

Dr Parminder Kaur

Broadway Dental Surgery

Inspection Report

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Date of inspection visit: 9 January 2020
Date of publication: 12/03/2020

Overall summary

We undertook a focused inspection of Broadway Dental Surgery on 9 January 2020. This inspection 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 inspection was led by a CQC inspector.

We undertook a comprehensive inspection of Broadway Dental Surgery on 20 May 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 regulation 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 Broadway Dental Surgery on our website www.cqc.org.uk.

As part of this inspection 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 breach we found at our inspection on 20 May 2019.

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

Background

The practice is in Woodhall Spa, a village in Lincolnshire and provides NHS and private treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces are available in the practice's car park. There is also on road public car parking directly outside the practice.

The dental team includes five dentists, four dental nurses, two trainee dental nurses, one dental hygienist, one dental hygiene therapist, two receptionists and a practice manager. The practice manager is also qualified as a dental nurse.

The practice has five treatment rooms, all on ground floor level.

Summary of findings

Services include general dentistry and orthodontic treatments. The practice is also a training practice for dentists new to practice. One of the associate dentists is a trainer.

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 inspection we spoke 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 to Saturday from 9am to 1pm and 2pm to 5pm.

Our key findings were:

- A more effective framework for incident reporting was in operation. We noted where learning points had been identified for staff and saw that preventative action was taken when necessary.
- Management oversight of staff training completion had improved.
- The induction process was documented when new staff joined the practice and we saw evidence to support this.
- Most actions had been taken to address recommendations in the legionella risk assessment. We found an area for further action. This was addressed after our visit.
- Hygienists were supported by a dental nurse. A risk assessment had been completed for the occasions when they worked alone.
- The risks presented by fire had been mitigated.
- X-ray equipment had been subject to routine testing.
- Patient safety alerts had been subject to review and documentation was held to support this.
- New staff had recently been recruited and we noted there was some information missing in their personnel files, such as references which had been sought but not yet received. The practice manager acted to follow this up after our visit.
- Monitoring for NHS prescriptions required further review to ensure that it could be identified if an individual prescription was taken inappropriately.
- Clear face masks were obtained for the emergency equipment kit.

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

- Improve the security of NHS prescription pads in the practice and ensure there are systems in place to track and monitor their use.
- Implement an effective recruitment procedure to ensure that appropriate checks are completed prior to new staff commencing employment at the practice.

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 20 May 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 inspection on 9 January 2020 we found the practice had made the following improvements to comply with the regulation:

- A policy was present for incident reporting. This referred to significant events as well as near misses that could occur within the practice. We discussed a recent complaint and whether any learning had taken place as a result. One learning point had been identified regarding staff contacting a patient promptly after a particular procedure had taken place. The complaint had been subject to discussion amongst clinicians in a meeting in November 2019. We were also informed about an incident that had occurred in December 2019 involving a staff error with the autoclave. We saw that preventative action had been taken to prevent a future recurrence. Whilst staff were aware of the incident, it had not been formally discussed in a practice meeting due to the Christmas break. We found that the practice did not use specific reporting forms for incidents. We were informed that forms would now be used.
- We saw that management had improved oversight of staff completion of General Dental Council recommended training. We looked at a sample of staff files and found evidence of their training in safeguarding, radiography and infection control.
- The induction process had improved for staff. We saw that this had been undertaken for a foundation dentist and this was documented. We also noted that one of the trainee dental nurses who started working for the practice in November 2019 had received a formal induction and this included areas such as safeguarding.
- We saw that most actions had been taken to address the risk presented by legionella, although we noted that a recommendation had been completed as identified in the latest risk assessment. There were records of water

temperature testing, but we were not assured that annual training had been completed for the lead. Following our visit, we were informed that this had now been completed.

- We were informed that hygienists were usually working with chairside support from a dental nurse. There was a risk assessment in place for when they did work alone.
- The risks presented by fire had been mitigated. Fire drills had been undertaken monthly and checks were made on equipment such as the fire extinguishers to ensure they had not been tampered with. The new alarm system and emergency lighting was not yet due for servicing at the time of our visit. We were informed after our visit that a new fire risk assessment had been arranged for 15 January 2020.
- X-ray equipment had received routine testing. This was undertaken in November 2019.
- We saw that patient safety alerts had been received such as those from the Medicines and Healthcare Products Regulatory Authority. These were noted and reviewed, and we saw supporting documentation.
- We looked at compliance with legislative requirements when new staff were recruited. The practice had recruited some new staff recently and we looked at two of their files. One contained evidence of a disclosure barring service check, and a check had been applied for in respect of the second staff member. The practice had sought references, but these had not yet been received. One of the staff members had recently left education and therefore did not have a previous employment record. The practice manager assured us after the inspection that the reference requests were being followed up. One of the staff members did not have their photograph held on file. We were told after the day that this was now held on their file.

The practice had also made further improvements:

- Whilst there was monitoring of NHS prescriptions when they were issued, this did not include a system to identify if an individual prescription was taken inappropriately. We discussed this with the practice manager and they told us this would be implemented immediately.

Are services well-led?

- Four sizes of clear face masks were obtained for the medical emergencies kit to reflect the national guidelines.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulation: when we inspected on 9 January 2020.