

Puredental Care (Southport) Ltd

Puredental

Inspection Report

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Overall summary

We undertook a follow-up desk-based inspection of Puredental on 14 March 2019. This inspection was carried out to review in detail the actions taken by the provider to improve the quality of care, and to confirm whether the practice was now meeting legal requirements.

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

We undertook a follow-up inspection of Puredental on 16 October 2018 under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We found the 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 Puredental on our website www.cqc.org.uk.

As one or more of the five questions were not met we required the provider to make improvements. We then inspect again after a reasonable interval, focusing on the areas in which improvement was necessary.

As part of this inspection we asked:

- Is it well-led?

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 identified at our inspection on 16 October 2018.

Background

Puredental is in the centre of Southport and provides private dental care for adults and children.

There is level access to facilitate entrance to the practice for people who use wheelchairs and for pushchairs. Car parking is available near the practice.

The dental team includes a dentist and a dental nurse. The dental team is supported by a practice manager. The practice has one treatment room.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers 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 registered manager at Puredental is the principal dentist.

During the inspection we looked at the provider's procedures about how the service is managed. We reviewed the information and evidence the provider sent to us to demonstrate compliance with the regulation.

The practice is open:

Monday to Friday 9.00am to 6.00pm

Summary of findings

Saturday 9.00am to 2.00pm.

Our key findings were:

- The provider had reviewed and improved their systems and processes for managing risk.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services well-led?

We found that this practice was providing well-led care in accordance with the relevant regulations.

The provider had made improvements to the management of risk at the practice. This included ensuring the actions identified in the practice's fire risk assessment were completed and systems for auditing the practice's processes were improved.

No action 

Are services well-led?

Our findings

At our previous inspection on 16 October 2018 we judged the provider was not providing well-led care and told the provider to take action as described in our enforcement action. At the inspection on 14 March 2019 we found the provider had made the following improvements to comply with the regulation and ensure care and treatment was provided safely.

The provider had improved their systems and processes to enable them to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.

- The provider had completed the actions outlined in the practice's June 2018 fire risk assessment, including the provision of emergency lighting and the appointment of a fire warden. Staff had received fire safety training.
- The provider assured us an infection prevention and control audit had been carried out and the next one was scheduled for May 2019. We were not sent evidence of the audit details or findings. We saw evidence that staff were maintaining records of all sterilisation cycles.
- The provider sent us evidence that a risk assessment had been carried out for the product used to clean the practice's dental unit water lines. We saw the assessment included details of the manufacturer's safety data for the product.

- We found that staff were segregating gypsum waste appropriately.
- The provider assured us a system was now in place to monitor medical emergency equipment to ensure it was available, within its expiry date, and in working order. We were provided with evidence of this for the automated external defibrillator and medical emergency oxygen cylinder, but not for the other equipment.
- The provider had improved their system for ensuring relevant patient safety alerts, recalls and rapid response reports issued by the Medicines and Healthcare products Regulatory Agency, the Central Alerting System and other relevant bodies, such as Public Health England, were acted on and retained. The provider did not demonstrate to us that they had reviewed previous safety alerts to ensure relevant ones were identified and acted on.
- The provider had carried out some auditing of patient dental care records to ensure the appropriate information was recorded, taking into account the guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping, and assured us these audits would be repeated monthly.

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