

Dr Janet Barker

Combe Road Dental Surgery

Inspection report

6 Combe Road
Portishead
Bristol
Avon
BS20 6BJ
Tel: 01275817781
www.portishead-dental.com

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Overall summary

We undertook a follow up desk-based review of Combe Road Dental Surgery on 13 October 2020. This review was carried out to examine 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 Combe Road Dental Surgery on 14 January 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 and Regulation 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 Combe Road Dental Surgery on our website .

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 areas 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 14 January 2020.

Background

Combe Road Dental is in Portishead, Bristol and provides 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 parking for blue badge holders, are available near the practice.

The dental team includes one visiting specialist oral surgeon, three dentists, seven dental nurses (including an apprentice dental nurse), two dental hygienists, one dental technician, two receptionists and one practice manager. The practice has three treatment rooms.

The practice is owned by an individual who is the principal dentist. 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.

The practice is open:

Summary of findings

Monday from 9am to 7pm

Tuesday, Thursday and Friday from 9am to 5pm

Wednesday from 9am to 8pm

Saturday from 9am to 1pm

Our key findings were :

The provider had made significant improvements to the management of the service. These included:

- The provider had ensured infection prevention and control procedures, protocols and risk assessments had been reviewed and shared with staff.
- Equipment validation documents were recorded and made readily available.
- An effective system for identifying and disposing of out-of-date materials in treatment rooms had been implemented.
- Dental care records were completed in accordance with the Faculty of General Dental Practice (FGDP) guidance.
- Servicing of x-ray equipment had been completed annually.
- Fire safety management processes were in place.
- Referral monitoring logs had been implemented.
- Staff training oversight and monitoring had been implemented.
- Policies, protocols and risk assessments had been reviewed and shared with staff.
- Audits and resulting action plans had been completed for record keeping, radiography, disability access and infection prevention and control.
- Recruitment procedures had been reviewed and a supporting policy and checklists were implemented. However, the practice did not hold all documents required in accordance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Schedule 3) for one staff member.

These improvements provided a sound footing for the ongoing development of effective governance arrangements at the practice.

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

- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the Faculty of General Dental Practice.
- Improve the practice's recruitment procedures to ensure accurate, complete and detailed records are maintained for all staff.

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 14 January 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 13 October 2020 we found the practice had made the following improvements to comply with the regulation:

- At the time of our initial inspection on 14 January 2020 we found that health and safety policies, procedures and risk assessments to help manage potential risk were limited in scope, not subject to regular review and not disseminated to staff. Post inspection, the provider sent written evidence to confirm the practice manager had reviewed all policies, protocols and risk assessments, including health and safety, sharps, chairside support and control of substances hazardous to health. All policies and risk assessments had been shared with staff and included in the practice induction programme for new starters.
- At the time of our initial inspection on 14 January 2020 we found that infection prevention and control procedures, protocols and risk assessments required review and sharing with staff. An infection prevention and control audit completed in October 2020 achieved a score of 97% which demonstrated the provider was meeting the required standards. Analysis detailing action plans and learning outcomes to drive improvement were completed for this audit. The practice did not have a dedicated handwashing sink in the decontamination room. This had been reviewed and risk assessed on 28 January 2020, the risk assessment and new process had been shared with staff.
- At the time of our initial inspection on 14 January 2020 we found that the fire risk assessment had been completed, however it had not identified all significant risks. The provider sourced an external company to implement an in depth fire risk assessment which was completed in March 2020. The risk assessment sent to us showed that the provider had recorded completion of most of the actions identified. Processes had been updated to ensure that all risk assessments were reviewed every year and shared with staff.
- At the time of our initial inspection on 14 January 2020 the provider did not show us servicing certificates for the ultrasonic machine, the x-ray developer machine or the dental chairs. Following the inspection the provider sent us a service certificate for the x-ray developer which had been completed January 2020. The provider shared with us communications from their engineers who confirmed that annual servicing was not a manufacturers requirement for the dental chairs and ultrasonic machine.
- At the time of our inspection on 14 January 2020 we found a small number of out of date dental materials in treatment rooms which were immediately removed. Post inspection, the provider sent written evidence demonstrating the practice had introduced a new system to ensure treatment room materials were regularly checked and out of date ones removed. Prior to our review on the 13 October 2020, the provider sent us a copy of the daily record sheet that had been implemented to ensure oversight and accountability.
- At the time of our initial inspection on 14 January 2020 we found that the provider did not have a central monitoring system for patient referrals. Prior to our review on the 13 October 2020 the provider sent a copy of the referral log they had implemented to monitor and track all referrals.
- At the time of our initial inspection on 14 January 2020 the provider had not completed a disability access audit. An audit with resulting analysis and an action plan had been completed in February 2020 was sent to us prior to our review on the 13 October 2020.
- General dental care records seen on the 14 January 2020, (except for patients who had received sedation) were not fully complete, as they did not contain comprehensive information about the patients' current dental needs, past treatment and medical history in accordance with the faculty of general dental practice (FGDP) guidelines. We saw records for patients who had received sedation were completed in line with FGDP guidelines. At the time of our initial inspection, the practice were using paper based clinical care records.

Are services well-led?

The practice manager informed us during our review on the 13 October 2020 that the provider had invested in electronic software to improve clinical care record notes. Prior to our review we were sent copies of the electronic record note templates that had been implemented since the practice had started using computerised systems in June 2020.

- At the time of our initial inspection on 14 January 2020 we looked at the practice's arrangements for recruiting staff. The provider did not have a recruitment policy or a structured induction programme. We found gaps in immunisation information, references, job descriptions, contracts and Disclosure and Barring Service (DBS) checks for some staff. Prior to our review on 13 October 2020 the provider sent evidence of a recruitment policy that had been completed in February 2020 and shared with us a recruitment matrix which clearly detailed all relevant documents held for staff members with the exception of one team member who had not received a DBS or photo in accordance with the Health and Social

Care Act 2008 (Regulated Activities) Regulations 2014 (Schedule 3). A copy of the induction checklist was shared with us prior to our review on the 13 October 2020.

- At the time of our initial inspection on 14 January 2020 the provider did not have complete oversight of staff training records and we identified gaps in staff training. Prior to our review on 15 October 2020 the practice manager sent us a training matrix which detailed all staffs' training records. The practice manager also informed us that they had purchased an electronic training package which ensured staff had access to online mandatory and recommended training. The training package allowed the practice manager to assign specific training courses to staff and gave enhanced oversight and monitoring.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulation when we reviewed on 13 October 2020.