

Burnawn House Dental Practice

Burnawn House Dental Surgery

Inspection report

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Overall summary

We undertook a follow up desk-based review of Burnawn House Dental Surgery on 10 December 2020. This review 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 review was led by a CQC inspector.

We undertook a comprehensive inspection of Burnawn House Dental Surgery on 16 March 2020 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 safe and well led care and was in breach of regulations 12, 13, 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 Burnawn House Dental Surgery on our website www.cqc.org.uk.

As part of this review we asked:

- Is it safe?
- 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 (requirement notice only). We then inspect again after a reasonable interval, focusing on the areas where improvement was required.

Our findings were:

Are services safe?

Summary of findings

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

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 16 March 2020.

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 16 March 2020.

Background

Burnawn House Dental Surgery is in Raunds, a small market town in rural Northamptonshire. It provides mostly NHS dental care and treatment for adults and children.

There is one step access to the practice with use of a portable ramp for people who use wheelchairs and those with pushchairs.

Free car parking spaces are available in a public car park and on street within close distance of the practice.

The dental team includes two dentists (one of these dentists provides ad hoc cover when required) one dental nurse and one receptionist.

The principal dentist has responsibility for practice management. The practice has two treatment rooms, both on ground floor level.

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 review we spoke with the principal dentist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday to Friday from 9am to 5.30pm. It closes during lunchtimes between 12.30pm to 2pm.

Our key findings were:

- The practice had obtained the necessary medicines and equipment to allow them to respond to a medical emergency.
- Five-year electrical fixed wiring testing had been completed since our previous inspection visit.
- A fire risk assessment had been completed by an external contractor and the practice had implemented a sharps risk assessment.
- Policies relevant to the practice operations had been implemented, for example, in relation to staff recruitment, infection prevention and control and the management of significant events.

Summary of findings

- The practice had recorded two significant events since our previous visit. There was evidence that these had been investigated and actions taken in response.
- Cleaning schedules had been introduced for staff to complete when undertaking these duties.
- Staff now had an individual training record held which the provider informed us was monitored.
- Staff had received information about the management of suspected sepsis in patients.
- Staff appraisals had been completed.
- The systems for audit were improving. This included antibiotic prescribing, and infection prevention and control. A formal radiography audit for the associate dentist had not yet been completed, however they were new to working in the practice. Dental record keeping had been reviewed for consistency purposes amongst clinicians and a template was in use by dentists.
- We were informed that monitoring processes were now in place which would identify if an individual prescription was taken inappropriately.
- The provider informed us that rubber dam was being used by clinicians.
- Recruitment processes had been strengthened to ensure suitable staff were employed.
- Changes had not been made to patient access arrangements. The provider told us they were going to consider installing a handrail and call bell in the patient toilet.

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

- Continue to improve the practice's arrangements for ensuring good governance and leadership are sustained in the longer term.

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?	No action ✓

Are services safe?

Our findings

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

At our previous inspection on 16 March 2020 we judged the practice was not providing safe care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notice. At the review on 10 December 2020 we found the practice had made the following improvements to comply with the regulation:

- We had found at our previous visit that not all equipment that might be required in a medical emergency was held. For example, some medicines and equipment had expired, and glucagon was stored outside refrigeration without the expiry date adjusted. Items such as scissors or a razor and spacer device for inhaled bronchodilators were not available at that time. Following our previous inspection, we were sent evidence to show that all necessary items were now held and were advised that glucagon was now stored in refrigeration, so it did not need its expiry date amended. We were also sent a copy of a checklist which was completed by staff on a daily basis to check emergency medicines and a separate checklist for completion regarding the AED and oxygen.
- The provider had not ensured that electrical fixed wiring testing had been completed at the point of our previous visit. We were sent evidence to show this had since been completed by an external contractor on 17 October 2020.
- We had identified that risk assessments had not been implemented within the practice in relation to safety issues such as the use of sharps and fire safety. Since our visit, we were sent evidence of a fire risk assessment for the premises which had been completed by an external contractor on 3 December 2020. We were also provided with a sharps risk assessment. This document stated that training had been undertaken with staff; however, it did not include staff signatures or confirmation of their completion of this.

These improvements showed the provider had taken sufficient action to comply with the regulations.

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 16 March 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. At the review on 10 December 2020 we found the practice had made the following improvements to comply with the regulations:

- We noted that systems and processes for safeguarding vulnerable patients had improved since our previous visit. We were sent up to date certificates for staff to show they had now completed safeguarding training to the expected level. We were informed that safeguarding matters had been discussed amongst the team to ensure the importance of this was reinforced. Updates had been made to the safeguarding policy for example, in relation to when a child had not been brought to an appointment.
- We saw some improvements had been made to implement practice specific policy. For example, a recruitment policy, significant event policy and infection prevention and control policy. We were informed that these had been shared with staff.
- We were provided with a template for an event/incident register and a completed log of incidents. During our discussions with the provider we confirmed there had been two incidents since September 2020 that had been investigated. We were informed that incident reporting had been subject to discussion amongst the team.
- There had been a lack of oversight in the practice in relation to ensuring cleaning schedules were in place. Following our visit, we were sent a template for practice cleaning schedules and were told that these were subject to audit.
- We were informed that there had been improvements in relation to the monitoring of staff training requirements. We were told that staff members had an individual CPD record file. We were sent evidence to show examples of staff training that had been completed since May 2020. This included topics such as health and safety, and Covid-19 awareness.
- We confirmed staff had received training in relation to sepsis and we were provided with a sepsis policy. The provider told us that sepsis information had also been posted in the reception area to assist staff when speaking with patients.
- At our previous inspection, we noted that staff had not received an appraisal of their performance. We noted these had been completed for the receptionist and dental nurse in July 2020.
- We noted that there had been limited systems or processes for the undertaking of audit, for example, infection prevention and control, and radiography. We were provided with samples of daily surgery cleaning checklists that were completed in November 2020. Whilst a formal radiography audit had not been completed during the Covid-19 pandemic, we were provided with an example of how a review of dental record keeping had identified the need for recording the justification of X-rays in patient records. The associate dentist was new to working in the practice and we were assured that further audit would be completed in due course.
- We discussed NHS prescription pad security arrangements with the provider. We were informed that monitoring processes were now in place which would identify if an individual prescription was lost or taken inappropriately.
- The provider told us that there were improvements overall in dental record keeping. We had found inconsistencies between clinicians in relation to the amount of information they recorded in patients' dental care records, particularly in relation to patient consent. One of the dentists had left working for the practice and a new dentist had since been recruited. The provider had held discussions with the new associate dentist regarding record keeping and a template was being used to ensure consistent processes were in place.

The practice had also made further improvements:

- The provider informed us that rubber dam to protect patients' airways was being used by clinicians.

Are services well-led?

- A new staff member had been recruited. We saw evidence that pre-employment checks had been completed. The provider had obtained a reference for one of the other staff members after we had identified this was missing from their recruitment file at our previous inspection visit.
- We were provided with an antibiotic prescribing audit that had been undertaken in October 2020 and an antibiotic prescribing log that had been completed.
- The provider informed us that whilst they had not yet made changes to access arrangements, they were going to consider installing a handrail and call bell in the patient toilet facility.

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