

Mr. Paul Brown

Framlingham Dental Practice

Inspection Report

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Overall summary

We undertook a follow up focused inspection of Framlingham Dental Practice on 22 October 2019. 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 Framlingham Dental Practice on 20 May 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 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 Framlingham Dental Practice on our website www.cqc.org.uk.

As part of this inspection we asked:

- Is it well-led?

If applicable

When one or more of the five questions are not met we require the service to make improvements and send us an action plan (requirement notice only). We then inspect again after a reasonable interval, focusing on the area(s) 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.

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 20 May 2019.

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

Background

Framlingham Dental Practice is in Framlingham and provides NHS and private treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces, including spaces for blue badge holders, are available in car parks near the practice.

The dental team includes three dentists, two dental nurses and one trainee dental nurse, two hygienists and the reception manager. The practice has four treatment rooms, one room is currently not in use.

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 one dental hygienist and the reception manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday to Friday from 8.30am to 5.30pm. The practice opens from 8am on Tuesday mornings. Thursday evening appointments are available by appointment.

Our key findings were:

- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The provider had systems to help them manage risk to patients and staff. In particular we noted recommendations from the legionella risk assessment had been actioned.

- The practice had suitable arrangements to ensure the safety of the X-ray equipment and we saw the required information was in their radiation protection file.
- Audits systems had been reviewed with audits of radiography, dental records and infection prevention and control undertaken to improve the quality of the service. There was scope to ensure audits of antimicrobial audits were undertaken.
- Due to glass panels in three of the four treatment room doors we noted patients could be seen in dental chairs receiving treatment when other patients or visitors to the practice were walking up the stairs and along corridors.

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

- Introduce protocols regarding the prescribing of antibiotic medicines.

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 20 May 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 requirement notice. At the inspection on 22 October 2019 we found the practice had made the following improvements to comply with the regulations:

- Medical emergency training in resuscitation and basic life support (BLS) was undertaken by staff in 26 July 2019. We were told by the hygienist that scenario practice was planned to ensure staff knew how to respond to a medical emergency.
- Emergency equipment and medicines were available as described in recognised guidance. We found staff kept records of their checks of these to make sure these were available, within their expiry date, and in working order.
- We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations from the risk assessment had been actioned and records of water testing and dental unit water line management were in place. There was a named lead for Legionella who had undertaken training and was supported by a deputy lead for Legionella.
- Staff ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. We noted the ultrasonic bath had been replaced and staff had clear oversight of the results of the quarterly tests.
- The principal dentist and hygienist had overall responsibility for the management and clinical leadership of the practice. The reception manager was responsible for the day to day running of the service. New staff had been recruited to ensure the reception manager had protected time to have oversight of practice systems. In particular, systems to ensure good governance and effective leadership in the practice and to monitor the servicing of equipment. Staff knew the management arrangements and their roles and responsibilities.
- The practice had suitable arrangements to ensure the safety of the X-ray equipment and we saw the required

information was in their radiation protection file. The practice had taken action to ensure the recommendations identified from the full survey of radiation equipment had been completed. We saw evidence that the dentists justified, graded and reported on the radiographs they took. Clinical staff had completed continuing professional development (CPD) in respect of dental radiography.

- Audits systems had been reviewed with audits of radiography, dental records and infection prevention and control undertaken at regular intervals to improve the quality of the service and identify any shortfalls. We noted the practice had introduced a log to record the prescribing of antibiotics across the clinicians at the practice. There was scope to ensure antimicrobial prescribing audits were carried out annually to ensure dentists were following current guidelines.

We found that three of the four treatment room doors had clear glass panels. Patients could be seen in dental chairs receiving treatment in some of the treatment rooms when other patients or visitors to the practice were walking up the stairs and along corridors. We discussed this with the reception manager and hygienist who discussed how they planned to add frosting to the lower sections of the glass panels to ensure patient privacy was protected. Staff we spoke with were not aware of any practice procedures or protocol for Local Safety Standards for Invasive Procedures (LocSSIPs). We discussed this with the management team who confirmed they would introduce a protocol to ensure oversight of both LocSSIPs based on the National Safety Standards for Invasive Procedures (NatSSIPs). This would then be shared with the practice team.

The practice had also made further improvements:

- The practice had undertaken a lone worker risk assessment. We were told the practice had recruited additional nursing staff to ensure the hygienists did not work without chairside support.
- The practice had introduced a log for recording the prescribing of antibiotic medicines, however an audit of antibiotic prescribing had not been completed at the time of our inspection.
- We noted the practice had reviewed its protocols for the security of NHS prescription pads to ensure these were stored securely.

Are services well-led?

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulations.