

## The Dental Surgery Partnership

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### Inspection report

39 Whitehawk Road  
Brighton  
BN2 5FB  
Tel:

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## Overall summary

We undertook an unannounced follow up focused inspection of The Dental Surgery Partnership on 25 February 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 Dental Surgery Partnership on 20 October 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, effective or well led care and was in breach of regulations 12, 15, 17, 18 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 Dental Surgery Partnership dental practice on our website [www.cqc.org.uk](http://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:

# Summary of findings

## **Are services safe?**

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 providing well-led care in accordance with the relevant regulations.

## **Background**

The Dental Surgery Partnership (trading as South Cliff Dental Group) is in Brighton and provides NHS and private dental care and treatment for adults and children.

The two practice treatment rooms are based on the first floor which is not accessible to people who find stairs a barrier. Car parking spaces are available near the practice.

The dental team includes one dental hygiene therapist, one trainee dental nurse, a receptionist and the practice manager.

During the inspection we spoke with the practice manager, compliance manager, compliance director, company owner (the provider), dental hygiene therapist, receptionist, trainee dental nurse and a freelance nurse who was working at the practice on the day of our visit.

NHS England were also undertaking their own inspection of the practice while we were there.

## **The practice is open:**

- Monday to Saturday 8.30am – 5.30pm

The practice closes for lunch between 1.00pm and 2.00pm daily.

The hygiene therapist was the only clinician working at the practice. They normally worked on Fridays. The other days the practice did not see patients. We were told this was due to staff shortages. Patients who contacted the practice were asked to call the provider's other dental practice nearby.

## **Our key findings were:**

- The practice ensured that systems and processes were operated to ensure good governance in accordance with the fundamental standards of care.
- The practice ensured that persons employed in the provision of the regulated activity received the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.

# Summary of findings

- The practice ensured recruitment procedures were established and operated effectively to ensure only fit and proper persons were employed and specified information was available regarding each person employed.

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

- Review the systems for checking and monitoring emergency fire equipment taking into account national fire safety guidance.

# 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>No action</b> ✓
<b>Are services effective?</b>	<b>No action</b> ✓
<b>Are services well-led?</b>	<b>No action</b> ✓

# Are services safe?

## Our findings

At our previous inspection on 20 October 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 our on-site follow up focused inspection on 25 February 2022 we found the practice had made the following improvements to comply with the regulations:

- All staff had received the appropriate level of safeguarding training.
- The provider's infection prevention and control procedures were operated effectively.
- The Legionella risk assessment had been actioned and records of water temperature testing and dental unit water line management were maintained.
- Environmental cleaning was effective. However, storage arrangements for equipment did not follow current infection control guidance. Specifically mops and buckets were not separated when being stored. Since our visit we have been sent photographic evidence which confirms this shortfall has been addressed.
- Clinical waste was segregated and stored appropriately in line with guidance,
- Infection prevention and control audits were carried out effectively.
- Recruitment procedures were operated effectively to ensure only fit and proper persons were employed and specified information was available regarding each person employed.
- Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical appliances.
- Mains wiring electrical works were booked for 21 March 2022.
- Additional emergency lighting installation arrangements were underway.
- Routine testing and logs of the fire alarm and emergency lights were not available. We were told this was an oversight and assured tests would be carried out at the required intervals.
- The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available.
- Sharps safety and sepsis awareness systems managed risks to patient and staff safety.
- Lone working arrangements required improvement. Since our visit we have been sent photographic evidence which confirms this shortfall has been addressed.
- The provider ensured clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus.
- Staff completed training in emergency resuscitation and basic life support every year.
- Control of Substances Hazardous to Health (COSHH) products were stored appropriately.
- Dental care records were kept securely and complied with General Data Protection Regulation requirements.
- The practice had systems for appropriate and safe handling of prescriptions.
- Antimicrobial prescribing audits were carried out.
- The practice manager made arrangements to receive patient safety alerts.

# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous inspection on 20 October 2021 we judged the provider was not providing effective care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notice.

At our on-site follow up focused inspection on 25 February 2022 we found the practice had made the following improvements to comply with the regulations:

- Reasonable adjustments were in place to meet the needs of disabled people in line with requirements of the Equality Act 2010.
- The practice carried out radiography audits six-monthly following current guidance and legislation.
- Staff had the skills, knowledge and experience to carry out their roles.
- Permanent staff received a structured induction. Temporary staff confirmed they too received an induction but records of this were not kept.

# Are services well-led?

## Our findings

At our previous inspection on 20 October 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 our on-site follow up focused inspection on 25 February 2022 we found the practice had made the following improvements to comply with the regulations:

- The information and evidence presented during the inspection process was clear and well documented.
- The practice demonstrated a transparent and open culture in relation to people's safety.
- The compliance director advised he was applying to be the registered manager at the practice.
- Staff had clear responsibilities roles and systems of accountability to support good governance and management.
- The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.
- The practice carried out audits of dental care records, disability access, radiographs and infection prevention and control.
- Staff kept records of the results of these audits and the resulting action plans and improvements.
- Training was monitored effectively.

There was strong leadership and emphasis on continually striving to improve. However, it was apparent that when the practice manager was reassigned to absent staff's roles, such as reception and nursing, time did not permit them to carry out their own practice management tasks which is a risk to the practice's continued level of compliance with the regulations.