

Orion Dental Ltd

# Park Dental Studio

## Inspection report

9 Alghitha Road  
Skegness  
PE25 2AG  
Tel: 01754764700

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### Overall summary

We undertook a follow up focused inspection of Park Dental Studio on 22 September 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 CQC inspection manager and a specialist dental adviser.

We undertook a focused inspection of Park Dental Studio on 29 June 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, effective or well-led care and was in breach of regulations 12, 15 and 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 Park Dental Studio on our website [www.cqc.org.uk](http://www.cqc.org.uk).

As part of this inspection we asked:

- Is it safe?
- Is it effective?
- Is it well-led?

### Our findings were:

#### Are services safe?

We found this practice was providing safe care in accordance with the relevant regulations.

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 29 June 2022.

# Summary of findings

## **Are services effective?**

We found this practice was providing effective care in accordance with the relevant regulations.

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 29 June 2022.

## **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 breaches we found at our inspection on 29 June 2022.

## **Background**

Park Dental Studio is in Skegness, Lincolnshire and provides NHS and 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 dedicated parking for people with disabilities, are available near the practice. The practice has made some reasonable adjustments to support patients with additional needs.

The dental team includes 7 dentists, 5 trainee dental nurses (one of who also has reception duties), 1 dental hygienist, 2 receptionists, a business manager and a practice manager. The practice has 4 treatment rooms.

During the inspection we spoke with 1 dentist, 1 trainee dental nurse, the business manager and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday from 8am to 6.30pm.

Tuesday from 8am to 8pm.

Wednesday from 8am to 6.30pm.

Thursday from 8am to 6.30pm.

Friday from 8am to 8pm.

Saturday from 9am to 12:30pm.

Sunday from 9am to 1pm (every other week).

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

# Summary of findings

- Take action to ensure the clinicians take into account the guidance provided by the College of General Dentistry when completing dental care records and prescribing antibiotic medicines.
- Take action to ensure ongoing fire safety management is effective.
- Improve the practice's infection control procedures and protocols taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices. In particular, the use and testing of the ultrasonic bath.
- Take action to ensure that all clinical staff have adequate immunity for vaccine preventable infectious diseases.

# Summary of findings

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

We asked the following question(s).

Are services safe?	No action	✓
Are services effective?	No action	✓
Are services well-led?	No action	✓

# Are services safe?

## Our findings

We found that this practice was providing safe care and was complying with the relevant regulations.

At the inspection on 22 September 2022 we found the practice had made the following improvements to comply with the regulations:

- The practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had infection control procedures in place. However, we noted the quarterly cleaning efficacy test was not being carried out on the ultrasonic bath. We discussed this with staff who assured us it would be introduced. In addition, we noted staff were manually cleaning used instruments prior to them being put in the ultrasonic bath. This increases the potential for staff sustaining a sharps injury. We discussed this and were told the process would be reviewed.
- The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.
- We saw the practice was visibly clean and there was an effective cleaning schedule to ensure the practice was kept clean.
- The practice had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. However, we noted on the day of inspection that there was no evidence of the effectiveness of the Hepatitis B vaccination for three members of clinical staff. We were assured by staff that this would be obtained.
- The practice ensured equipment was safe to use and maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations.
- A fire risk assessment was carried out in line with the legal requirements and we saw evidence of check lists for the fire alarm and fire equipment. However, we noted that the emergency lighting system had not been serviced within the last year. The provider took immediate action to arrange for this to be done.
- The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available.
- The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety, sepsis awareness and lone working. However, we noted there were no details on the sharps injury protocol describing the organisations for staff to contact in the event of a sharps injury. We were later sent evidence that this had been addressed.
- Emergency equipment and medicines were available and checked in accordance with national guidance. Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year.

# Are services effective?

(for example, treatment is effective)

## Our findings

We found that this practice was providing effective care and was complying with the relevant regulations.

At the inspection on 22 September 2022 we found the practice had made the following improvements to comply with the regulations:

- Improvements had been made to the process for managing dental care records. However, further improvements could be made to ensure they fully reflect nationally recognised guidance provided by the College of General Dentistry. These included the documentation on consent including the options provided to patients and the recording and treatment of patients with periodontal disease.
- We reviewed records relating to patients attending for emergency and urgent care. We noted that many of the patients were provided with antimicrobials. These had not been prescribed in line with nationally recognised guidance provided by the College of General Dentistry. We discussed this with staff and were assured that this would be addressed, and the guidance would be reviewed and implemented.
- We saw evidence that clinical staff completed continuing professional development required for their registration with the General Dental Council or which was relevant to their role. This included fire awareness, safeguarding and infection prevention and control training. There was a process in place to monitor staff training and prompt when it was due to be completed.
- Newly appointed staff had a structured induction relevant to their role.
- We saw evidence that complaints were being monitored and recorded to enable the practice to identify any trends and take action where necessary.

# Are services well-led?

## Our findings

We found that this practice was providing well led care and was complying with the relevant regulations.

At the inspection on 22 September 2022 we found the practice had made the following improvements to comply with the regulations:

Improvements had been made to the overall governance systems:

- The practice had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff.
- Improvements had been made to the system for managing the risks associated with asbestos, fire, lone working and electrical safety.
- Staff stated they felt respected, supported and valued.
- The management team told us that they were due to carry out appraisals on all members of staff and we were shown the templates which would be used.
- The practice gathered feedback from staff through meetings and informal discussions.
- The practice had completed audits of dental care records, antimicrobial prescribing, disability access, radiographs and infection prevention and control. However, the audits of antimicrobial prescribing and infection prevention and control had not identified the issues which we identified on the day of inspection.