

Mr. Michael Green

# The Park Row Dental Practice

## Inspection report

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### Overall summary

We undertook a follow up focused inspection of The Park Row Dental Practice on 19 October 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 dental adviser.

We undertook a comprehensive inspection of The Park Row Dental Practice on 8 March 2022 with a follow up focussed inspection on 19 May 2022 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 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 reports of those inspections by selecting the 'all reports' link for The Park Row Dental Practice on our website [www.cqc.org.uk](http://www.cqc.org.uk).

When one or more of the 5 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 well-led?

#### **Our findings were:**

##### **Are services well-led?**

The provider had made insufficient improvements to put right the shortfalls and had not responded to the regulatory breach we found at our inspection on 19 May 2022.

#### **Background**

# Summary of findings

The Park Row Dental Practice is in Leeds city centre and provides private dental care and treatment for adults and children.

The practice is in the basement of a building in the centre of Leeds. Access is via a flight of stairs. Car parking spaces are available near the practice in city centre car parks.

The dental team currently consists of 1 dentist. Additional clinical support is provided by agency dental nurses. The practice has 2 treatment rooms.

During the inspection we spoke with the principal dentist and 2 agency dental nurses. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Friday from 8am to 4pm.

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 regulation 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?**

**Enforcement action**



# 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 Enforcement Actions section at the end of this report).

### **Leadership capacity and capability**

The practice did not demonstrate a transparent and open culture in relation to people's safety. In particular, we saw at our inspection on 8 March 2022 the dentist was treating patients without any clinical support. At this inspection on 19 October 2022 agency staff said that on occasions patients were still seen without a dental nurse or other clinical support in attendance in the treatment room.

On the day of inspection, the dentist had difficulty locating some dental care records for patients who had been treated within the previous 7 days.

We saw the dental care records for 3 patients. None of the dental care records identified a treatment plan, assessed the risk of dental disease or recorded options discussed with the patients.

### **Culture**

The practice did not demonstrate a culture of high-quality sustainable care. There had been no improvement in relation to dental care record keeping since the inspection on 8 March 2022.

Agency staff raised concerns and stated they didn't feel they were given sufficient information to be able to work effectively at the practice.

### **Governance and management**

The practice did not have effective governance and management arrangements. In particular, audits were completed on an occasional basis. Where audits had been completed, they were brief, lacked analysis and had no action plans. We saw examples of hand hygiene, dental care records, X-rays and infection prevention and control audits. Improvement was not evident as a result of these audits.

The practice had an ineffective clinical governance system in place. For example, dental care records were brief, medical histories were not always checked and options, risks and treatment plans were not discussed with patients. An audit of dental care records had been completed within the practice. This audit identified that 7 patients notes had been reviewed. The audit recorded that medical histories, alcohol and tobacco usage, extra oral examinations, soft tissue examinations, oral hygiene status, and treatment options had not been recorded for any of the patients. This audit had not driven improvement in the quality of dental care records. Dental care records were not completed in line with the guidance provided by the College of General Dentistry.

The governance system included policies, protocols and procedures however we were not assured these were accessible to all members of staff. Agency dental nurses told us they had not been shown policies and procedures as part of their orientation. There was no evidence the practice's policies, protocols and procedures were reviewed on a regular basis.

### **Engagement with patients, the public, staff and external partners**

There was no evidence staff gathered feedback from patients, the public and external partners.

### **Continuous improvement and innovation**

The practice did not have systems and processes in place for learning, continuous improvement and innovation.

The practice did not have appropriate quality assurance processes to encourage learning and continuous improvement.

# Are services well-led?

Where the practice had undertaken audits of for example, disability access, radiographs and infection prevention and control, there was no evidence this was done in accordance with current guidance and legislation. There was no evidence staff kept records of the results of these audits and any resulting action plans and improvements.

## Enforcement actions

### Action we have told the provider to take

The table below shows the legal requirements that were not being met.

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"><li>• Systems failed to ensure risks to staff and patients are mitigated. Particularly in respect of lone working, and record keeping.</li><li>• The provider's arrangements for governance needed to be improved. Audits were not being completed regularly and action and learning points were not clearly identified and recorded. For example, audits of infection prevention and control, radiography and dental care records were not completed in line with national guidance from the College of General Dentistry. Audits had no recorded results or action plans, and no identified improvements.</li><li>• Systems and processes for policies, procedures and protocols were ineffective. Policies did not provide guidance and had not been reviewed.</li><li>• Dental care records did not contain sufficient information to demonstrate that patient safety was supported through assessment and analysis of risks.</li></ul> <p>Regulation 17 (1)</p>