Burton Dental Lodge Ltd

Burton Dental Lodge

Inspection Report

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Overall summary

We undertook a follow up focused inspection of Burton Dental Lodge on 7 November 2019. 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 Burton Dental Lodge on 26 June 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 and 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 Burton Dental Lodge on our website 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 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 26 June 2019.

Are services well-led?

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 breach we found at our inspection on 26 June 2019.

Background

Burton Dental Lodge is in Boston in Lincolnshire. The practice provides private dental treatment to adults and children.

There is level access through the automatic sliding front door. The practice has two treatment rooms, both located on the ground floor.

The dental team includes one dentist, one dental hygienist, one part-time anaesthetist, and four dental nurses.

Summary of findings

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 Burton Dental Lodge is the principal dentist.

During the inspection we spoke with 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 Saturday: from 9am to 5.30pm.

Our key findings were:

- Improvements had been made to dental care records relating to sedation, and important information such as the patient's name, date of birth and weight were being recorded.
- Emergency medicines and life-saving equipment were in line with Resuscitation Council UK standards.
- Medicines used in sedation were in date and were being checked regularly.
- Risk assessments relating to the control of substances hazardous to health (COSHH) had been completed.
- A new gas safety certificate had been issued on 15 July 2019.
- Improvements had been made to the quality assurance systems including completing regular audit cycles of radiography, dental care records and infection prevention and control.
- The practice had made arrangements to receive and respond to patient safety alerts issued by the Medicines and Healthcare products Regulatory Agency, the Central Alerting System, and Public Health England.
- A duty of candour policy had been introduced and staff awareness raised.
- Several policies had been re-written and were personalised to the practice.

The provider had also made further improvements:

- Improvements had been made to the consent policy to include information relating to the Mental Capacity Act, best interest decisions and Gillick competence.
- The practice had a certificate from the Health and Safety Executive in line with the Ionising Radiation Regulations (IRR17).

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

- Take action to ensure dentists are aware of the guidelines issued by the British Endodontic Society for the use of dental dam for root canal treatment.
- Take action to ensure that conscious sedation undertaken at the practice takes into account guidelines published by The Intercollegiate Advisory Committee on Sedation in Dentistry and 'Standards for Conscious Sedation in the Provision of Dental Care 2015'. In particular review multidrug sedation in that it should be used on a case by case basis and the justification recorded within the patents dental care records review consent for sedation patients to allow this to be gained on a different day to having sedation unless in an emergency.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe? <Findings here>	**No action**
Are services well-led? <Findings here>	**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 26 June 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 7 November 2019 we found the practice had made the following improvements to comply with the regulation:

- Improvements had been made in relation to assessing the risks to the health and safety of service users receiving a sedation service. The dental care records were recording important information such as the patient's name, date of birth, height, weight and body mass index. We noted that the sedationist was using poly-pharmacy – more than one medicine to achieve a controlled sedation. National guidance suggests this should be justified on a case by case basis and detailed in the records. The provider told us they would discuss this with the sedationist, and if the he felt it was in the patients' best interest, the rationale would be recorded in the patient's notes. We also noted that on some occasions patients signed the consent form on the day of the procedure. National guidance says this should be signed before the day of the sedation. The provider agreed that the system would be amended to ensure this was achieved.
- The medical emergency equipment had been reviewed and was as described in Resuscitation UK guidance and required by General Dental Council standards. The emergency medicines and equipment were all in date and stored appropriately. New self-inflating bag valve masks had been purchased for both adults and children. Glucagon was stored with the medical emergency equipment. The expiry date had been adjusted in line with the manufacturer's instructions.
- The provider had produced risk assessments in line with the control of substances hazardous to health (COSHH) Regulations 2002. These were to accompany the product data safety sheets for each substance that were held in the COSHH file.
- A new gas safety certificate had been obtained. The certificate had been issued on 15 July 2019 following a safety check of the gas systems by a competent engineer.
- The provider told us that sometimes they still carried out root canal treatments without using a dental dam to protect the patient's airway. The provider explained the reasons for this. It was agreed the reasons for this would be recorded in each individual's dental care record and be accompanied by a risk assessment.

The provider had also made further improvements:

- The practice had obtained a certificate from the Health and Safety Executive in relation to the use of radiography on the premises in line with the Ionising Radiation Regulations (IRR17).

These improvements showed the provider had taken action to comply with the regulations: when we inspected on 7 November 2019.

Are services well-led?

Our findings

At our previous inspection on 26 June 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 7 November 2019 we found the practice had made the following improvements to comply with the regulation:

- The provider had made improvements to the system for quality assurance and audits within the practice. There were detailed audits relating to radiography, dental care records, antibiotic prescribing and infection prevention and control. The cone beam computed tomography (CBCT) machine had an internal monthly quality assurance programme. The provider told us he would contact the manufacturer to discuss this in relation to both the CBCT machine and the display equipment, to understand how best to use this information.
- Systems were in place to receive patient safety alerts. We saw evidence that these were reviewed and acted on in a timely way. We saw how information contained in relevant safety alerts was shared with the wider dental team.
- A consent policy had been written and formed part of the wider consent policy. Staff showed an understanding of the duty of candour and their responsibilities in relation to it.
- We saw that policies had been reviewed and these were personalised to 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 7 November 2019.