

Oasis Dental Care (Central) Limited

Bupa Dental Care Southport

Inspection Report

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Overall summary

We undertook a desk-based follow-up inspection of BUPA Dental Care Southport on 3 June 2020. 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.

We undertook a comprehensive inspection of BUPA Dental Care Southport on 23 December 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 or well led care and was in breach of regulation 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 BUPA Dental Care Southport 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 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.

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 23 December 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 breaches we found at our inspection on 23 December 2019.

Background

BUPA – Church Street, Southport is in Southport, Merseyside and provides NHS and 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. Car parking spaces, including a dedicated parking space for people with disabilities, are available outside the practice.

The dental team includes four dentists, five dental nurses, two of whom are trainees, one dental hygiene therapist, two receptionists and a practice manager. The practice has four treatment rooms with one of these being on the ground floor which is completely accessible for those with limited mobility.

Summary of findings

At the time of this desk-based follow-up inspection there was no registered manager in post as required as a condition of registration. A registered manager is legally responsible for the delivery of services for which the practice is registered.

During this desk-based follow-up inspection we spoke with the practice manager remotely and reviewed documentary evidence supplied by the practice by email. The practice is open Monday to Thursday from 8am to 7pm and on Friday from 8am to 5pm.

Our key findings were

- The provider had systems to help them manage risk to patients and staff. These had been reviewed and improved in response to our findings at the December 2019 inspection.
- Staff were following updated protocols to promote safe working.
- Staff had received refresher training, for example, on the Mental Capacity Act. All staff had the opportunity to discuss this at practice meetings to confirm their understanding of their responsibilities in relation to this.
- Systems to ensure staff received and understood medical alerts, updates and bulletins were in place and working effectively.
- Staff recruitment procedures reflected current legislation; up-dated records were in place to support this.
- Governance and management is supported by improved communication across the practice. Staff roles and responsibilities had been reviewed, and where new responsibilities had been assigned to some staff, they had received training and guidance to enable them to deliver these effectively.

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

- Take action to ensure the regulated activities at BUPA – Church Street, Southport are managed by an individual who is registered as a manager.
- Improve audit of antibiotic prescribing by using a recognised audit tool, sharing results of audits and learning points, and measuring progress through continued audit cycles.

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 23 December 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 3 June 2020 we found the practice had made the following improvements to comply with the regulations:

- Staff had received updated training in several areas, including on the Mental Capacity Act. Staff had been given the opportunity to discuss this at practice meetings and could confirm their understanding of their responsibilities in relation to this.
- A new Legionella risk assessment for the practice had been carried out. This identified potential risks and detailed how these could be mitigated. The location of sentinel taps had been confirmed, redundant piping removed from the system and servicing and cleaning of a hot water cylinder was now in place. A regime of flushing and water temperature monitoring had been initiated and records were kept in support of this.
- Infection prevention and control audits had been improved and designated staff were responsible for carrying out these audits twice each year. A statement of actions was produced following audit, and the practice manager had oversight of these to ensure any action required was completed in a timely manner.
- All required recruitment records for all staff were now in place.
- Appropriately qualified and trained staff now had designated responsibility for management of

radiography equipment. These arrangements mean an appointed radiation protection supervisor is on-site each day. All X-ray sets at the practice were now fitted with the recommended rectangular collimators. Local rules in place were specific to each room where radiography equipment was used and referred to the specifications of individual X-ray equipment. Checks in place meant that if a room was not in use, the isolation switch to disable X-ray equipment had could be activated.

- Risk assessments in the practice had been reviewed to establish whether they were fit for purpose. For example, the updated sharps risk assessment acted as a check to ensure that the Hepatitis B immunity status of any new staff starting work at the practice, had been confirmed.
- All staff had access to medical alerts and updates. The system in place for receiving these, sharing across the practice and confirming staff receipt and understanding of them had been strengthened.
- The list of required emergency medicines and emergency equipment had been replaced and reflected recognised guidance.
- Antimicrobial prescribing audits were in place. We discussed how the tool used did not refer to the standard or protocol each prescriber should audit against, that no learning points were identified and that the audit in place represented more of a data check. We provided signposting to some recognised audit tools that can further strengthen these audits.

These improvements showed the provider had taken action to comply with the regulations when we inspected on 3 June 2020.

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 23 December 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 3 June 2020 we found the practice had made the following improvements to comply with the regulations.

At the time of inspection there was no registered manager in post as required as a condition of registration. A registered manager is legally responsible for the management of services for which the practice is registered. We understand that the provider has recruited for this post and that the matter is being addressed.

The practice manager had been involved in addressing concerns we raised at our inspection in December 2019. Where many of these matters would be handled by a support function within corporate governance, the involvement of the practice manager contributed to their understanding of the corporate governance structure. We found:

- An improved process for the sharing of learning from significant events was in place.

- An accurate and up to date Legionella risk assessment was now in place and protocols were being followed to maintain safety of water supply to the practice.
- Staff training had been delivered on the correct operation of 'closed-system' dental unit water line management.
- Radiation management processes had been improved. Local rules for each room with radiography equipment were in place, and two radiation protection supervisors (RPS) were now appointed, meaning a RPS was on site at all times.
- Risk assessments that reflected the needs of individual staff members were now available for use.
- Flowcharts and information posters were placed in treatment rooms and in decontamination areas, for example, in relation to safeguarding and sharps injuries.
- Effective systems for the receipt, sharing and recording of medical alerts and updates were in place.
- Greater oversight of audit was apparent. We discussed how this could be further improved.
- Surveys and patient feedback were being reviewed and reported on, to encourage improvements in patient experience of 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 3 June 2020.