

Mr Liam Fitzpatrick

# North Street Dental Practice

## Inspection report

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### Overall summary

We undertook a follow up desk-based review of North Street Dental Practice on 23 December 2020. This review 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 review was led by a CQC inspector.

We undertook a comprehensive inspection of North Street Dental Practice on 10 February 2020 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 regulation 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 North Street Dental Practice on our website [www.cqc.org.uk](http://www.cqc.org.uk).

As part of this review 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 (requirement notice only). We then review again after a reasonable interval, focusing on the area where improvement was required.

### **Our findings were:**

#### **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 10 February 2020.

# Summary of findings

## Background

North Street Dental Practice is in Bourne, a town in the South Kesteven district of Lincolnshire. It provides mostly private dental care and treatment for adults. There is a small contract with NHS England for the provision of NHS dental care for children.

There is level access to the practice for people who use wheelchairs and those with pushchairs through an entrance at the rear of the premises. There are no car parking facilities on site, but there is on street car parking with time restriction at the front of the premises.

The dental team includes two dentists, two dental nurses, one dental hygienist and one receptionist. During the Covid-19 pandemic, one of the dentists and the hygienist were not working.

The practice has three treatment rooms; one on ground floor level.

The practice is owned by an individual who is the principal dentist there. 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 review we spoke with the principal dentist and the receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is usually open: Monday 9am to 5pm, Tuesday 9.15am to 5pm, Wednesday 9.15am to 2pm, Thursday 8am to 5pm, Friday 9am to 1pm and on six Saturdays during the year from 9am to 1pm.

During the Covid-19 pandemic, opening hours had changed to Monday 9am to 4pm, Tuesday 9am to 4pm, Wednesday 9am to 2pm, Thursday 9am to 4pm and Friday 9am to 2pm. They were not currently working on Saturdays but offered a late evening once a month from 1pm to 8pm.

## Our key findings were:

- The systems for monitoring and improving quality had improved, for example, audit activity in relation to radiographs and dental record keeping.
- The processes for monitoring stock control had strengthened, with named members of staff assigned the task of managing this. We reviewed a new policy that had been implemented.
- X-ray equipment had received three yearly routine quality assurance measurements.
- There were changes and improvements to patients' dental care record keeping with new templates that had been implemented for use by clinicians. The principal dentist had also updated their training in this area.
- Security of NHS prescription pads had improved so that it would be identified if an individual prescription was taken inappropriately.
- The provider assured us that they had all equipment needed to manage medical emergencies for example, the appropriate sizes of clear face masks.
- There was a system for receiving and responding to patient safety alerts issued by the Medicines and Healthcare products Regulatory Agency.
- The provider had taken action to incorporate guidance issued by the Faculty of General Dental Practice.
- Staff had undertaken additional training to improve their awareness of the Mental Capacity Act 2005 and Gillick competence.

# Summary of findings

## The five questions we ask about services and what we found

We asked the following question(s).

**Are services well-led?**

**No action**



# 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 February 2020 we judged the provider was not providing well led care and was not complying with the relevant regulation. We told the provider to take action as described in our requirement notice. At the review on 23 December 2020 we found the practice had made the following improvements to comply with the regulation:

- The systems for monitoring and improving quality had improved since our previous visit. During that inspection, we had found that one of the dentists had not justified, graded or reported on some of the radiographs they had taken. Since our last inspection, the provider sent us evidence to show how they had strengthened their audit activity. There had been two radiographic quality assurance audits completed in April 2020 for both dentists. These identified some specific issues in relation to the quality of radiographs taken. Record keeping audits had also been completed in March 2020 for both dentists. The audits included prompts and responses for the justifying, grading and reporting on X-rays. The audits contained identified areas for improvement. These were due to be reviewed again in April 2021 to check improvements made.
- The systems for stock control of medicines had improved. At our visit in February 2020, we had found that some antibiotics had expired and also found some syringes with needles attached in the emergency medicines kit had passed the date for use. We were informed that these items had been removed immediately after the inspection. The provider told us they had now implemented a new stock control policy which was sent to us. This identified that two named members of the team were assigned the responsibility of stock control to ensure any items close to expiry date were removed and replaced.
- X-ray equipment had received three yearly routine quality assurance measurements after our visit on 10 February 2020. This was completed on 17 February 2020 and we were sent documentation to show this.
- The systems or processes that enabled the provider to ensure that accurate, complete and contemporaneous records were being maintained for each patient had improved since our previous visit. For example, we were informed that the amount of information recorded in patients' records had increased. This included patients' treatment options, extra-oral and intra-oral examinations, and risk assessment for caries, periodontal disease, cancer and tooth wear. The principal dentist had completed training in clinical record keeping and had created new patient examination templates which incorporated current national guidelines. We were informed that when the practice re-opened after temporary closure during Covid-19, practice software was upgraded. This upgrade included a secure online portal to enable patients to fully update their personal information, medical and social histories including Covid-19 information. This had helped in identifying patients who were medically vulnerable prior to their attendance. For patients who were unable to submit information electronically, a hard copy form was posted to them.

The practice had also made further improvements:

- There was increased security of NHS prescription pads in relation to the monitoring of individual prescription numbers. This would identify if one was taken inappropriately.
- The provider assured us that they had all equipment needed to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.
- The provider had implemented a system for receiving and responding to patient safety alerts issued by the Medicines and Healthcare products Regulatory Agency.
- The provider had taken action to incorporate guidance provided by the Faculty of General Dental Practice when completing dental care records and adopting a risk-based approach to the frequency of radiographs taken.
- Staff had undertaken additional training to improve their awareness of the Mental Capacity Act 2005 and Gillick competence. There were plans to ensure this was subject to regular discussion amongst staff.

# Are services well-led?

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulation.