

Natwarlal Tibrewal

Bridge House Dental Practice

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 31 October 2022 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 adviser.

To get to the heart of patients' experiences of care and treatment, we ask 5 key 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 practice appeared to be visibly clean and well-maintained.
- The provider had infection control procedures. Improvements were needed to decontamination equipment validation.
- Staff knew how to deal with emergencies.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The risks associated with fire had not been appropriately managed.

Summary of findings

- The provider had staff recruitment procedures which reflected current legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- 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.
- The provider had information governance arrangements.

Background

Bridge House Dental Practice is in Ripon and provides NHS and private dental care for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces are available on the road near the practice.

The dental team includes 5 dentists, 2 dental hygienists, 8 dental nurses and 1 receptionist. The practice has 4 treatment rooms.

During the inspection we spoke with 2 dentists and 2 dental nurses. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Friday 9am to 5pm

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

- Take action to ensure that all clinical staff have adequate immunity for vaccine preventable infectious diseases and ensure risk assessments are in place where immunity has not been reached.
- Improve the practice's 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 the frequency testing of the autoclave and ultrasonic equipment.
- Take action to implement any recommendations in the practice's fire safety risk assessment and ensure ongoing fire safety management is effective.

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?	No action ✓

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 infection control procedures which reflected published guidance.

The provider had procedures to reduce the possibility of Legionella or other bacteria developing in water systems, in line with a risk assessment.

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

We saw the practice was visibly clean and there was an effective cleaning schedule to ensure the practice was kept clean.

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for all staff. We noted the provider could show evidence of staff having received immunisations against blood borne diseases, for example, Hepatitis B. However, immunity status for Hepatitis B could not be confirmed for all clinical staff. The practice did not have risk assessments in place for staff working in a clinical environment when the effectiveness of the vaccination was unknown.

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

The practice checked equipment was maintained. We noted however that the ultrasonic cleaner was not having quarterly foil tests and the autoclave did not have a reliable daily automatic control test in line with current guidance. The provider assured us that these checks would be put into place with immediate effect.

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

Improvements were needed to fire safety management. A fire risk assessment had been carried out on 13 October 2022, raising concerns regarding wedging open of fire doors. We noted at our visit that fire doors were still being wedged open. We also noted that fire drills were not taking place. The provider told us that this would be addressed with immediate effect.

Risks to patients

The provider had implemented systems to assess, monitor and manage risks to patient safety. This included sharps safety and sepsis awareness, the lone working risk assessment needed review.

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

Staff knew how to respond to a medical emergency and had completed training on site 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.

Information to deliver safe care and treatment

Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

Are services safe?

The practice had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. We noted there was no system in place to ensure patient referrals to other dental or health care professionals were monitored to ensure they are received in a timely manner and not lost.

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines. Antimicrobial audits were carried out six monthly in line with current guidance.

Track record on safety, and lessons learned and improvements

The practice had implemented systems for reviewing and investigating incidents and accidents. 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.

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.

Staff 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 dental care records in line with recognised guidance.

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

Effective staffing

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

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

Are services caring?

Our findings

We found this practice was providing caring services in accordance with the relevant regulations.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

Staff were aware of their responsibility to respect people's diversity and human rights.

We saw staff treated patients, respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Information was displayed for patients and suggestions or concerns were encouraged. The provider conducted patient satisfaction surveys periodically.

Privacy and dignity

Staff respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided some privacy when reception staff were dealing with patients. If a patient asked for more privacy, the practice would respond appropriately. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

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

Involving people in decisions about care and treatment

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

Staff communicated with patients in a way they could understand, and communication aids were available.

Staff gave patients clear information to help them make informed choices about their treatment. We saw evidence that staff discussed options for treatment with the patients. The principal dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice's website provided patients with information about the range of treatments available at the practice and the fees charged

The dentist described to us the methods they used to help patients understand treatment options discussed. These included for example photographs, study models, videos and X-ray images.

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. It took account of patient needs and preferences.

Staff were clear about the importance of emotional support needed by patients when delivering care.

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment.

Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients. The practice had made reasonable adjustments for patients with disabilities.

Staff used a SMS messaging system and telephoned to remind patients of forthcoming appointments.

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs.

The practice displayed its opening hours both at the practice and on their website

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were offered an appointment the same day.

The practice's website and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. The staff took part in an emergency on-call arrangement with another local practice and patients were directed to the appropriate out of hours service.

Listening and learning from concerns and complaints

Staff told us the provider took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The provider had a policy providing guidance to staff about how to handle a complaint. The complaints process was displayed in the patient's waiting room and on the web site.

The provider aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way their concerns had been dealt with.

We discussed comments and compliments the practice received in the last 12 months. These showed the practice responded in a timely way to patients and where appropriate discussed outcomes with staff to share learning and improve the service.

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

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

We saw the practice had effective processes to support and develop staff with additional roles and responsibilities.

Culture

Staff discussed their training needs during annual appraisals. 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 governance and management.

The practice 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.

Appropriate and accurate information

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

Staff gathered feedback from patients regularly and demonstrated commitment to acting on feedback. The NHS family and friend surveys were in place. We saw the practice conducted their own independent surveys and had many positive responses on the internet.

The practice 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 practice had robust systems and processes for learning and improvement. These included comprehensive and detailed audits of several areas including, antimicrobial usage, oral cancer, patient satisfaction, dental care records, disability access, and radiography. Staff kept detailed records of the results of these audits and these were shared with the staff team for additional learning and improvements.