place in relation to staff working in a clinical environment where the effectiveness of their Hepatitis B vaccination was unknown. <p>Regulation 17 (1)</p>