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Parkside Dental Practice

Inspection report

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Overall summary

We undertook a follow up desk-based review on 14 September 2020. This review was carried out to follow up on 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 review was led by a CQC inspector who had remote access to a specialist dental adviser.

We undertook a comprehensive inspection of Parkside Dental Practice on 26 April 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 or well led care and was in breach of Regulation 12 - Safe Care and Treatment, Regulation 17 - Good Governance, Regulation 18 - Staffing, Regulation 19 - Fit and proper person employed, 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 Parkside Dental Practice on our website .

As part of this review we asked:

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

When one or more of the five questions are not met we require the service to make improvements.

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 26 April 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 breaches we found at our inspection on 26 April 2019.

Background

Parkside Dental Practice is in West Wickham, in South East London within the London Borough of Bromley. The practice provides private treatment to adults and children.

There is no level step-free access for people who use wheelchairs or those with pushchairs. Car parking spaces are available on the premises.

The practice has two treatment rooms.

The dental team includes two dentists, two dental nurses, a receptionist/administrator, and a dental hygienist.

Summary of findings

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

The practice is open at the following times:

Monday – Friday: 9.00 am – 5.30 pm

Saturdays: by arrangement

Our key findings were :

- The registered person had mitigated risks to the health and safety of service users receiving care and treatment, this included having an established system for receiving, acting on and sharing national safety alerts and had ensured that dental materials, medicines and emergency equipment were suitably maintained.

- The provider had systems in place to check staff had suitable immunity to Hepatitis B.

- The registered person had implemented a cycle of regular audits including radiography and

Disability Access Audits.

- Staff had undertaken relevant training appropriate to their jobs.

- There were systems in place to check, employment histories, proof of identity, satisfactory

evidence of conduct in previous employment and appropriate indemnity insurance

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.

At our previous inspection on 26 April 2019 we judged the practice was not providing safe care and was not complying with the relevant regulations. We told the provider to act as described in our requirement notice. When we undertook a review on 14 September 2020, we found the practice had made the following improvements to comply with the regulation:

- The registered person had established an effective system for receiving, acting on and sharing national safety alerts.
- There were arrangements in place to ensure that materials, medicines and emergency equipment were suitably maintained and not kept beyond their use-by dates and all recommended medicines were available, some of which were not available at the comprehensive inspection. For example, midazolam oromucosal solution was now available at the practice.

- There were systems in place to check, employment histories, proof of identity, satisfactory

evidence of conduct in previous employment and appropriate indemnity insurance.

- The registered person had ensured that the premises and equipment was suitably

maintained. For example, portable appliance tests (PAT) had been carried out on electrical equipment in July 2019.

- There were arrangements in place for environmental cleaning, including bodily fluids.

- There were arrangements in place to ensure staff had undertaken relevant training including infection control and safeguarding.

- A fire risk assessment had been undertaken and identified issues acted upon. For example, PAT testing had been carried out.

These improvements showed the provider had taken action to comply with the regulation when we undertook our review on the 14 September 2020.

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 26 April 2020 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 our review of 14 September 2020, we found the practice had made the following improvements to comply with the regulation.

- The registered person had established an effective system to ensure that all clinical staff had received appropriate vaccinations.
- There were arrangements to ensure instruments were pouched appropriately.

- There was evidence to show that safeguarding children and vulnerable adults training had been undertaken.
- Staff had completed fire safety training.
- There was evidence of basic life support training that had taken place in November 2019 and was scheduled again for November 2020
- The provider had obtained up to date indemnity insurance for staff.
- There were arrangements in place to monitor referrals to other services.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulations when we inspected on 14 September 2020.