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Dental Excellence

Inspection Report

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Overall summary

We undertook a desk-based follow-up inspection of Dental Excellence on 1 July 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 now meeting legal requirements.

The inspection was led by a CQC inspector.

We undertook a comprehensive inspection of Dental Excellence on 10 December 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 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 Dental Excellence on our website www.cqc.org.uk.

As part of this inspection we asked:

• Is it well-led?

When one or more of the five questions are not met we require the service to make improvements and send us an action plan. We then inspect again after a reasonable interval, focusing on the area where improvement was required.

This desk based follow-up inspection was carried out during the COVID 19 pandemic. Due to the demands and constraints in place because of COVID 19 we reviewed the action plan submitted by the provider following our inspection of December 2019, alongside evidence the provider supplied to demonstrate how they were maintaining these improvements.

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 found at our inspection on 10 December 2019.

Background

Dental Excellence is based on a business park in the Garston area of Liverpool and provides 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 immediately outside the practice.

The dental team includes the principal dentist, three dental associates, eight dental nurses, one of whom is a trainee, two dental hygiene therapists, three

Summary of findings

administrators and a practice manager. The practice retains the services of two advanced dental implantologists, a specialist endodontist and a specialist oral surgeon. The practice has six 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.

During the inspection we spoke with one of the dentists who presented us with evidence of improvements made, supported by the practice compliance manager. We also looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday to Thursday 9am to 6pm, Friday from 9am to 4pm, and on Saturdays by arrangement between 2pm and 6pm.

Our key findings were:

The provider had reviewed all aspects of governance within the practice, including areas highlighted at our previous inspection. We found:

- Improvements had been made in relation to management and control of Legionella, including removal of any little used outlets and regular water temperature checks in support of the management of risk of Legionella.
- Improved and more frequent audit in respect of infection control.
- Improved training for staff on how to conduct more effective audit, in different areas across the practice.
- Effective review of all staff files and recruitment documents held. We found all records required to be held where in place.
- Appraisal was now in place for all staff.
- Improved response to critical acceptance testing reports in relation to X-ray equipment at the practice, addressing recommendations made.
- Policies and protocols to promote safe working and effective governance had been reviewed.
- Improvement of systems and processes in place to support good communication.
- Practice meetings were planned and held on a regular basis. These were minuted, so that any staff member absent on that day, could review any updates and actions required.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services well-led?	**No action** 

Are services well-led?

Our findings

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

At our previous inspection on 10 December 2019 we judged the provider was not providing well led care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notice. When carrying out our desk-based follow-up inspection we found the practice had made the following improvements to comply with the regulation:

- Risk assessments in relation to management and control of Legionella and been reviewed and any recommended action taken. This included the removal of any little used outlets, such as a staff shower at the practice.
- Infection control audits were being conducted to at least twice each year, in line with recognised guidance. These also covered water temperature testing in respect of control of Legionella.
- Refresher training for staff on how to conduct more effective audit, for example, in relation to infection control, had been delivered. This also took account of the risks posed by COVID 19. Audits repeated following refresher training included radiography and antibiotic prescribing audits.
- All staff files and recruitment documents held had been audited. This ensured that all records required to be held where in place. Any records that could not be gathered, which related to the health of staff, prompted a risk assessment particular to the circumstances of those staff. Periodic appraisal was in place for all staff.
- Lead staff had further studied the critical acceptance testing reports in relation to X-ray equipment at the practice and had acted to meet any recommendations made.
- Policies and protocols referred to by staff, to promote safe working and effective governance had been reviewed. This included, for example, the practice sharps policy.
- Systems and processes in place to support good communication had been revisited. This included ways in which safety alerts and updates to clinical guidance were received in the practice, shared, discussed and recorded.
- Practice meetings were planned and held on a regular basis. These were minuted, so that any staff member absent on that day, could review any updates and actions required.

The provider had introduced further measures to address risks posed by COVID 19. This included 'fallow time' between patient consultation and treatment, and full clean of surgeries between each patient's treatment. Staff had been provided with required personal protective equipment and the necessary fit testing of this had been arranged for each staff member. Staff were able to refer any queries or concerns to the specialist compliance manager, who was an infection control lead and understood the protocols that needed to be in place to maintain and promote safety of staff and patients.