

Mr. Alan Bramwell

Bramwell Dental Practice

Inspection report

33a High Street
Harpenden
AL5 2RU
Tel: 01582460452
www.bramwelldentalpractice.com

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Overall summary

We carried out this announced comprehensive inspection on 9 November 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 always ask the following five 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 dental clinic was visibly clean and well-maintained.
- The practice had infection control procedures which mostly reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and most life-saving equipment were available. However oropharyngeal airways and paediatric masks were not available on the day and the temperature of the fridge where the medicine used to manage low blood sugar was not monitored to ensure it was effective.
- The practice had limited systems to help them manage risk to patients and staff. There were shortfalls in the assessment and mitigation of risk in relation to recruitment, fire and legionella.

Summary of findings

- The five-yearly electrical fixed wire testing had not been undertaken.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect and staff took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- Staff felt involved and 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 provider did not keep records to demonstrate that all staff had received training in safeguarding for vulnerable adults and children or infection prevention and control.
- The provider did not have effective staff recruitment procedures as not all staff had a recent Disclosing and Barring Service (DBS) check or risk assessment at the point of employment and evidence of satisfactory conduct in previous employment (references) were not obtained.
- There was no system to ensure that regular audits of record keeping, and infection control were undertaken at recommended intervals for all clinicians and used to improve the quality of the service.

Background

The provider has 1 practice, and this report is about Bramwell Dental Practice.

Bramwell Dental Practice is in Harpenden and provides NHS and private dental care and treatment for adults and children.

There is level 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 some adjustments to support patients with additional needs.

The dental team includes 2 dentists, 3 dental nurses, including 2 trainee dental nurses, 2 receptionists and a practice manager. The practice has 2 treatment rooms.

During the inspection we spoke with 1 dentist, 3 dental nurses, 1 receptionist 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 Thursday from 8am to 5pm.

Friday from 8am to 4.30pm.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Full details of the regulation the provider was not meeting are at the end of this report.

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

Summary of findings

- Take action to ensure audits of infection prevention and control, and record keeping are undertaken at regular intervals to improve the quality of the service and that radiography audits have documented learning points and the resulting improvements can be demonstrated.
- Implement an effective system for monitoring and recording the fridge temperature to ensure that medicines and dental care products are being stored in line with the manufacturer's guidance.
- Take action to implement all the recommendations in the practice's Legionella risk assessment, 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, maintain records of the flushing of infrequently used water outlets.

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?	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)

The provider had a safeguarding policy to provide staff with information about identifying, reporting and dealing with suspected abuse. The contact details of the local safeguarding teams were not included in the policy or available elsewhere in the practice. This information was obtained on the day of the inspection. The principal dentist was the safeguarding lead and had completed training in safeguarding children and vulnerable adults to level 2. One dental nurse had completed training in safeguarding for children to level 2 but not for vulnerable adults. We did not see evidence that 1 dentist, 2 trainee dental nurses and 2 receptionists had received safeguarding training for children and vulnerable adults to the appropriate level. The provider told us that the trainee dental nurses had received some safeguarding training as part of their training course. Staff spoken with on the day were able to describe and had some awareness of the signs and symptoms of abuse and neglect and how to report concerns. The practice had a whistleblowing policy in place.

The practice had infection control procedures which did not reflect published guidance. We saw evidence that equipment used by staff for sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. An infection prevention and control audit had been completed recently, and some action was taken, but there was no evidence that audits had been completed prior to this in-line with guidance. The practice did not have effective processes for manual cleaning or transportation of clean and dirty instruments. Staff used 1 box to transport clean and dirty instruments although it was cleaned in between these procedures. There was no log to record that heavy-duty gloves used for manual cleaning were changed weekly. Detergent was not used for scrubbing instruments. The thermometer was not always used to test the temperature of the water used for manual cleaning and staff did not always record that work sent to the laboratory was disinfected. These shortfalls were addressed on the day. In addition, there was not clear zoning of clean and dirty areas in the upstairs surgery. We found unwrapped local anaesthetic syringes and X-ray holders in the upstairs surgery and not all local anaesthetic cartridges were kept covered or in blister packs. We discussed this with the provider who assured us this would be rectified.

The practice had some procedures to reduce the risk of legionella or other bacteria developing in water systems, in line with a risk assessment which had been completed by the provider. We saw evidence that water temperature and quality checks were completed. The need to flush infrequently used water outlets had been identified but there were no records kept demonstrating that this was done.

The practice had policies and procedures 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 practice had a recruitment policy to help them employ suitable staff which reflected the relevant legislation. However, this policy was not being followed. There was no clinical reference for the associate dentist available on the day of inspection or evidence of satisfactory conduct in previous employment for the dental nurses or receptionists. A Disclosure and Barring Service check was not carried out for the receptionists, nor was there a risk assessment in place.

Clinical staff were qualified, registered with the General Dental Council and had professional indemnity cover or on a dental nurse training course.

The practice ensured equipment was safe to use and maintained and serviced according to manufacturers' instructions.

Are services safe?

An in-house fire risk assessment was carried out in line with the legal requirements. We found this had not considered the need for emergency lighting to enable patients to exit the building from the first floor if the lights failed, or if fire signage was adequate. The management of fire safety was not effective as there were no records to show that firefighting equipment was serviced, and staff had not completed fire training at the practice. A 5-year electrical fixed wiring test had not been completed.

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

Risks to patients

The practice had implemented some systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety and lone working. Staff had not completed training in sepsis awareness.

Emergency medicines and some equipment to manage a medical emergency were available and checked in accordance with national guidance. In particular, oropharyngeal airways, a paediatric oxygen face mask with tubing and a paediatric self-inflating bag with reservoir were not present. Only 1 size of face mask was available. In addition, the temperature of the fridge, where the medicine to manage low blood sugar (glucagon) was kept, was not monitored to ensure the medicine was effective and the eye wash was out of date. A thermometer and replacement eye wash were obtained on the day of the inspection.

Staff knew how to respond to a medical emergency and had completed training 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 although cleaning products were not kept securely.

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.

The practice had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. There was scope to improve the processes for monitoring the outcomes for private referrals to ensure that patients were seen appropriately and in a timely way.

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were not available on the day of the inspection. However, retrospective audits covering the period prior to the inspection were subsequently provided.

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. A range of oral health leaflets were available for patients and products to support patients' oral health were on sale.

Consent to care and treatment

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

Dentists 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 noted some variation of detail with regards to recording patient dental care information such as risk assessments for caries, periodontal disease and cancer.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits following current guidance and legislation. There was scope to improve these by reviewing the findings and having documented actions and learning points.

Effective staffing

Staff had skills, and experience but not all staff had received training to the appropriate level to carry out their roles.

Newly appointed staff had a structured induction and clinical staff were registered with the General Dental Council or on a dental nurse training course.

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.

On the day of inspection, we spoke with 2 patients and they were wholly positive about the care they received at the practice.

In online reviews patients said staff were compassionate and understanding.

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.

Staff gave patients clear information to help them make informed choices about their treatment.

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

The dentist described to us the methods they used to help patients understand treatment options discussed. These included, for example, X-ray images and an intra-oral camera.

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 had made reasonable adjustments for patients with disabilities. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients. This included a ramp for disabled access to the ground floor surgery and a hearing loop.

Timely access to services

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

The practice had an appointment system to respond to patients' needs.

Listening and learning from concerns and complaints

The practice responded to concerns and complaints appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

We found this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notice section at the end of this report. We will be following up on our concerns to ensure they have been put right by the provider.

Leadership capacity and capability

The provider was receptive to the feedback provided during the inspection and demonstrated a willingness to implement changes. Immediately after the inspection we were advised of some actions to address the shortfalls we had identified. This indicated to us a commitment to improve the service.

We found that there was insufficient capacity and skills to ensure effective leadership in relation to the monitoring and management of risks.

The provider described the challenges that had been faced at the practice over the previous 2 years and they explained how they were addressing some of these. They were in the process of recruiting an additional dentist and dental hygienist.

Staff told us the practice leaders were visible and approachable.

Culture

The practice was well established with a vision to provide patient-centred high-quality care with the provision of services in line with the needs of their patients.

Staff stated they felt respected, supported and valued. The provider gave staff wellbeing a high priority.

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

The practice did not have effective systems to ensure staff training was up-to-date and reviewed at the required intervals.

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. They were in the process of transitioning to an online-based governance system. However, many of the policies were generic rather than being specific to the practice.

Processes for managing risks, issues and performance were not effective. The practice was not following its policy for recruitment. The risks associated with legionella, control of substances hazardous to health and fire had not been adequately identified and managed. The five yearly electrical fixed wiring test had not been completed.

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 these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

Staff gathered feedback from patients, the public and external partners and a demonstrated commitment to acting on feedback.

Are services well-led?

The practice gathered feedback from staff informal discussions and staff meetings although these were not held on a regular basis. 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 some systems and processes for learning, continuous improvement and innovation.

The practice had some quality assurance processes to encourage learning and continuous improvement. These included audits of disability access, radiographs and infection prevention and control. These audits could be improved as we did not see evidence that infection prevention and control audits were carried out at the required frequency, and the radiography audit did not include documented action points or opportunities for learning. Record keeping audits were not completed.

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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>Regulation 17 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>How the Regulation was not being met</p> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess monitor and mitigate the risks related to the health, safety and welfare of service users and others who may be at risk.</p> <ul style="list-style-type: none">• The provider did not have effective oversight to ensure that all the staff had received appropriate training to undertake their role for example in the safeguarding of children and vulnerable adults, infection prevention and control, sepsis, fire or mental capacity act.• Not all specified information was available as laid out in Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regarding each person employed. In particular, in obtaining evidence of satisfactory conduct in previous employment and having in place a recent Disclosing and Barring Service (DBS) check or risk assessment at the point of employment.

Requirement notices

- The provider had not ensured that infection prevention control procedures were in line with current guidance. In particular, the transportation of dirty and clean instruments, procedures for manual cleaning and the storage of sterilised dental instruments.
- Processes for the control and storage of substances hazardous to health identified by the Control of Substances Hazardous to Health Regulations 2002, did not ensure that hazardous products were stored securely.
- The provider had not ensured that fire safety processes were effective in line with Fire Safety Legislation. For example, the risk assessment had not considered the need for emergency lighting or that fire signage was appropriate, fire extinguishers were not serviced annually.
- A five yearly electrical fixed wire test had not been undertaken.
- The provider did not ensure that all equipment for the management of a medical emergency was available, for example oropharyngeal airways, a paediatric oxygen face mask with tubing and a paediatric self-inflating bag with reservoir were not present. Only 1 size of face mask was available.

Regulation 17(1)