

Mr. Michael Green

The Park Row Dental Practice

Inspection report

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Overall summary

We undertook a focused follow up inspection of The Park Row Dental Practice on 16 March 2023. This inspection was carried out to review 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 specialist dental advisor.

We had previously undertaken a comprehensive inspection of The Park Row Dental Practice on 8 March 2022 and follow up inspections on 19 May 2022 and 19 October 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 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 The Park Row Dental Practice on our website www.cqc.org.uk.

When 1 or more of the 5 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.

As part of this inspection, we asked:

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

Our findings were:

Are services safe?

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

Summary of findings

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 inspections on 19 May 2022 and 19 October 2022.

Background

The Park Row Dental Practice is in Leeds city centre and provides private dental care and treatment for adults and children.

The practice is in the basement of a building in the centre of Leeds. Access is via a flight of stairs. Car parking spaces are available near the practice in city centre car parks.

The dental team currently consists of 1 dentist, 1 trainee dental nurse and additional clinical support is provided by agency dental nurses. The practice has 2 treatment rooms.

During the inspection we spoke with the principal dentist and 2 dental nurses. We looked at practice policies and procedures and other records about how the service is managed.

Monday to Friday from 8am to 4pm.

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

- Take action to ensure that all clinical staff have adequate immunity for vaccine preventable infectious diseases.
- Improve the practice's protocols and procedures for the use of X-ray equipment in compliance with The Ionising Radiations Regulations 2017 and Ionising Radiation (Medical Exposure) Regulations 2017 and taking into account the guidance for Dental Practitioners on the Safe Use of X-ray Equipment.

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 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.

- We were assured that the clinician no longer conducted treatment without chairside support from another dental professional.
- The practice had safeguarding policies in place for both vulnerable adults and children. Staff were aware of the responsibilities regarding safeguarding and had appropriate training for their role.
- The practice had a recruitment policy and procedure to help them employ suitable staff, including for agency or locum staff. These reflected the relevant legislation.
- We noted 1 member of staff had not had their Hepatitis B immunity confirmed and had not had an appropriate risk assessment undertaken. This staff member had been asked by the provider to be involved in the decontamination of dental instruments and was therefore at risk. We discussed this with the provider who assured us the staff member concerned would not be working in risky areas until their Hepatitis B immunity was confirmed.
- Improvements had been made to the systems to assess, monitor and manage risks to patients and staff. This included sharps safety.
- Emergency equipment and medicines were available and checked in accordance with national guidance.
- Improvements had been made to the patient care records. These were complete, legible, kept securely and complied with General Data Protection Regulation requirements.
- In relation to radiation safety, the control area in the treatment room was not properly defined, and as such the operator was within the 'control zone'. The risks associated with this had not been considered or mitigated against. We discussed this with the provider and suggested this needed to be discussed with the Radiation Protection Advisor and action taken to remove the risk.

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 16 March 2023, we found the practice had made the following improvements to comply with the regulation:

- Improvements had been made to the practice's systems and processes for learning, quality assurance and continuous improvement.
- A new computerised system had been introduced for recording dental care records. This system had helped the provider make the required improvements to their clinical notes.
- Improvements had been made to policies within the practice, and these contained more detail and guidance for staff.