

Mr Arshad Rafiq

# Drakes Dental Care

## Inspection Report

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Date of inspection visit: 08/01/2019

Date of publication: 01/03/2019

### Overall summary

We undertook a follow-up, desk-based inspection of Drakes Dental Care on 8 January 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 that the practice was now meeting legal requirements.

The inspection was led by a CQC inspector who had remote access to a specialist dental adviser.

We undertook a comprehensive inspection of Drakes Dental Care on 19 August 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. At a comprehensive inspection we always ask the following five questions to get to the heart of patients' experiences of care and treatment:

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

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 Drakes Dental Care on our website [www.cqc.org.uk](http://www.cqc.org.uk).

When one or more of the five questions are not met we require the provider to make improvements and send us an action plan. We then inspect again after a reasonable interval, focusing on the areas where 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 19 August 2019.

#### **Background**

Drakes Dental Care is located near the centre of the town. The practice provides NHS and private dental care for adults and children.

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

# Summary of findings

The dental team includes four dentists, four dental nurses, one of whom is a trainee, two dental hygiene therapists, and two receptionists. The dental team is supported by a practice manager, who is also a qualified dental nurse. The practice has four 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.

We reviewed the provider's action plan and evidence sent to us to support the action plan. We found this contained sufficient information to identify to CQC how the provider planned to comply with the regulation.

The practice is open:

Monday 9.00am to 7.30pm

Tuesday, Wednesday, Thursday 9.00am to 5.30pm

Friday 8.00am to 2.00pm.

## **Our key findings were:**

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

- Implement all the recommended actions identified in the practice's Legionella risk assessment, taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.'

# 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 service. This included improving their recruitment procedures, and carrying out the required checks.

The practice had obtained the recommended medical emergency oxygen masks.

A further Legionella risk assessment had been carried out at the practice. Some, but not all, of the actions identified in it had been carried out.

**No action**



# Are services well-led?

## Our findings

At our comprehensive inspection on 19 August 2018 we judged the provider was not providing well-led care and told the provider to take action as described in our requirement notice. At the inspection on 8 January 2019 we found the provider had made the following improvements to comply with the regulation.

The provider had improved their systems and processes for enabling them to assess, monitor and reduce the risks relating to the health, safety and welfare of service users and others.

The provider informed us that all new staff would undergo a Disclosure and Barring Service, (DBS), check prior to commencing employment at the practice, and this would form part of the practice's recruitment procedure. The provider sent us evidence that this had been completed for the relevant staff and that a risk assessment had been put in place for one member of the current staff whilst awaiting the return of their DBS check.

The provider informed us a further Legionella risk assessment had been carried out at the practice, as the initial one had been carried out before the practice was fully operational. We were sent evidence of the new risk assessment. We received an action plan from the provider identifying actions which had been taken to ensure the risk of Legionella developing in the water systems was as low as practicable. We were not sent evidence that all the actions identified in the risk assessment had been addressed.

The provider sent us evidence to demonstrate that the recommended medical emergency oxygen masks had been obtained and would be added to the checklist for staff when carrying out recommended checks on the medical emergency equipment.

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