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Peachcroft Dental

Inspection report

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Overall summary

We undertook a follow up focused inspection of Peachcroft Dental on 3 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 Peachcroft Dental on 17 August 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 Peachcroft Dental 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?

Summary of findings

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

Are services well-led?

We found this practice was not providing well-led care in accordance with the relevant regulations.

The provider had made several improvements in relation to the regulatory breach we found at our inspection on 17 August 2022, but further improvements were needed.

Background

Peachcroft Dental is in Abingdon and provides NHS and private treatment to adults and children.

Car parking spaces, including spaces for blue badge holders, are available, in a public car park, at the front the practice.

The practice is based on the first floor above a retail business. New patients are advised of the stairs when they make contact with the practice.

The dental team includes three dentists, one hygienist, one hygiene therapist, six dental nurses, two student nurses and a receptionist.

The practice has five treatment rooms of which four are in use.

The practice is owned by an organisation 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.

On the day of inspection, we obtained the views of four patients.

During the inspection we spoke with the principal dentist, two dentists, three dental nurses, and the receptionist.

We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

- Monday 9.00am to 1.00pm and 2.00pm to 5.00pm.
- Tuesday 9.00am to 1.00pm and 2.00pm to 5.00pm
- Wednesday 9.00am to 1.00pm and 2.00pm to 5.00pm
- Thursday 9.00am to 1.00pm and 2.00pm to 5.00pm
- Friday 9.00am to 1.00pm and 2.00pm to 5.00pm

We identified regulations the provider was not complying with. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Summary of findings

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 protocols regarding auditing patient dental care records to check that necessary information is recorded.
- Take action to ensure audits for prescribing of antibiotic medicines take into account the guidance provided by the College of General Dentistry.

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?	**Requirements notice** ✗

Are services safe?

Our findings

We found that this practice was providing safe care and was complying with the relevant regulations.

At the inspection on 3 March 2023 we found the practice had made the following improvements to comply with the regulations:

Infection Control

- Cleaning schedules were available.
- Keyboards in clinical areas were covered or washable.
- An airline tube under the bracket table had been repaired.
- Rubber gloves used for decontamination were changed routinely.

Legionella

- Legionella water temperature testing, in line with risk assessment actions required, was carried out.

Clinical Waste

- Clinical waste collection notes were available.
- The clinical waste bin in the car park to the rear of the practice was secured appropriately.

Sharps

- Sharps risk assessment actions were completed.
- Safer sharps processes were followed.
- Needle stick injury information was available in appropriate areas of the practice
- The sharps bin in the decontamination room was labelled appropriately.
- A sharps bin in treatment room four was being used appropriately.

Fire Safety

- The room used to house the practice compressor was also home to the gas boiler. This room experienced extreme levels of temperature. We noted the room was no longer used a store for carboard boxes.

Emergency Medicines and Equipment

- Glucagon was stored appropriately.
- Glucagon fridge temperature check logs were available.
- Buccal midazolam was available.
- A pocket mask was available.
- Portable suction was available.
- Staff had training for snapping ampules and drawing up syringes.

Are services well-led?

Our findings

(For example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

We found that this practice was not providing well-led care and was complying with the relevant regulations.

We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report).

We will be following up on our concerns to ensure they have been put right

At the inspection on 3 March 2023 we found the practice had made the following improvements to comply with the regulations:

Referrals

- Patient referrals to other dental or health care professionals were centrally monitored to ensure they were received in a timely manner and not lost.

Radiography

- Three X-ray units three yearly quality assurance test records were available.
- Local rules indicated who the radiation protection supervisors (RPS) were.

COSHH

- A control of substances hazardous to health (COSHH) risk assessments were available.
- Flammable COSHH identified products were no longer stored in the compressor room.

Data Protection

- Patient records were stored in filing cabinets in reception and the reception office. All but one cabinet was lockable. We were told action was being taken to secure a final cabinet's contents elsewhere.
- Completed accident record sheets were stored securely.
- Staff had secure storage arrangements for their personal belongings.

CCTV

- CCTV warning signs were present.
- A privacy impact assessment was available.
- A CCTV policy was available.

Safety Alerts

- The provider implemented a system for receiving and acting on patient safety alerts.

Staff Training

- Staff completed 'highly recommended' training as per General Dental Council professional standards. The provider supported and encouraged staff to complete continuing professional development.

We noted shortfalls that remained outstanding. In particular:

Infection Control

- The covering to the dentist stool in treatment room 5 was torn.

Are services well-led?

- Cleaning equipment was not stored appropriately in the cleaning cupboard.
- The drawer coverings in treatment rooms 2 and 5 were cracked along the front.
- Electrical wire protective covering on the patient treatment chair in treatment rooms 3 and 5 was incomplete in places.
- Un pouched processed instruments were seen in treatment room 3 drawers.
- The practice could not assure themselves that all of the clinical staff had immunity to the Hepatitis B virus. Evidence to confirm the effective of the hepatitis B vaccinations was not available for 8 staff.
- Local anaesthetic was not stored appropriately in treatment room 4.

Clinical Waste

- Clinical waste bins in treatment rooms were domestic foot operated waste bins which were not of an appropriate size for clinical treatment rooms.

Fire Safety

- Fire alarm and emergency light test logs did not indicate they included tests of the dental practice's equipment.
- Emergency lights annual discharge and servicing records were not available.
- A fire risk assessment action plan was not completed in full.

Radiography

- One clinician's radiograph grading did not follow current requirements.

COSHH

- COSHH identified products were not stored securely in the decontamination room.
- COSHH warning signage was not used appropriately in the decontamination room.

Recruitment

- Recruitment checks had not been carried out, in accordance with relevant legislation to help them employ suitable staff. We looked at 7 staff recruitment records. Evidence presented to us confirmed that:
- Four out of 7 had eligibility to work in the UK.
- Five out of 7 had a disclosure and barring (DBS) check.

Continuous Improvement

- Antimicrobial prescribing, radiography and patient care record audits were not carried out correctly which meant the dentists could not demonstrate they were following current guidelines.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014** **Regulation 17 Good governance** Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. **How the Regulation was not being met** The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular: **Infection Control** • The covering to the dentist stool in treatment room 5 was torn. • Cleaning equipment was not stored appropriately in the cleaning cupboard. • The drawer coverings in treatment rooms 2 and 5 were cracked along the front. • Electrical wire protective covering on the patient treatment chair in treatment rooms 3 and 5 was incomplete in places. • Un pouched processed instruments were seen in treatment room 3 drawers. • Local anaesthetic was not stored appropriately in treatment room 4. **Clinical Waste** • Clinical waste bins in treatment rooms were domestic foot operated waste bins which were not of an appropriate size for clinical treatment rooms.

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Continuous Improvement

- Radiography audits were not carried out correctly which meant the dentists could not demonstrate they were following current guidelines.