

Mr. Alan Bramwell

Bramwell Dental Practice

Inspection report

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Overall summary

We undertook a follow up focused inspection of Bramwell Dental Practice on 27 June 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 Bramwell Dental Practice on 9 November 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 Bramwell Dental Practice 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 area where improvement was required.

As part of this inspection we asked:

- Is it well-led?

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 breach we found at our inspection on 9 November 2022.

Background

Bramwell Dental Practice is in Harpenden and provides NHS and private dental care and treatment for adults and children.

There is level access to 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. The practice has made reasonable adjustments to support patients with specific needs.

The dental team includes the principal dentist, an associate dentist, 2 dental nurses, 1 dental hygienist, 2 receptionists and a practice manager. The practice has 2 treatment rooms.

During the inspection we spoke with the principal dentist, 1 dental nurse, 1 receptionist and the practice manager. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday to Thursday from 8am to 5pm.

Friday from 8am to 4.30pm.

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

- Take action to ensure audits of infection prevention and control are undertaken at regular intervals to improve the quality of the service.

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.

- The provider had effective oversight to ensure that all the staff had received appropriate training to undertake their role for example in the safeguarding of children and vulnerable adults, infection prevention and control, sepsis, fire awareness and the Mental Capacity Act.
- We saw evidence that recruitment procedures were now in line with legislation. In particular, evidence of staff's satisfactory conduct in previous employment (e.g. references) and Disclosure Barring Service checks were obtained prior to employment for the 2 newly recruited members of staff.
- The practice had improved infection control procedures and protocols taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'. In particular, this included the transportation of dirty and clean instruments, procedures for manual cleaning and the storage of sterilised dental instruments.
- Improvement had been made to processes for the control and storage of substances hazardous to health identified by the Control of Substances Hazardous to Health Regulations 2002, to ensure that hazardous products were stored securely.
- An additional assessment to identify the risks associated with fire had been undertaken by a competent person and we saw that the recommended actions had been completed. This included consideration of the need for emergency lighting, obtaining additional fire signage and ensuring that fire extinguishers were serviced annually.
- A five yearly electrical fixed wire test had been completed and the principal dentist was having ongoing discussions with the landlord to arrange for the recommended actions to be completed.
- The provider had obtained the missing equipment for the management of a medical emergency for example, oropharyngeal airways, a paediatric oxygen face mask with tubing and a paediatric self-inflating bag with reservoir were present. We saw that they did not have adult sized clear face masks for use with the self-inflating bags. The missing face masks were ordered on the day of the inspection.

The practice had also made further improvements:

- We saw that record keeping audits had been completed and that improvement had been made to the quality of the radiography audits so that they included documented learning points. We saw that an audit in infection prevention and control had been completed in November 2022 but had not yet been reviewed.
- The practice had implemented a daily log for monitoring and recording the fridge temperature to ensure that medicines and dental care products were stored in line with the manufacturer's guidance.
- An additional assessment to identify the risks associated with Legionella and other bacteria developing in the water systems had been undertaken by a competent person and we saw that the recommended actions had been completed. This included maintaining records of the infrequently used water outlets.