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Park Dental

Inspection report

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Overall summary

We undertook a focused follow up inspection of Park Dental on 3 December 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.

This inspection was undertaken by a CQC inspector who was supported by a specialist dental adviser.

We undertook a comprehensive inspection of Park Dental on 9 July 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 safe, effective or well led care. The provider was in breach of regulations; 12 safe care and treatment, 13 safeguarding service users from abuse and improper treatment and 19 fit and proper persons employed of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and we served warning notices. The provider was also in breach of regulations 17 good governance and 18 staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and we served requirement notices.

We returned to Park Dental on 22 January 2020 to review the three breaches of regulations where we had served warning notices. We found some improvements had been made and some areas that still required improvement within regulations 12 safe care and treatment and 19 fit and proper persons employed. The provider was found compliant with regulation 13 safeguarding service users from abuse and improper treatment.

This focused inspection reviewed on all the outstanding requirement notice breaches, which included the following regulations; 12 safe care and treatment, 17 good governance, 18 staffing and 19 fit and proper persons employed.

You can read our report of that inspection by selecting the 'all reports' link for Park Dental on our website www.cqc.org.uk.

As part of this inspection we asked:

- Is it safe?

Summary of findings

- Is it effective?
- 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 areas where improvement was required.

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 22 January 2020.

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 breach we found at our inspection on 9 July 2019.

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 9 July 2019.

Background

Park dental is in Horfield, Bristol and provides private treatment for adults and children.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces are available near the practice.

The dental team includes one dentist, one dental nurse, one dental hygienist, an administrator and a receptionist. The practice has two 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 the principal dentist, the dental nurse/receptionist, an agency nurse and administrator. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Summary of findings

- Monday and Thursday 9am to 4:30pm

Our key findings were:

- The provider had effective procedures in place to ensure they were meeting current infection control guidelines and legislation.
- There were systems in place to ensure new staff were recruited safely and employment procedures met current legislation requirements, although these need to be consistently followed.
- There were systems in place to monitor the risks associated with legionella.
- The provider had effective systems in place to ensure staff received appropriate role related training, annual appraisals and a structured induction process.
- The provider had an effective system to monitor and ensure equipment and medicines used for medical emergencies were safe to use.
- There were quality assurance processes to assess, monitor and improve the quality of the service.
- A system to seek and learn from patient feedback was in the process of being implemented to enable the provider to learn and improve upon the service provided.

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

- Improve the practice's recruitment policy and procedures to ensure accurate, complete and detailed records are maintained for all staff.
- Implement a system to ensure patient referrals to other dental or health care professionals are centrally monitored to ensure they are received in a timely manner and not lost.
- Implement processes and systems for seeking and learning from patient feedback with a view to monitoring and improving the quality of the service.
- Improve the practice's arrangements for ensuring good governance and leadership are sustained in the longer term.

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 our previous inspection on 22 January 2020 we judged the practice was still not providing safe care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notice. At the inspection on 3 December 2020 we found the practice had made the following improvements to comply with the following regulations; 12 safe care and treatment and 19 fit and proper persons employed:

- The provider had systems in place to ensure the practice was cleaned to an appropriate standard. On our inspection, we found the practice appeared to be clean. We saw there was a practice cleaning schedule in place.
- The provider had effective infection control procedures in place including useful signage for staff to follow to ensure they were following appropriate guidelines. We spoke with an agency nurse who was clear on what they needed to do to work to the procedures set out and equipment standards set. Regular infection control audits had been carried out.
- There were systems in place to monitor the risks associated with legionella. We saw a completed risk assessment with an action plan. The provider was monitoring hot water temperatures. However, staff were not monitoring cold water temperatures, as described within the risk assessment. The provider confirmed they would be monitoring cold water from now on.
- There were recruitment systems in place to ensure fit and proper persons were employed. This included a recruitment checklist and policies. Some improvements had been made to ensure current staff had the appropriate specified information required according to legislation. Risk assessments had not been completed to mitigate not having the appropriate information specified when recruiting staff. We were sent these after the inspection. There had been an issue with receiving new Disclosure and Barring Service checks for two members of staff. We were sent evidence that this was being rectified and other information required for another member of staff was now in place.
- Systems were now in place to ensure staff were assessed for immunity status for Hepatitis B and if required, risk assessments were put in place for any non-responders to the vaccine or non-immunised staff.

The provider had also made further improvements:

- Staff had access to the practice's safeguarding policy and we saw evidence that staff had signed to say they had read and understood it.
- It was no longer necessary for the practice to carry out a risk assessment for hygienist lone working. We were informed they will now be working alongside a dental nurse at all times.
- An appropriate risk assessment had been completed for when a dental dam was not used for root canal treatment.

These improvements showed the provider had taken action to comply with the regulations 12 safe care and treatment and 19 fit and proper persons employed.

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 our previous inspection on 9 July 2019 we judged the practice was not providing effective care and was complying with the relevant regulations. We told the provider to take action as described in our requirement notice. At the inspection on 3 December 2020 we found the practice had made the following improvements to comply with the regulation 18 of the Health and Social Care Act, staffing:

- There was an effective system in place to ensure staff received appropriate training for their role. We saw staff were up to date with training for obtaining patient consent and mental capacity, safeguarding vulnerable adults and children, radiography and radiation protection and infection control. The provider was able to monitor training through appraisals and team meetings.
- The provider had a system in place to ensure staff received regular annual appraisals. We saw evidence all staff had received an appraisal in the last year.
- The provider had improved how staff were inducted into their role. There was a template checklist in place for all staff and we saw completed inductions for recent agency staff used.

The practice had also made further improvements:

- We reviewed dental care record audits showing X-rays were justified, graded and reported upon.
- Antibiotic prescribing audits had been completed in February and November 2020 to ensure guidelines were being met and the dentist showed a good understanding of antimicrobial stewardship.

These improvements showed the provider had taken action to comply with regulation 18 staffing, of the Health and Social Care Act.

We reviewed how conscious sedation was provided for patients, as this was a new service provided. Conscious sedation was offered to patients who were very anxious about dental treatment and those who needed complex or lengthy treatment. The practice had systems to help them do this safely. These were in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.

The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training. They also included patient checks and information such as consent, monitoring during treatment, discharge and post-operative instructions.

The staff assessed patients for sedation. The dental care records showed that patients having sedation had important checks carried out first. These included a detailed medical history, blood pressure checks and an assessment of health using the guidance.

The records showed that staff recorded important checks at regular intervals. These included; pulse, blood pressure, breathing rates and the oxygen content of the blood.

The operator-sedationist was supported by a second individual, who was due to complete their training by the end January 2021. The name of this individual was recorded in the patients' dental care record.

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 9 July 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. At the inspection on 3 December 2020 we found the practice had made the following improvements to comply with regulation 17 good governance, of the Health and Social Care Act:

- The provider had made significant improvements following our previous inspections. We noted that some of these changes had been made within the notice period of this inspection and the provider had recently recruited some additional assistance to help support with the governance of the practice. The provider needs to ensure that good leadership and governance is sustained and embedded in the practice.
- The provider had an effective system to monitor and ensure equipment and medicines used for medical emergencies were safe to use. We noted a medicine used for seizures was not in the recommended form. The provider ordered the correct type, as described within the resuscitation council UK.
- There were quality assurance processes to assess, monitor and improve the quality of the service. The provider had completed three infection control audits in the last 12 months. Radiography and clinical records audits had been completed. Improvements and action plans on all audits had been noted, where applicable.
- A system to ensure policies and procedures were kept up to date and current with relevant guidelines and legislation was in the process of being implemented. We reviewed the providers policies for consent including the Mental Capacity Act, duty of candour and whistle blowing, infection control, waste management and health and safety. These had all been updated in the last year and were in accordance with current legislation and guidelines.
- We saw a completed disability discrimination access audit. It had not been dated but the provider informed us it was completed in September 2020. It was based on the provider's current patient base as the provider did not intend to take on any additional patients for the foreseeable future. We were informed this would be reviewed if it changed. Therefore, actions from this audit had a longer timescale. For example, sourcing translation services for patients.
- The provider did not have a patient feedback system in place when we inspected. However, they confirmed after our inspection that they would start trying to gain feedback from patients and would implement a formal record of this and review regularly it in team meetings.

The practice had also made further improvements:

- The provider did not have a system in place to monitor routine or urgent patient referrals. However, following the inspection informed us how this would be implemented and followed through to ensure referrals had been acknowledged and acted upon.
- There was a safer sharps risk assessment in place, which reflected the sharps used within the practice.
- Appropriate risk assessments had been completed for products used within the practice that could be hazardous to health.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulation 17 good governance.