

Clerbise 15 Limited

# Bath Street Dental Practice

## Inspection report

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### Overall summary

We carried out this announced inspection on 2 September 2021 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 provider 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 asked the following three questions:

- Is it safe?
- Is it effective?
- Is it well-led?

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

#### **Our findings were:**

##### **Are services safe?**

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

##### **Are services effective?**

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

##### **Are services well-led?**

# Summary of findings

We found this practice was not providing well-led care in accordance with the relevant regulations.

## Background

Bath Street Dental Practice provides NHS and private dental care and treatment for adults and children.

The practice treatment rooms are based on the first and second floor of the practice. New patients who find stairs a barrier are advised of this when they contact the practice.

There are no specific patient car parking spaces at the practice. However, there is parking available nearby the practice.

The dental team includes four dentists, one dental hygiene therapist, five dental nurses, one receptionist and a practice manager. The practice has three treatment rooms.

The practice is owned by an organisation and as a condition of registration must have a person registered with the CQC as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Bath Street Dental Practice is the principal dentist.

During the inspection we spoke with two dentists, two dental nurses, the receptionist and practice manager. We looked at practice policies and procedures and other records about how the service is managed.

## The practice is open:

- Monday 8.30am to 5.30pm
- Tuesday 8.30am to 5.30pm
- Wednesday 8.30am to 7.30pm
- Thursday 8.30am to 5.30pm
- Friday 8.30am to 4.30pm

## Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. All but one emergency medicine was available.
- Private patient referrals to other health providers were not monitored to ensure they were received in a timely way.
- The provider had systems to help them manage risk to patients and staff.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Antibiotic prescribing audits were not carried out.
- The provider had staff recruitment procedures which reflected current legislation, but improvements were needed.
- The clinical staff provided patients' care and treatment in line with current guidelines but not all clinicians maintained detailed patient treatment care records.
- The provider had information governance arrangements and took care to protect their privacy and personal information.

# Summary of findings

- Staff provided preventive care and supported patients to ensure better oral health.
- The provider had effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked as a team.
- The provider asked staff and patients for feedback about the services they provided.

## **We identified regulations the provider was not complying with. They must:**

- Improve the practice's recruitment procedures to ensure accurate, complete and detailed records are maintained for all staff.

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

- Implement audits for prescribing of antibiotic medicines considering the guidance provided by the Faculty of General Dental Practice.
- Implement a system to ensure patient referrals to other dental or health care professionals are centrally monitored to ensure they are received in a timely manner and not lost.
- Take action to ensure the availability of Glucagon in the practice to manage medical emergencies taking into account the guidelines issued by the British National Formulary and the General Dental Council.
- Improve the practice protocols regarding patient dental care records for one clinician to check that necessary information is recorded.
- Take action to ensure surgery drawers are audited regularly to remove out of date materials and equipment.

# 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 effective?	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)**

Staff had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. The provider confirmed that all staff had received appropriate level two safeguarding training at appropriate intervals. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication, within dental care records.

The provider had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The provider had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. The provider had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

The staff had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory and before treatment was completed.

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 in the assessment had been actioned and records of water testing and dental unit water line management were maintained.

When we inspected, we saw the practice was visibly clean.

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

The infection control lead carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

Staff told us they felt confident that they could raise concerns without fear of recrimination.

The dentists used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment.

The provider had a recruitment policy and procedure to help them employ suitable staff. Agency and locum staff were not used.

We looked at three staff recruitment records and noted improvements were needed.

- All three records were missing the reasons for leaving last employment.
- Two records were missing references.

# Are services safe?

- One record was missing a full employment history and eligibility to work in the UK.

We have since been sent references for one member of staff that were not placed in their recruitment file some months prior to our visit.

We observed that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical appliances.

A fire risk assessment was carried out in line with the legal requirements. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear. Fire safety management checks were carried out and records kept.

The practice had a five-yearly electrical installation inspection carried out in February 2020 which was unsatisfactory. Remedial works were carried out to remove the risk however, the remedial works report has not been updated to reflect this. The provider assured us they would investigate this as a matter of urgency.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw that the required radiation protection information was available. The radiological survey of one of the X-ray machines was due the day following our inspection. We were shown evidence to confirm an inspection of this machine was booked.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The provider carried out radiography audits every year.

Clinical staff completed continuing professional development in respect of dental radiography.

## **Risks to patients**

The provider had implemented systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed the relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

Staff knew how to respond to a medical emergency and all, but one, had completed training in emergency resuscitation and basic life support in the previous 12 months. We were told this person was booked on the next course later in the year.

Emergency equipment and medicines, with the exception of Glucagon, were available as described in recognised guidance. The practice told us they had been advised that Glucagon was no longer required to treat low blood glucose levels in an emergency. National guidance states that Glucagon should be available. The provider has since ordered Glucagon.

We found staff kept records of their checks of these to make sure they were available, within their expiry date, and in working order.

# Are services safe?

The provider had risk assessments to minimise the risk that can be caused from substances that are hazardous to health. We noted the omission of two Control of Substances Hazardous to Health (COSHH) signs. One being for clinical waste in the courtyard and the other for the mains electricity cut off switch. The provider advised us they have since ordered signs to address this.

We found 'out of date' dental composites and part-used single use composite compule dispensers in a surgery drawer. The provider assured us they would audit all the drawers in their practice to rectify this shortfall.

## **Information to deliver safe care and treatment**

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at dental care records with clinicians to confirm our findings and observed that individual records were typed and managed in a way that kept patients safe. Dental care records we saw for three of the four clinicians were complete, legible, were kept securely and complied with General Data Protection Regulation requirements. One clinician's records were not complete.

This clinician did not keep detailed dental care records which meant that necessary information was not recorded. We were told this was a known issue and the practice was working with the dentist to resolve this shortfall.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by the National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist.

## **Safe and appropriate use of medicines**

Staff stored and kept records of NHS prescriptions as described in current guidance.

The dentists were aware of current guidance with regards to prescribing medicines.

Antimicrobial prescribing audits were not carried out.

## **Track record on safety, and lessons learned and improvements**

The provider had implemented systems for reviewing and investigating when things went wrong. There were comprehensive risk assessments in relation to safety issues. The provider told us staff would monitor and review incidents. This helped staff to understand risks which led to effective risk management systems in the practice as well as safety improvements.

In the previous 12 months there had been one safety incident which was managed appropriately.

The provider had a system for receiving and acting on safety alerts. The provider told us they were shared with the team and acted upon if required.

# 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 clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

### **Helping patients to live healthier lives**

The practice provided preventive care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

The dentists discussed smoking, alcohol consumption and diet with patients during appointments.

Staff directed patients to local schemes, such as smoking cessation, when appropriate.

The dentist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

### **Consent to care and treatment**

Staff obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The staff were aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who are looked after. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this documented in patients' records.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who might not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves in certain circumstances. Staff were aware of the need to consider this when treating young people under 16 years of age.

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 dentists assessed patients' treatment needs in line with recognised guidance.

The provider had quality assurance processes to encourage learning and continuous improvement. Staff kept records of the results of these audits, the resulting action plans and improvements.

### **Effective staffing**

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

Staff new to the practice had a structured induction programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.



# Are services effective?

(for example, treatment is effective)

## **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. Private patient referrals to other dental or health care professionals were not monitored to ensure they are received in a timely manner and not lost. The practice assured us they would address this shortfall.

# Are services well-led?

## Our findings

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

### **Leadership capacity and capability**

We found the principal dentist had the capacity, values and skills to deliver high-quality, sustainable care.

Leaders at all levels were visible and approachable. Staff told us they worked closely with them to make sure they prioritised compassionate and inclusive leadership.

The provider had a strategy for delivering the service which was in line with health and social priorities across the region. Staff planned the services to meet the needs of the practice population.

### **Culture**

The practice had a culture of high-quality sustainable care.

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

Staff discussed their training needs at annual appraisals. They also discussed learning needs, general wellbeing and aims for future professional development.

The staff focused on the needs of patients. The practice worked on accommodating all patients including patients for emergency treatments.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

### **Governance and management**

Staff had clear responsibilities, roles and systems of accountability to support good governance and management, but improvements were needed to ensure the practice manager and principal dentist communicated the responsibility of specific tasks effectively.

Improvements were needed to staff recruitment, management of dental materials and equipment storage arrangements and patient treatment care record completion.

The principal dentist had overall responsibility for the clinical leadership of the practice. The practice manager had responsibility for the day to day management. Staff knew the management arrangements and their roles and responsibilities.

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

We saw there were clear and effective processes for managing risks, issues and performance but improvements were needed.

### **Appropriate and accurate information**

Staff acted on appropriate and accurate information.

The provider had information governance arrangements, which included policies and procedures. Information was kept securely. Staff were aware of the importance of these in protecting patients' personal information.

# Are services well-led?

## **Engagement with patients, the public, staff and external partners**

Staff involved patients, the public, staff and external partners to support the service.

The provider used patient surveys to obtain staff and patients' views about the service. We were told the last survey was carried out in April 2021. Suggestions from patients the practice had acted on included the undertaking of telephone screening for patients who were unable to complete pre-appointment screening forms online.

The provider gathered feedback from staff through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

## **Continuous improvement and innovation**

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

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements. We noted that antibiotic prescribing audits were not carried out. The practice assured us they would address this shortfall.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

Staff completed 'highly recommended' training as per General Dental Council professional standards. The provider supported and encouraged staff to complete continuing professional development.

This section is primarily information for the provider

## 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 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p><b>The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular:</b></p> <ul style="list-style-type: none"><li>• The reasons for leaving last employment were not all available</li><li>• Two records were missing references.</li><li>• One record was missing a full employment history and eligibility to work in the UK.</li></ul>