

The Burnby Lane Dental Practice Partnership

Mydentist - Burnby Lane - Pocklington

Inspection report

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Overall summary

We carried out this announced focused inspection on 27 September 2022 under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

In response to information of concern sent to CQC, we planned the inspection to check whether the registered practice was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a Care Quality Commission, (CQC), inspector who was supported by a specialist dental adviser.

To help us to establish if there were any justifiable concerns, we conducted a sample dental care record review, a review of quality assurance audit systems and the external referral processes. Staff members, a clinical support manager and regulatory officers, on behalf of Mydentist, were present during the evidence review to support the process and corroborate our findings.

We asked the following question:

- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

- Leadership, management and clinical oversight was not fully effective
- Systems to ensure staff awareness of raising concerns required review
- The practices quality assurance systems were not fully effective
- Systems to ensure oversight and monitoring of external referrals required review

Summary of findings

Background

The provider has multiple practices and this report is about Mydentist – Burnby Lane – Pocklington.

Mydentist – Burnby Lane - Pocklington is in York 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 are available near the practice.

The dental team includes 2 dentists, 3 dental nurses, 2 receptionists and a practice manager. The practice has two treatment rooms. The team was supported by a clinical support manager and area regulatory officers.

During the inspection we spoke with the clinical support manager, 2 dental nurses, the practice manager and area regulatory officers.

The practice is open:

Monday to Friday 9am – 5pm

We identified regulations the provider was not complying with. 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 was 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?

Requirements notice



Are services well-led?

Our findings

We found this practice was not providing well-led care in accordance 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). We will be following up on our concerns to ensure they have been put right by the provider.

Leadership capacity and capability

The practice demonstrated a transparent and open culture in relation to the areas of concerns we reviewed.

Leadership and clinical oversight was in place within the group, however we found this should be improved in respect to our findings.

The inspection highlighted several issues and omissions:

On the day of inspection, we found improvements should be made to ensure leadership, management and clinical oversight was effective. In particular: oversight of clinical output, audit, external referrals and reporting when things go wrong.

We found improvements should be made to ensure the practice had effective systems to keep dental professionals up to date with current evidence-based practice. In particular: Nationally agreed guidance from The British Endodontic Society and Ionising Radiation (Medical Exposure) Regulations.

The dental care records we reviewed highlighted inconsistencies with the reporting on the quality of radiographs being taken. We saw inconsistent evidence the dentists justified, graded and reported on the radiographs they took.

Governance and management

We saw the practice carried out radiography audits six-monthly following current guidance and legislation, these did not include learning points and a summary of actions where the quality of the radiograph was below an acceptable standard.

The practice confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide. We reviewed the referral process and found inconsistencies with the detail being recorded on the referral log. In particular:

- There was a high number of external private referrals for a panoramic radiograph. No justification for the referral was recorded on the log and in some cases not justified in dental care records.
- There was a high number of external private referrals for endodontic treatment. No justification for the referral was recorded on the log and in some cases no justification in dental care records.

We found systems to ensure the practice investigated incidents, accidents and when things went wrong were ineffective and should be improved.

- Concerns had not been raised with an appropriate person to establish why a high number of radiographs were being rejected as not-clinically viable.
- Concerns had not been raised with an appropriate person to establish why a high number of external referrals were being made for panoramic radiographs and root canal treatment.

Continuous improvement and innovation

The practice had systems and processes for learning, continuous improvement and innovation, we found these were ineffective. In particular:

Are services well-led?

- The radiography audit had failed to highlight a number of not-clinically viable radiographs being taken and rejected. There was no action plan in place for learning and improvement.
- The dental care record audit had failed to highlight inconsistencies with the level of detail being recorded in dental care records. There was no action plan in place for learning and improvement.

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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>How the Regulation was not being met</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">• Clinical oversight and management systems had not highlighted poor quality standards for taking radiographs• There had been no investigation or justification for the high number of referrals for endodontic treatments and panoramic radiographs• Radiography quality assurance systems were found to be ineffective• Record keeping quality assurance systems were found to be ineffective• Reporting systems to highlight when things go wrong were found to be ineffective <p>Regulation 17(1)</p>