

Broughton Dental Practice Limited

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Inspection report

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Overall summary

We undertook a follow up desk-based focused review of Broughton Dental Practice on 12 October 2020. This review was carried out to look at 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 Broughton Dental Practice on 30 September 2019 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 regulations 17 and 19 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 Broughton Dental Practice on our website .

As part of this review we asked:

- 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 area(s) where improvement was required.

Our findings were:

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 30 September 2019.

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

Background

Broughton Dental Practice is in Broughton Astley, a large village located in the Harborough district of Leicestershire. It provides private dental treatment to adults and children.

Summary of findings

There is level access for people who use wheelchairs and those with pushchairs through entry at the rear of the premises. There are some limited car parking spaces at the front of the premises and free public car parking is also available on street within close proximity.

The dental team includes two dentists, two dental nurses, one trainee dental nurse, two dental hygienists, one clinical dental technician, two receptionists and a practice manager. The practice has three treatment rooms, one is located on the ground floor.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission 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 Broughton Astley Dental Practice is the principal dentist.

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

The practice is open: Monday, Wednesday, Thursday and Friday from 8.30am to 4.30pm and Tuesday from 8.30am to 7pm.

Our key findings were :

- Processes had improved in relation to staff completion of training such as safeguarding, which was completed to the expected level for clinical staff.
- Whilst an incident reporting policy had been implemented, this did not include a definition of a significant/unlawful incident and how such incidents would be managed.
- Systems for incident reporting had improved. We were provided with examples which included how they had been addressed in the practice.
- The provider had completed training to assist them in undertaking audit activity. We were sent a sample of record keeping audits completed.
- Fixed wiring testing had been completed within the premises.
- We noted where actions had been taken to manage risk. For example, an external contractor had completed a fire risk assessment of the premises and lone working risks had been considered. We identified that a practice specific sharps risk assessment was required to be completed.
- Recommended emergency equipment had been obtained since our previous site visit.
- We were informed that rectangular collimators were fitted to X-ray equipment.
- Systems had improved in relation to the management of patient safety alerts.
- Tests were in place for one of the ultrasonic baths.
- Recruitment processes had been improved.
- Improvements had been made to dental record keeping.
- We were informed that the Mental Capacity Act and Gillick competence had been subject to discussion amongst staff.
- The practice did not have a hearing loop at the reception desk; we were informed that there were no immediate plans to obtain one.

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

- Improve the practice's risk management systems for monitoring and mitigating the various risks arising from the undertaking of the regulated activities. For example, implement a practice specific sharps risk assessment.
- 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 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.

At our previous inspection on 30 September 2019 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 12 October 2020 we found the practice had made the following improvements to comply with the regulations:

- At our previous visit, we had identified there was a lack of oversight in relation to training completed by staff, for example safeguarding. At our follow up desk-based review, we were provided with certificates for staff that showed their safeguarding knowledge had been refreshed to the expected level for clinical staff. A member of the team had also updated their training in respect of the new requirements relating to the Ionising Radiation Regulations 2017 (IRR17) as we had found this had not been undertaken at the point of our previous inspection visit.
- We found that the systems for identifying and reporting significant/untoward events had improved since our previous visit. For example, an incident reporting log had been implemented since October 2019. This recorded the nature of the incidents, how they had been addressed and subsequent outcome. One incident recorded that the provider had changed software used within the practice and this had resulted in some initial problems. These had then been satisfactorily resolved with staff training in place. The incident policy sent to us did not include a definition of a significant/untoward event and the process for how incidents would be managed following their log.
- We were provided with some documentation to show that audit processes had been subject to review to strengthen the approach that was previously in place. For example, we were sent samples of record keeping audits completed. We were informed that the principal dentist had completed a course to assist them in the audit process.
- At our previous inspection, we noted that the provider had not ensured that five-year fixed wiring testing had been completed. At our follow up desk-based review, we saw evidence that this testing had been undertaken.

- Risk assessments had been subject to some review by the provider. For example, lone working for the hygienist. We noted that a fire risk assessment had been undertaken in November 2019 by an external contractor. The assessment we viewed included a number of recommendations for the provider to implement which were contained in an action plan. Practice management had signed against each of the recommendations to show they had addressed them.
- We were assured that staff Hepatitis B immunity levels were held for most staff. The trainee dental nurse had a risk assessment held on record as this information was not held.
- Whilst we were provided with a sharps risk assessment during our desk-based review, we found that further detail could be included. For example, a list of the individual types of sharps held and the control measures in place for each.
- Following our last inspection visit, the provider had purchased missing emergency equipment. We were informed that logs of the checks of equipment and medicines were updated on a weekly basis.
- We were assured that rectangular collimators had been fitted to X-ray equipment since our last inspection visit.
- The provider had implemented a structured system for the review of patient safety alerts issued. These were recorded on to a spreadsheet with the details of any action taken in response. We were provided with a copy of this to view.
- At our previous visit we had identified that not all tests required were taking place for one of the ultrasonic cleaning baths used. We were provided with documentation as part of our desk-based review to show that the bath was now subject to regular checks.
- The provider had strengthened their recruitment processes to ensure that required legislative documentation was held for staff. For example, proof of staff identity including their photographs and evidence of a former employment reference obtained.

The practice had also made further improvements:

- We were informed that improvements had been made to dental record keeping and treatment plans were provided to all patients requiring a return visit for treatment.
- We were informed that the Mental Capacity Act and Gillick competence had been subject to discussion amongst staff in a practice meeting held in March 2020.

Are services well-led?

- The practice did not have a hearing loop at the reception desk; we were informed that there were no immediate plans to obtain one.

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