

Bredbury Dental Centre Ltd

Bredbury Dental Centre

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 31 January 2024 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 advisor.

To get to the heart of patients' experiences of care and treatment, we always ask the following 5 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 clinic appeared clean and well-maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- Improvements were needed to the systems for managing risks for patients, staff, equipment and the premises.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which reflected current legislation. Improvements were needed to ensure these protocols were consistently followed.

Summary of findings

- Clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect. Staff took care to protect patients' privacy and personal information.
- Improvements were needed to the practice's information governance arrangements.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system worked efficiently to respond to patients' needs.
- The frequency of appointments was agreed between the dentist and the patient, giving due regard to National Institute of Health and Care Excellence (NICE) guidelines.
- Staff felt involved, supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.

Background

Bredbury Dental Centre is part of A&U Dental, a dental group provider. The practice is in Stockport in Greater Manchester and provides NHS and private dental care and treatment for adults and children.

There is ramp access to the practice for people who use wheelchairs and those with pushchairs. The practice is located close to local transport routes and car parking spaces are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 7 dentists, 1 foundation dentist, 14 dental nurses (including 6 trainees), 1 dental hygienist, 1 dental therapist, 1 practice manager/dental nurse, 3 receptionists, 1 receptionist/dental nurse and 1 practice coordinator/dental nurse. The practice has 8 treatment rooms.

During the inspection we spoke with 2 dentists, 1 dental nurse, 3 receptionists and the practice manager. The team were supported by the group's integration and clinical manager. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday, Wednesday, Thursday from 8am to 5.30pm

Tuesday from 8am to 7pm

Friday from 8am to 5pm

Saturday from 9am to 2pm (every 2 weeks)

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.

Full details of the regulation the provider was not meeting are at the end of this report.

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?	Requirements notice ✗

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 and staff knew their responsibilities for safeguarding vulnerable adults and children. The practice had appointed a safeguarding lead to oversee safeguarding awareness and training.

The practice had infection control procedures which reflected published guidance. The practice had appointed an infection prevention and control lead to oversee and maintain standards.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment; however, improvements were needed. We were shown monthly water temperature monitoring records that indicated throughout 2023, temperatures at some outlets, were outside the recommended parameters as detailed in their risk assessment. We were told action had been taken, however records were not available to demonstrate this. Temperatures recorded in January 2024 at some outlets were still below the recommended temperature.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The practice appeared clean and there was an effective schedule in place to ensure it was kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff, including for agency or locum staff. These reflected the relevant legislation. Improvements were needed to ensure important checks were carried out for all staff at the point of recruitment. We were told risk assessments would be undertaken when there were delays in receiving a Disclosure and Barring Service (DBS) check. We noted from the records we were shown that these risk assessments had not consistently been carried out at the point of recruitment.

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

The practice ensured equipment was safe to use, maintained and serviced according to manufacturers' instructions. The practice manager confirmed they would check the servicing requirements for the implant motor. Overall, the practice ensured the facilities were maintained in accordance with regulations. Records confirmed the gas boilers had been serviced, however the gas safety certificates were not available. We were sent confirmation these had been carried out the day after the inspection.

A fire safety risk assessment was carried out in line with the legal requirements. The management of fire safety was effective. Staff carried out fire safety training and some staff members were trained fire marshals.

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available.

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. Improvements were needed to ensure risk assessment templates were adjusted and reflected the current protocols at the practice. This included sharps safety and general practice health and safety. We could not be assured all risk assessments had been carried out by someone with the relevant skills and knowledge to do so. Staff carried out training in relation to the signs and symptoms of sepsis and prompts were displayed on the day.

Emergency equipment and medicines were available and checked in accordance with national guidance.

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.

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health. We noted some improvements could be made to the organisation of the information so as to be easily accessible to all staff.

Information to deliver safe care and treatment

Patient care records were complete, legible and were kept securely. The practice had information relating to the management of data in accordance with the General Data Protection Regulation (GDPR) requirements; however, we noted the templates had not been adjusted to reflect the current protocols and services in use at the practice.

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 appropriate and safe handling of medicines. Antimicrobial prescribing audits were carried out. NHS prescription pads were kept secure, and a log was in place to monitor and track their use.

Track record on safety, and lessons learned and improvements

The practice had systems for recording accidents, incidents and significant events. We noted there had been 5 accidents in the last year, however only 1 record was available for review. We were told action had been taken following accidents and incidents; however, we could not see any record of this. From the record available, we found limited evidence that an accident was appropriately recorded, reported and reviewed to use it as an opportunity for shared learning.

The practice had a system for receiving and acting 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 was in accordance with national guidance.

Helping patients to live healthier lives

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

Consent to care and treatment

Staff obtained patients' consent to care and treatment in line with legislation and guidance. They understood 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 practice kept detailed patient care records in line with recognised guidance.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients living with dementia or adults and children with a learning disability.

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

Effective staffing

Overall, staff had the skills, knowledge and experience to carry out their roles. We discussed the importance of ensuring staff were given appropriate additional training and support to undertake additional duties.

Newly appointed staff had a structured induction and 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 confirmed they 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.

On the day of inspection, we saw patient feedback from January 2024. Comments included: "Good communication with patients. Reassures and gives good advice. Always thorough in a friendly manner.", "Friendly and professional, put me at ease immediately", "Very Pleased with the treatment and all the staff." The practice shared patient feedback with the team. We were told this was reviewed and where suggestions had been made, appropriate action would be taken.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

The practice had installed closed-circuit television (CCTV) to improve security for patients and staff. We reviewed the protocols and policies available and found the templates had not been adjusted to reflect the current arrangements at the practice. We could also not be assured the recordings were stored securely and staff were unsure of the storage retention periods and access protocols.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Involving people in decisions about care and treatment

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

The dentists explained the methods they used to help patients understand their treatment options. These included for example X-ray images and an intra-oral camera.

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 and preferences.

Staff were clear about the importance of providing emotional support to patients when delivering care.

The practice had made reasonable adjustments, including information available in large print and braille, a hearing induction loop, wheelchair accessible surgery and toilet for patients with additional needs. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

Timely access to services

The practice displayed its opening hours and provided information on their website and social media page.

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. The frequency of appointments was agreed between the dentist and the patient, giving due regard to NICE guidelines.

The practice's answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

Patients who needed an urgent appointment were offered one in a timely manner. When the practice was unable to offer an urgent appointment, they worked with partner organisations to support urgent access for patients. Patients with the most urgent needs had their care and treatment prioritised.

Listening and learning from concerns and complaints

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

Are services well-led?

Our findings

We found this practice was not providing well-led care in accordance 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 by the provider.

Leadership capacity and capability

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

During the inspection, staff were open to discussion and feedback.

There was a lack of management oversight for some of the practice's systems and processes and the inspection highlighted a number of issues and omissions.

We noted improvements should be made to the oversight and support of the leadership team to ensure that the practice's systems and processes were followed, and risks managed appropriately.

The information and evidence presented during the inspection process was clear and well documented.

We saw the practice had processes to develop staff with additional roles and responsibilities; however, we noted more structured support and training may be required to ensure those staff members are able to carry out the extra duties appropriately.

Culture

Staff could show how they ensured high-quality sustainable services and demonstrated improvements over time.

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

Staff discussed their training needs during annual appraisals, during clinical discussions, practice team meetings and ongoing informal discussions. They also discussed learning needs, general wellbeing and aims for future professional development.

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

Governance and management

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

The practice had a governance system which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis. However, there were ineffective systems to monitor these and ensure that the practice team followed all practice procedures.

The practice also used an internal electronic dental compliance tool to assist in the management and oversight of the service.

Improvements were needed to ensure there were effective processes for managing risks, issues and performance.

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 protecting patients' personal information.

Engagement with patients, the public, staff and external partners

Are services well-led?

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

Feedback from staff was obtained through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on where appropriate.

Continuous improvement and innovation

The practice had systems and processes for learning, quality assurance and continuous improvement. These included audits of patient care records, disability access, radiographs, antimicrobial prescribing, and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.

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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>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.</p> <p>How the Regulation was not being met</p> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <ul style="list-style-type: none">• Legionella management was not working effectively.• Risk assessments had not been carried out by someone with the appropriate skills and knowledge to assess the risks and did not reflect the protocols at the practice.• The systems for ensuring accidents and incidents are recorded, reviewed and used to share learning were not effective.• Gas safety assessments had not been carried out. <p>The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person maintained securely such records as are necessary to be kept in relation to the management of the regulated activity or activities. In particular:</p> <ul style="list-style-type: none">• CCTV policies and procedures did not reflect current protocols at the practice. In addition, the storage arrangements were not secure.• GDPR policies and procedures had not been adjusted and did not reflect the current protocols at the practice. <p>The registered person had systems or processes in place that operating ineffectively in that they failed to enable the</p>

This section is primarily information for the provider

Requirement notices

registered person had maintained securely such records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activity or activities. In particular:

- DBS checks or appropriate risk assessments were not consistently carried out at the point of recruitment.

Regulation 17 (1)