

BW Partnership

Brant Road Dental Practice

Inspection report

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Lincoln
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Overall summary

We carried out this announced comprehensive on 10 October 2023 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:

- Non clinical areas such as door handles and light switches were not always kept clean.
- The practice infection control procedures reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- There was scope for improvement in the systems to manage risks for patients, staff, equipment and the premises. Specifically, around fire safety and legionella management.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Evidence was not always available to confirm that staff recruitment procedures reflected current legislation.
- Clinical staff provided patients' care and treatment in line with current guidelines.

Summary of findings

- Patients were treated with dignity and respect. Staff took care to protect patients' privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- 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.
- There was scope for improvement to ensure leadership was effective and a culture of continuous improvement was maintained.
- 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.
- The practice had information governance arrangements.

Background

Brant Road Dental Practice is in Lincoln and provides NHS and private dental care and treatment for adults and children.

There is step free access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for disabled people, are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 3 dentists, 3 dental nurses, 1 dental hygienist, 1 dental therapists, 1 practice manager and 1 receptionists. The practice has 5 treatment rooms. Three were in operation at the time of our inspection.

During the inspection we spoke with 1 dentist, 1 dental nurse, 1 receptionist and the practice manager. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday to Friday from 8.45am to 6.15pm

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

- Improve the practice's systems for environmental cleaning taking into account current national specifications for cleanliness in the NHS.
- Implement an effective recruitment procedure to ensure that appropriate checks are completed prior to new staff commencing employment at the practice.
- Take action to implement any recommendations in the practice's fire safety risk assessment and ensure ongoing fire safety management is effective.
- Take action to ensure audits of radiography and infection prevention and control are undertaken at regular intervals to improve the quality of the service. Practice should also ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.

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 procedures to reduce the risk of Legionella, or other bacteria, developing in water systems. We identified scope for improvement in ensuring that recommended tests were carried out and recorded in line with guidance in the risk assessment.

The practice procedures to ensure clinical waste was segregated and stored appropriately were not always in line with guidance. Clinical waste bins were not secured to prevent unauthorised removal and 1 of the 2 bins had a defective lock which had enabled people to dispose of household and food waste. Additionally, clinical waste bags were not marked in a way to identify the practice as their source. The provider took immediate action to address these issues, including having work carried out to have the bins repaired and secured during our inspection.

Non clinical areas of the practice such as doors and light switches did not always appear clean. The provider did not have an effective schedule in place to ensure all areas were kept clean. Following our inspection, the provider submitted evidence that action was taken to address these issues. The practice had infection control procedures which generally reflected published guidance.

The practice had a recruitment policy to help them employ suitable staff, including for agency or locum staff. We found these did not always reflect the relevant legislation as references were not available for 2 of the 7 staff members.

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. We identified scope for improvement in processes the practice used to ensure the facilities were maintained in accordance with regulations. Evidence the provider had obtained a satisfactory 5 year fixed wire electrical safety certificate was not available at the time of our inspection. Following our inspection, the provider submitted evidence that this had now been completed.

A fire safety risk assessment was carried out in line with the legal requirements by the landlord of the building. We identified that weekly checks of the effectiveness of fire detection and fighting equipment were not always carried out. Additionally, we identified that not all staff had completed fire safety training. Following our inspection, the provider submitted evidence that staff had completed training and recording of required monitoring checks was now in place. Management of fire safety was effective.

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. This included sharps safety, sepsis awareness and lone working.

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 in emergency resuscitation and basic life support every year.

Are services safe?

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

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

The practice had systems for referring patients with suspected oral cancer under the national 2-week wait arrangements.

Safe and appropriate use of medicines

There was scope for improvement with the practice systems for appropriate and safe handling of medicines. Specifically in monitoring the use and issue of prescription pads.

Track record on safety, and lessons learned and improvements

The practice had systems to review and investigate 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. Although staff demonstrated an understanding of their responsibilities under the Mental Capacity Act 2005, evidence to confirm they had received training in this was not available.

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 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 annually. We identified scope for improvement in ensuring these were carried out 6-monthly following current guidance.

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

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.

Patients said staff were compassionate and understanding when they were in pain, distress or discomfort.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

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 information leaflet provided patients with information about the range of treatments available at the practice.

The dentist explained the methods they used to help patients understand their treatment options. These included 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 had experienced an unexpected period of staff vacancies, including amongst nurses, dentists and administrative staff. This had contributed to difficulties in ensuring services were organised and delivered to meet patients' needs and preferences, specifically relating to access to appointments and communication.

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

The practice had made reasonable adjustments, including level access, ground floor treatment rooms and access to translation services for patients with access requirements. 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 patient information leaflet

Patients could access care and treatment from the practice within an acceptable timescale for their needs. The frequency of appointments was agreed between the dentist and the patient, giving due regard to NICE guidelines. Patients had enough time during their appointment and did not feel rushed.

The practice's information leaflet and 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. 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 providing well-led care in accordance with the relevant regulations

Leadership capacity and capability

At the time of our inspection, the provider had been without a dedicated practice manager for over 6 months. We found that this, combined with an unexpected period of high staff turnover had impacted some areas of governance within the service. We found that despite this, the practice staff and provider demonstrated a commitment and ambition to provide a transparent and open culture in relation to people's safety.

We found that where the inspection highlighted any issues or omissions, the provider took prompt action to address these.

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

Culture

Staff demonstrated how they were committed to ensuring high-quality sustainable services were provided at the service and demonstrated an understanding of the improvements required and had a plan in place to implement these.

Staff stated they felt respected, supported and valued. The provider was identified by staff we spoke with as being particularly supportive and approachable. All staff told us they were proud to work in the practice and committed to its future development.

Staff discussed their training needs during 1 to 1 meetings. They also discussed learning needs, general wellbeing and aims for future professional development.

We identified scope for improvement in the practice arrangements to ensure staff training was up-to-date and reviewed at the required intervals. Specifically, around mental capacity act training and oversight of completed training.

Governance and management

A plan was in place to ensure that staff had clear guidance regarding their 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. We identified scope for improvement in ensuring these were reviewed on a regular basis.

We saw there were processes for managing risks, issues and performance. Minor shortfalls were identified in relation to fire and legionella were identified.

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

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 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.

Are services well-led?

Continuous improvement and innovation

There was scope for improvement with the practice systems and processes for learning, quality assurance and continuous improvement. Specifically with the completion of audits of patient care records, disability access, radiographs, antimicrobial prescribing, and infection prevention and control within recommended timescales and the development of action plans and improvements where required.