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Lymm Dental Practice

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 19 April 2022 under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered practice was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a Care Quality Commission, (CQC), inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

- The dental practice was visibly clean and well-maintained.
- The practice had infection control procedures in place which took account of published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available, except for two sizes of face masks.
- The practice had systems to help them manage risk to patients and staff. We found that other measures could be put in place to reduce risk further.

Summary of findings

- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which reflected legislation. The provider carried out pre-employment checks with the exception of carrying out Disclosure and Barring Service checks on two staff prior to them starting work at the practice.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect and staff took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- There was effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Staff dealt with complaints efficiently.
- The practice had information governance arrangements in place.

Background

The provider has one dental practice, Lymm Dental Practice, which this report is about.

Lymm Dental Practice is in Lymm and offers private dental care and treatment for adults and children.

There is level access to the reception area of the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for disabled people, are available near the practice. Treatment rooms are on the first floor of the building accessed via a flight of stairs.

The dental team includes three dentists, three dental nurses, one of whom is a trainee, and one dental hygienist. The practice has two treatment rooms.

During the inspection we spoke to the provider and the practice manager. We looked at practice policies and procedures, and other records about how the service is managed.

The practice is open:

Monday 8.00am to 5.00pm,

Tuesday and Wednesday 9.00am to 5.00pm,

Thursday 8.00am to 6.00pm,

Friday 8.00am to 4.00pm.

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

- Improve the practice's systems for assessing, monitoring and mitigating risks arising from the undertaking of the regulated activities. In particular, review the guidance in relation of Legionella risk assessors and about schematic diagrams, review the provision of emergency lighting and fixed electrical installation inspections, and review guidance relating to the display of information for staff injured by a used sharp.

Summary of findings

- Improve the recruitment procedure to ensure that Disclosure and Barring Service checks are completed prior to all new staff commencing employment at the practice.
- Implement an effective system for identifying, disposing and replenishing of out-of-date stock.
- Take action to ensure the regulated activities at Lymm Dental Practice are carried on by a provider registered with CQC in the correct legal entity.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?	No action ✓
Are services effective?	No action ✓
Are services caring?	No action ✓
Are services responsive to people's needs?	No action ✓
Are services well-led?	No action ✓

Are services safe?

Our findings

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

Safety systems and processes, including staff recruitment, equipment and premises, and radiography, (X-rays)

The practice had safeguarding processes in place and staff knew their responsibilities for safeguarding vulnerable adults and children.

The provider had infection control procedures for staff to follow which took account of published guidance. The practice had introduced additional procedures in relation to COVID-19 in accordance with recognised guidance.

The practice had measures in place to reduce the risk of Legionella or other bacteria developing in water systems, in line with a risk assessment. We recommended the provider review their risk assessment as it did not correctly address some aspects of Legionella risk. The provider carried this out after the inspection.

Staff segregated and stored clinical waste appropriately in line with guidance. We discussed affixing the clinical waste bin to a permanent structure to further improve security.

We saw the practice was visibly clean and staff followed a cleaning schedule to ensure the practice was kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff. We found the provider had not carried out Disclosure and Barring Service, (DBS), checks for two members of staff prior to them commencing employment at the practice. In both instances DBS checks had been carried out but not at the required time before the employees started working at the practice. The provider addressed this immediately after the inspection.

Clinical staff were qualified, registered with the General Dental Council and had professional indemnity cover.

The practice ensured equipment was safe to use and maintained and serviced according to manufacturers' instructions.

The provider kept the facilities appropriately maintained.

The provider had assessed the risks associated with substances which are hazardous to health and had information available to enable staff to act quickly in the event of, for example, a spillage.

The provider had carried out a fire risk assessment in compliance with the legal requirements and had put measures in place to reduce the risks from fire. We recommended the provider review their assessment in relation to the provision of emergency lighting at the practice, and undertaking a fixed electrical installation inspection.

We found no details were displayed in the practice to enable staff to obtain medical attention quickly in the event of an injury from a used sharp. The provider told us this had been addressed after the inspection.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. The provider was unsure whether the practice had correctly registered with the Health and Safety Executive. The provider registered immediately after the inspection and sent us evidence to confirm this.

Risks to patients

The practice had measures in place to reduce risks to patients, including water temperature checks, and a policy on lone working.

Emergency equipment and medicines were available, with the exception of two sizes of resuscitation face masks, and checked in accordance with national guidance. The provider told us these were obtained after the inspection.

Are services safe?

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year.

Information to deliver safe care and treatment

Dental care records we saw were complete, legible, were kept securely. Staff were aware of General Data Protection Regulation requirements.

The practice had systems for referring patients with suspected oral cancer under the national two-week wait arrangements.

Safe and appropriate use of medicines

The practice had systems for handling medicines and dental materials. We found a number of dental materials in drawers in the treatment rooms which had passed their expiry dates. The provider said these would be disposed of.

Track record on safety, and lessons learned and improvements

The provider reviewed and investigated incidents and accidents. We saw staff acted on safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems to keep dental professionals up to date with current evidence-based practice.

We saw the provision of dental implants took account of national guidance.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health.

Staff were aware of and involved with national oral health campaigns and local schemes which supported patients to live healthier lives, for example, local stop smoking services. They directed patients to these schemes when appropriate.

Consent to care and treatment

Staff obtained patients' consent to care and treatment in line with legislation and guidance, and had a good understanding of their responsibilities under the Mental Capacity Act 2005.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

The clinical staff kept detailed dental care records in line with recognised guidance. We saw record-keeping was of a high standard.

Staff conveyed an understanding of supporting vulnerable members of society, such as patients with dementia, and adults and children with a learning difficulty.

We saw evidence the dentists justified, graded and reported on the X-rays they took. The practice carried out radiography audits six-monthly following current guidance and legislation.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

Newly appointed staff had a structured induction.

Clinical staff completed continuing professional development required for their registration with the General Dental Council.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The dentists referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide.

Are services caring?

Our findings

We found this practice was providing caring services in accordance with the relevant regulations.

Kindness, respect and compassion

Staff were aware of their responsibility to respect people's diversity and human rights.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

The practice password-protected patients' electronic dental care records and backed these up to secure storage.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care.

Staff gave patients clear information to help them make informed choices about their treatment.

The practice's website provided patients with information about the range of treatments available at the practice.

Are services responsive to people's needs?

Our findings

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

Staff were clear about the importance of emotional support needed by patients when delivering care.

The practice had made reasonable adjustments for patients with disabilities. Staff had carried out a disability access audit and had formulated an action plan.

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs.

The practice had an appointment system to respond to patients' needs.

Listening and learning from concerns and complaints

The practice responded to concerns and complaints appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

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

The provider was registered with CQC under the incorrect legal entity. We highlighted this to the provider during the inspection. The provider assured us immediately after the inspection that registration under the correct legal entity was in progress. We saw evidence of this in CQC records.

Leadership capacity and capability

The provider demonstrated a transparent and open culture in relation to people's safety.

There was strong leadership evident at the practice.

We saw the practice had effective processes to support and develop staff with additional roles and responsibilities.

Culture

The practice had arrangements to ensure staff training was up-to-date and refreshed at the recommended intervals.

Staff discussed their training needs with the provider.

Governance and management

Staff had clear responsibilities, roles and systems of accountability to support good governance and management.

The practice had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and reviewed on a regular basis.

The practice had implemented systems to assess, monitor and manage risks to patients and staff. We found the Legionella risk assessment had not addressed some aspects of Legionella management and fire and sharps risk could be reduced further.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

Staff gathered feedback from patients, the public and external partners and demonstrated a commitment to acting on feedback.

The practice gathered feedback from staff through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service.

Continuous improvement and innovation

The practice had systems and processes for learning, continuous improvement and innovation.

The practice had quality assurance processes in place to encourage learning and continuous improvement, which included auditing. We saw staff had audited dental care record-keeping, anti-microbial prescribing, disability access, X-rays and infection prevention and control. Improvements had been identified where indicated by the audit results, except for the antimicrobial audits.