

# Dr David John Wayne Park Dental

## Inspection Report

1 Downend Park  
Bristol  
BS7 9PU  
Tel: 01173 290383

Date of inspection visit: 22 January 2020  
Date of publication: 04/03/2020

### Overall summary

We undertook a focused inspection of Park Dental on 22 January 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 meeting legal requirements.

The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We undertook an unannounced comprehensive inspection of Park Dental on 9 July 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, effective or well led care and was in breach of regulations 12, Safe Care and Treatment; 19, Fit and proper persons employed and 13, safeguarding service users from abuse of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We took enforcement action against these breaches. This inspection, in February 2020, focused on these breaches of regulation and the actions the provider has taken to address them.

The provider was also in breach of regulations 18, Staffing and 17, good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, where we set requirement notices. We did not follow up on these requirement notices at this inspection in February 2020 as we are ensuring the provider has sufficient time to work through their action plan. You can read our report of that inspection by selecting the 'all reports' link for Park Dental on our website [www.cqc.org.uk](http://www.cqc.org.uk).

As part of this inspection we asked:

- Is it safe?

### Our findings were:

#### Are services safe?

We found this practice was still not providing safe care in accordance with the relevant regulations.

The provider had made some improvements but not enough to put right the shortfalls and had not responded to all the regulatory breaches we found at our inspection on 9 July 2019.

#### Background

Park Dental is in Horfield, Bristol and provides private treatment for adults and children.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces are available near the practice.

The dental team includes one dentist, one dental nurse, one dental hygienist and a receptionist. The practice has two treatment rooms.

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.

# Summary of findings

During the inspection we spoke with one dentist, one dental nurse, one dental hygienist and one receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

- Wednesday 8am-7pm
- Thursday 8am-6:30pm

## Our key findings were:

- Systems were in place to ensure staff were aware of how to report safeguarding concerns to the appropriate authorities. Procedures on how to deal with safeguarding were implemented; however, they needed time to embed within the staffing team to ensure staff had adequate awareness and understanding of the process to follow.
- Systems to recruit staff safely required further improvement. This included ensuring staff recruitment systems and procedures reflected current legislation.
- Systems to manage the risks to patients and staff still required improvement. This included the systems in place to manage fire safety, medicines, immunisation status of staff; and adequate risk assessments for situations in which a dental dam was not used and the hygienist did not have chairside support.
- Systems to manage infection control had improved in some areas and required improvement in others. For example, we found the sterilisers did not have all necessary checks required undertaken to ensure they were safe to use.

- There was not an effective system to ensure actions to reduce the risks associated with legionella were completed.
- Systems to ensure equipment used was maintained according to manufacturer's guidelines needed improvement.
- Systems to ensure the X-ray equipment was safe to use had improved.

We identified regulations the provider was not meeting. They must:

- Ensure care and treatment is provided in a safe way to patients.
- Ensure specified information is available regarding each person employed.

## Full details of the regulations the provider was not meeting are at the end of this report.

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

- Ensure the practice's safeguarding policy was accessible and read and understood by all staff.
- Take action to ensure all clinicians are adequately supported by a trained member of the dental team when treating patients in a dental setting taking into account the guidance issued by the General Dental Council.
- Take action to ensure dentists are aware of guidelines issued by the British Endodontic Society for the use of dental dams for root canal treatment; in particular, ensure there are risk assessments in place for when a dental dam for root canal treatment is not used.

# Summary of findings

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

We asked the following question(s).

**Are services safe?**

**Requirements notice**



# Are services safe?

## Our findings

We found that this practice was not complying with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report).

At our previous inspection on 9 July 2019 we judged the practice was not providing safe care and was not complying with the relevant regulations. We told the provider to take some specific action as described in our warning notices and where concerns were raised within the report relevant to these regulations. At this inspection on 22 January 2020 we found the practice had made a number of improvements to comply with the warning notice for regulation 12 safe care and treatment; however, we identified some areas that still required improvement and the provider was still in breach of regulation 12, safe care and treatment:

- We reviewed how incidents and/or significant events were managed and found there were systems in place to deal with incidents if they occurred. Staff spoken with had some knowledge about how to deal with incidents and they advised us that if they required clarification they would discuss this with the principal dentist. The provider and staff informed us there had been no incidents in the last 12 months.
- The provider told us the dental hygienist no longer worked on their own in the practice. Additionally, there was an informal arrangement in place whereby the dental hygienist would be supported by a dental nurse if they were providing complex treatments. However, the provider had not completed an appropriate risk assessment for when the dental hygienist worked on their own.
- We reviewed fire safety procedures within the practice. We found since the last inspection the provider had arranged for an external company to carry out a fire risk assessment in October 2019. However, we found that not all actions from the risk assessment had been addressed. For example, emergency lighting checks were required to be completed on a monthly basis but these had not been carried out. Additionally, the fire detection system was checked on a monthly rather than weekly basis, as stated within the risk assessment. We found that improvements had been made and fire exits were clear on the day of the inspection. The provider had not yet carried out fire drills, as recommended in the fire risk assessment.
- We reviewed how safely medicines were managed. We found the provider had purchased a new refrigerator following the last inspection. We found the medicine used for a diabetic emergency was kept in a sealed container within the food refrigerator. We found there was still no monitoring of the refrigerator temperatures and the thermometer had a flat battery.
- Medicines stock was reviewed, and we found stock was in date. However, the system to monitor the stock and ensure it was in date had only been implemented on the 20 January 2020. This had not had time to embed and so we could not establish if this was effective. When medicines were dispensed they were not always labelled appropriately, according to current guidelines. This included the name of prescriber and address. The provider informed us they would change this immediately.
- We reviewed the arrangements in place to ensure the safety of the X-ray equipment. We found some improvements had been made since the last inspection. This included seeing evidence of servicing and acceptance testing for the hand-held X-ray. We saw evidence that a notification to the Health and Safety Executive for use of the radiography equipment had now been submitted. We saw a rectangular collimator was now in use on the hand-held X-ray and we were advised that the other X-ray equipment was no longer in use and had been decommissioned. There were local rules in place and these reflected current practice information. We noted the digital X-ray plate sensors were not routinely producing clear images. The provider told us they would investigate and take action to address the issue.
- We reviewed how infection control was managed within the practice. We found the practice had improved in cleanliness, including having appropriate cleaning equipment for specific areas. We did note the practice did appear to be visibly clean. The system used for cleaning the practice needed to be improved. The provider had implemented a new system on the inspection day and this had not had time to embed, therefore, we could not establish if this was effective. The practice used the least effective recognised cleaning method of manual scrubbing which is the hardest to

# Are services safe?

validate and carries an increased risk of an injury from a sharp instrument. We were told that heavy duty gloves were not regularly changed, and the cleaning solution was not always changed after each use, neither of which are in accordance with national guidelines. Two sterilisers were used, and we found these did not receive all the required checks to validate the machines, according to guidelines. The provider informed us the checks would be carried out as soon as they had received the materials to test the steriliser for one machine. The other steriliser the provider was going to review whether it should continue being used due to constraints on being able to test it appropriately.

- We reviewed how the risks associated with legionella were managed. Since the last inspection the provider had arranged for a risk assessment to be undertaken on 13 January 2020. We were unable to establish the outcome of this at the time of the inspection because the assessment had not been sent to the provider. We found the provider was carrying out some monitoring checks to reduce the risks associated with legionella. However, staff were still not monitoring the water temperatures, as required. We were advised this would be addressed immediately. Staff had recently started completing water quality testing and planned to do this as required.
- We found waste was managed effectively at this inspection. We found waste was stored appropriately and bins were kept secure.
- We found the provider had made some improvements with obtaining suitable evidence of Hepatitis B immunity for staff. However, we saw there was still no evidence of immunity for one member of staff, which they were in the process of trying to source.

At the inspection on 22 January 2020 we found the practice had made the following improvements to comply with the warning notice for regulation 13 safeguarding service users from abuse and improper treatment:

- We found all staff had received training in safeguarding vulnerable adults and children. The provider informed us that they planned to discuss safeguarding at the next team meeting to ensure staff had understood safeguarding.

- Staff we spoke with showed an understanding of safeguarding and who to report to if they had concerns. On the day of the inspection the provider ensured there was up to date details of who to report concerns to visible for staff within appropriate areas of the practice.
- We found staff had reviewed a safeguarding policy. However, we noted that this was not the most up to date version and on the day of the inspection the provider ensured the correct policy was available for staff to refer to. We noted this policy had been reviewed in August 2019.

At the inspection on 22 January 2020 we found the practice had made a number of improvements to comply with the warning notice for regulation 19 fit and proper persons employed, however we identified some areas that still required improvement:

- We found all clinical staff had evidence of their professional indemnity.
- The provider had systems in place to recruit staff in the form of a recruitment policy. We found the system to recruit did not fully reflect current legislation to ensure staff were recruited safely. For example, it did not include the requirements to gain satisfactory evidence of employment history and gaps in employment, verification of why employment ended when previous employment was health or social care related, proof of identification and qualifications.
- We reviewed two staff recruitment files. We found the practice had no recruitment documentation for them. During the inspection the provider took immediate action to source evidence for these members of staff. We found the provider had not risk assessed the lack of recruitment evidence within their files. This included lack of satisfactory evidence of conduct of employment and disclosure and barring service (DBS) checks. There was no risk assessment in place to establish which roles required a DBS check.

The provider had also made further improvements:

- At the last inspection we were unable to evidence patients that had severe gum disease were recalled at regular intervals and self-care treatment plans with dates of ongoing oral health reviews based on individual need and in line with recognised guidelines. We found evidence of this at this inspection.
- We found on this inspection the dentist used dental dams in line with guidance from the British Endodontic

## Are services safe?

Society when providing root canal treatment, but the dentist said it was not used for all cases. In instances where a dental dam was not used, such as for example refusal by the patient other methods were used to protect the airway. However, the provider had not formally documented the risk assessment for using this method.

- We found on this inspection the provider had a system for receiving and acting on safety alerts.
- The provider had taken action to ensure facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances. The provider informed us that the electrical installation safety check

had been undertaken on 17 January 2020. However, the practice had not received the certificate for this yet. The provider could not show us evidence that the compressor had been serviced.

These improvements showed the provider had taken action to comply with regulation 13 safeguarding service users from abuse and improper treatment: when we inspected on 22 January 2020. They were no longer in breach of regulation 13. Although some improvements had been made, we found the provider had not made enough improvements to comply with regulations 12 safe care and treatment and 19 fit and proper persons employed. We will set requirement actions for these breaches detailed at the end of this report.

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>Care and treatment must be provided in a safe way for service users</b></p> <p><b>There was no assessment of the risk of, and preventing, detecting and controlling the spread of, infections, including those that are healthcare associated. In particular:</b></p> <ul style="list-style-type: none"><li>• The system to monitor the cleaning of the practice had just been implemented on the day of the inspection and had not had chance to embed to ensure it was effective in ensuring the practice was cleaned, according to guidelines at appropriate intervals.</li><li>• Systems to ensure infection control procedures were following guidelines were not always effective. This included ensuring heavy duty gloves were changed regularly and the cleaning solution was changed after each use.</li><li>• Systems were ineffective to ensure the risks associated with legionella were reduced.</li></ul> <p><b>The equipment being used to care for and treat service users was not used in a safe way. In particular:</b></p> <ul style="list-style-type: none"><li>• Systems to ensure equipment was maintained and serviced according to guidelines and manufacturer's instructions was not effective. This included the compressor, digital X-ray plate sensors, sterilisers and electrical installation safety check.</li><li>• Systems were ineffective to ensure appropriate fire safety checks were undertaken.</li></ul> <p><b>There was no proper and safe management of medicines. In particular:</b></p> <ul style="list-style-type: none"><li>• Systems were ineffective to ensure medicines were kept at the required temperatures, and medicine stock was monitored to ensure safe usage and within date; medicines were not labelled appropriately.</li></ul>

This section is primarily information for the provider

## Requirement notices

### Regulation 12(1)

#### Regulated activity

Diagnostic and screening procedures  
Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

#### Fit and proper persons employed

#### How the regulation was not being met

The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular:

- The systems to recruit staff safely did not reflect current legislation.
- Staff previously recruited did not have the required specified Schedule 3 information within their recruitment files. These had not been risk assessed for missing information.

#### Regulation 19(3)

The registered person had failed to take such action as is necessary and proportionate to ensure that persons employed remained able by reason of their health, after reasonable adjustments are made, of properly performing tasks which are intrinsic to the work for which they are employed. In particular:

- Systems to ensure staff were adequately vaccinated for Hepatitis B were not always effective.

#### Regulation 19 (1)