

Purple Dental Care

Hartcliffe Dental Practice Partnership

Inspection report

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Overall summary

We undertook a follow up desk-based review of Hartcliffe Dental Practice Partnership on 4 November 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 carried out by a CQC inspector.

We undertook a comprehensive inspection of Hartcliffe Dental Practice Partnership on 24 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 well led care and was in breach of regulations 17 Good governance and 19 Fit and proper persons 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 Hartcliffe Dental Practice Partnership on our website www.cqc.org.uk.

As part of this review 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 areas where improvement was required.

Our findings were:

Are services well-led?

We found this practice was providing well-led care in accordance with the relevant regulations.

Summary of findings

The provider had made improvements in relation to the regulatory breaches we found at our comprehensive inspection of 24 July 2019.

Background

Hartcliffe Dental Practice Partnership is in Hartcliffe, Bristol and provides NHS and private treatment for adults and children.

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

The dental team includes three dentists, one foundation dentist, one qualified dental nurse, two trainee dental nurses, one dental hygienist, a practice manager, and one receptionist. The practice has three treatment rooms.

The practice is owned by a partnership and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers 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 registered manager at Hartcliffe Dental Practice Partnership is the senior partner.

During our review, we spoke with the provider (also a dentist) and the practice manager. We looked at practice policies and procedures and other records in relation to the breaches of regulation.

The practice is open:

8:30am to 5pm Monday to Friday

Our key findings were:

- There was an effective system in place to monitor staff training to ensure staff were up to date.
- New staff employed had an appropriate induction.
- Action had been taken to ensure fire safety had been risk assessed in accordance with current Legislation and subsequent actions had been identified and completed.
- Systems to ensure substances hazardous to health had been risk assessed were still in progress.
- There were effective systems in place to monitor infection control processes.
- There were effective systems to manage incidents and these were recorded using reporting tools.
- There were systems in place to review patient dental care records at regular intervals.
- There was an effective system in place to ensure policies and procedures were kept up to date with current guidelines.
- Specified information was available for each person employed, according to legislation and where this had not been possible there was a risk assessment in place
- Clinical staff had been risk assessed where staff they were either non-responders or not fully immunised for Hepatitis B.
- An audit had been carried out for prescribing antibiotics taking into account the guidance provided by the Faculty of General Dental Practice.
- There were procedures in place in relation to the Accessible Information Standard to ensure that the requirements were complied with.

Summary of findings

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

- Review the 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.
- Improve audits, in particular, clinical records, to ensure they have clearly documented learning points and the resulting improvements can be demonstrated.

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 24 July 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. We carried out a desk-top review on 4 November 2020 we found the practice had made the following improvements to comply with the regulations 17 Good governance and 19 Fit and proper persons employed:

- The provider now had an effective system in place to monitor staff training to ensure staff were up to date with required training. We saw evidence of completed medical emergency and infection control training.
- The provider had new procedures in place to ensure new staff employed had an appropriate induction. We saw evidence that the all but two of staff appraisals had been completed and there was a plan in place for the completion of the outstanding appraisals.
- The provider had taken action to ensure fire safety had been risk assessed in accordance with current Legislation and subsequent actions had been identified and completed. This included repairing the emergency lighting and ensuring there were regular checks to ensure the fire alarm and emergency lighting was safe to use and in good working order. New fire safety signs had been installed.
- Systems to ensure substances hazardous to health had been risk assessed were in progress. The provider had product information sheets for each substance. The practice manager informed us there was approximately 50 risk assessments that would need to be completed. They were aiming for these to be completed by the end of January 2021.
- The provider had improved systems to monitor infection control processes. We saw evidence of the last two infection control audits that had been completed in the last year. Clear action plans had been completed for both audits. Following our previous inspection, additional staff training had been conducted to address the areas of concern highlighted. We were told staff were regularly observed by the practice manager to ensure they were following policies and procedures appropriately.
- The provider had improved their systems to manage incidents and these were recorded using reporting tools. We saw evidence of incidents that had occurred in the last 12 months and how these had been dealt with. The practice manager informed us they would provide more details on what the incident was. They informed us incidents were shared with relevant team members or the whole team.
- The provider had systems in place to review patient dental care records at regular intervals. We saw evidence of clinical record audits being completed for all clinicians in August 2020. We found there was still the similar issues being identified as at our last inspection. For example, discussions around patient anxiety were still not being recorded. The provider informed us they would reflect on how they could improve on this. We did note there had been improvements noted that referral documentation was now being saved within the patient dental care record. The provider had completed an audit into the effectiveness of patient tooth fillings placed and whether any improvements could be identified. No actions were identified as a result and a further audit of this nature was planned in the future.
- The provider had a system in place to review policies and procedures to ensure they were kept up to date and in line with current guidelines. For example, we saw health and safety policies and procedures had been updated to reflect COVID 19 changes made to the practice. These had been dated and had a review date. They had also been signed by staff to demonstrate they were aware of them. A safer sharps' risk assessment had been completed, which included the current method used within the practice.
- The provider had systems in place to ensure they had information available for each person employed and where this had not been possible there was a risk assessment in place. We saw evidence of recruitment checklists used to monitor recruitment information.

The practice had also made further improvements:

Are services well-led?

- The provider had reviewed its systems to ensure clinical staff had received appropriate vaccinations including Hepatitis B. We saw evidence of risk assessments completed when staff were either non-responders or not fully immunised.
- The provider had reviewed its protocols for prescribing antibiotics and the practice manager had carried out audits on antibiotic prescribing for all clinicians in July 2020. The audit included reflective learning for clinicians.
- The provider was complying with the Accessible Information Standard by ensuring there was access to British Sign Language and translation services. Patients had access to reading glasses to further improve their experience.
- The provider's central system to monitor patient referrals could be further improved. For example, urgent referrals were not monitored to ensure they had been received and acknowledged. The referral system did include the option include a check to acknowledge receipt, however this was not used. The provider confirmed they would implement a process to capture this information centrally. The provider was further improving its referral system by auditing why referrals were returned to help reduce returned referrals causing further delays.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the Regulations 17 Good Governance and 19 Fit and Proper Persons employed.