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Park Dental Studio Rotherham

Inspection Report

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Overall summary

We undertook a follow-up focused inspection of Park Dental Studio on 3 March 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 who was supported by a specialist dental adviser.

We undertook a comprehensive inspection of Park Dental Studio on 20 November 2020 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 and well-led care and was in breach of regulations 12 and 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 Park Dental Studio on our website www.cqc.org.uk.

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.

The provider had made improvements in relation to the regulatory breach we found at our inspection on 3 March 2020.

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 3 March 2020.

Background

Park Dental Studio is in Rotherham and provides NHS and 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 on local roads.

The dental team includes two dentists, two dental nurses and one receptionist. The practice has two treatment rooms.

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.

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

The practice is open: Monday to Thursday 9am – 5:30pm and Friday 9am – 4pm.

Our key findings were:

- Legionella management systems reflected published guidance.
- Systems were in place to manage sharps risks in line with current regulations.
- Systems were in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus.
- Infection prevention and control systems were in line with published guidance.
- The provider complied with guidance from the British Endodontic Society in respect to the use of dental dams.
- Fire safety systems reflected current regulations.

- The provider had introduced effective measures for sepsis awareness, identification and management.
- Prescription use was monitored and tracked in line with guidance.
- Systems were in place to manage patient safety alerts received from the Medicines and Healthcare products Regulatory Agency.
- Systems for the use of X-ray equipment complied with current regulations.
- Leadership, effective communication and oversight of clinical governance and management systems were improved.
- Systems to manage audit for quality assurance, learning and improvement were improved. One area required additional review.
- Systems to ensure effective oversight of the environmental cleaning standards were improved.
- The system in place to manage stock rotation was effective.

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

- Review the practice's protocols to ensure audits of infection prevention and control are undertaken at regular intervals to ensure they reflect current systems in place.

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 20 November 2019 we judged the practice was not providing safe care and was not complying with the relevant regulations. We told the provider to take action as described in our enforcement notice. At the inspection on 3 March 2020 we found the practice had made the following improvements to comply with the regulation.

At the comprehensive inspection in November 2019 we noted the provider had failed to comply with guidance to ensure Legionella management systems were effective. We reviewed the revised systems at the follow-up visit and found improvements had taken place, for example:

- A system was in place to ensure taps and dental unit water lines were flushed through in the infrequently used treatment room. A daily log was kept, and a weekly water line treatment was being recorded.
- Spot checks had been introduced to oversee the process.
- Legionella management and awareness training was completed by all staff in February 2020.

Infection prevention and control processes did not reflect recommended guidance when we reviewed them during the comprehensive inspection. The provider had introduced revised processes and staff could demonstrate that these were now in line with published guidance. In particular:

- Spot checks were in place to monitor the cleanliness and tidiness of the clinical areas.
- Personal protective equipment was used during the instrument decontamination process.
- The system to clean, dry and process dental instruments was in line with guidance.
- Signage and airflow within the decontamination room had been addressed.
- A system was put in place to address staff time constraints and staff awareness of guidance was much improved.
- Damaged cabinetry had been repaired, kick boards were replaced and sealed around the edges to facilitate effective environmental cleaning.

Infection prevention and control training was completed in February 2020. Staff told us and were able to demonstrate they had a much-improved awareness of how to remain compliant in this area.

Clinicians complied with guidance to ensure a patients' airway was protected during root canal treatment.

The practice's fire safety management system was improved and supporting evidence was reviewed to confirm this. A fire risk assessment was completed in December 2019. All recommendations in the risk assessment had been addressed, for example:

- An appointed person was in place to oversee fire safety management.
- A system was in place to ensure appropriate fire safety equipment checks were carried out and induction protocols now included fire safety.
- Evacuation signage was visible and regular fire drills were taking place.
- Staff had completed fire safety training in December 2019 and told us they felt better informed about fire safety.

The provider and staff had completed sepsis awareness training in February 2020 and all were aware of the recognition, diagnosis and early management of sepsis. Information posters were visible throughout the practice.

The provider had implemented processes to ensure prescription use was monitored and tracked in line with guidance.

The system implemented to act upon patient safety alerts received from the Medicines and Healthcare products Regulatory Agency was effective.

The provider had completed Mental Capacity Act 2005 training to ensure they improved their awareness of legal guardianship and Power of Attorney and responsibilities under the Mental Capacity Act 2005.

The provider had also made further improvements:

The provider had registered the use of X-ray machines with the Health and Safety Executive in line with current regulations, a record of this was available for review.

An assessment of risk for all materials which could be considered hazardous to health was completed and risk assessment records were available for review.

Are services safe?

The external clinical waste receptacle was secured in the courtyard at the rear of the building to prevent access by the public.

These improvements showed the provider had taken action to comply with the regulation when we inspected on 3 March 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 20 November 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 enforcement notice. At the inspection on 3 March 2020 we found the practice had made the following improvements to comply with the regulation.

Safer sharps systems were now in line with current regulations. A safer sharps induction record was implemented, new staff to the practice sign this document to confirm they are aware of the system in place at the practice. In addition, where possible, single use items are used to reduce sharps risks and the practice sharps risk assessment reflects that all clinicians are responsible for handling and disposal of all sharp instruments in use.

The provider had taken action to ensure the following systems and processes were effective:

- Fire safety management systems reflected current regulations.
- The system to act upon relevant patient safety alerts was embedded.
- Systems were in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus.
- Staff were up to date with recognition, diagnosis and early management of sepsis.
- The process to monitor and track prescriptions reflected relevant guidance.

Audit processes for quality assurance, learning and improvement were better understood. We discussed the

need to ensure an up to date infection prevention and control audit was in place to accurately reflect the revised processes. The provider assured us this would take place without delay.

Oversight and management of environmental cleaning standards were improved. The provider described how they had implemented cleaning logs to oversee the environmental cleaning standards and had improved the communication with the cleaning company.

The system in place to manage stock rotation was now effective.

Leadership, effective communication and oversight of clinical governance and management systems were more effective. For example;

- The provider told us staff had a more inclusive role in the practice and were made aware of day to day changes and updates.
- Refresher training was completed by all staff in the relevant areas.
- The provider sought assistance from a local practice manager to help align the practice's systems and processes.
- The provider had identified a need to be more involved in the governance of the practice and was seeking additional clinical assistance to help facilitate this.
- The lead dental nurse was given protected time to attend to day to day administration.

The team had worked hard to establish compliance after the inspection in November 2019. It was evident that knowledge and awareness was much improved, these enhancements had provided structure and direction for all staff.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulation when we inspected on 3 March 2020.