

The Health Centre Dental Practice

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Inspection report

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Overall summary

We undertook a follow up inspection of The Health Centre Dental Practice on 21 January 2021. This inspection was carried out to assess in detail the actions taken by the provider to improve the quality of care and to confirm that the practice was now meeting legal requirements.

The inspection was led by a Care Quality Commission, (CQC), inspector who was supported by a specialist dental adviser.

We undertook a comprehensive inspection of The Health Centre Dental Practice on 7 January 2020 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 safe or well-led care and was in breach of regulations 12, 16, 17, 18 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 The Health Centre Dental Practice and The Dental Company Limited on our website www.cqc.org.uk.

As part of this review we asked:

- Is it safe?
- Is it responsive to people's needs?
- Is it well-led?

Our findings were:

Are services safe?

Summary of findings

We found this practice was providing safe care in accordance with the relevant regulations.

The provider had made improvements in relation to the regulatory breach we found at our inspection on 7 January 2020.

Are services responsive?

We found this practice was providing responsive care in accordance with the relevant regulations.

The provider had made improvements in relation to the regulatory breach we found at our inspection on 7 January 2020.

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 7 January 2020.

Background

The Health Centre Dental Practice is in Bradford-on-Avon 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 those for people with disabilities, are available near the practice.

The dental team includes four dentists, one implantologist, five dental nurses, two hygienists, one receptionist and one practice manager. The practice has six treatment rooms.

The practice is owned by a partnership and as a condition of registration must have a person registered with the CQC 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 The Health Centre Dental Practice is the area manager.

On the day of inspection we collected twenty CQC comment cards filled in by patients.

The practice is open:

- Monday to Friday 8.30am to 5.30pm.
- Saturdays by arrangement.

Our key findings were:

- Training had taken place in relation to emergencies for all staff in line with guidance.
- The provider had systems to help them manage risk to patients and staff.

Summary of findings

- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Members of staff had completed safeguarding training.
- The provider had staff recruitment procedures which reflected current legislation.
- The provider had effective leadership and a culture of continuous improvement.
- Staff told us they felt involved and supported.
- The provider had asked patients for feedback about the services they provided. Staff feedback was acquired.
- The provider dealt with complaints positively and efficiently.
- The provider ensured the security of NHS prescription pads in the practice and ensured systems were in place to track and monitor their use.
- The provider undertook audits for the prescribing of antibiotic medicines taking into account the guidance provided by the Faculty of General Dental Practice.
- The provider had protocols for the use of closed-circuit television cameras taking into account the guidelines published by the Information Commissioner's Office.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	No action	✓
Are services responsive to people's needs?	No action	✓
Are services well-led?	No action	✓

Are services safe?

Our findings

We found that this practice was providing safe care and was complying with the relevant regulations.

At our previous inspection on 7 January 2020 we judged the practice was not providing safe 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 21 January 2021 we found the practice had made the following improvements to comply with the regulations:

- We saw evidence showing safety incidents had been fully documented, investigated and action taken to mitigate further risks. The practice showed us documents concerning a patient who had fallen off a step. The documents indicated the practice had reviewed the incident, discussed the incident review with staff at a practice meeting, shared the outcome with the patient and taken action to ensure the step was clearly signed. The practice had thoroughly recorded the incident review and actions taken.
- We spoke to staff and confirmed they had a working knowledge of how to report safeguarding concerns. The practice manager had reinforced safeguarding knowledge by ensuring suitable posters were displayed for staff to read about safeguarding. Additional online training had taken place for staff. The practice manager was trained to a higher level in relation to safeguarding and had been appointed as practice lead. Safeguarding was discussed in practice meetings and recorded.
- Most staff had received fire safety training which had been documented. Two new members of staff required fire safety training and we saw arrangements had been made for this to take place during February 2021. The practice records showed that a fire drill had been undertaken. The fire alarm was tested in line with guidance and documented. All staff, including locums, had undertaken an induction which included fire safety information with exits and assembly points identified. The induction process had been standardised to ensure that gaps in fire safety knowledge previously identified could not reoccur. The practice had trained and appointed three fire wardens to ensure staff with appropriate fire safety skills were always available.
- We were shown evidence of the required HSE notification for x ray equipment had been completed. Information about the Radiation Protection Adviser (RPA) was recorded in a dedicated file and displayed in local rules adjacent to the x ray equipment.
- We saw that all the required emergency equipment and medicines were available for use. The practice kept records of emergency equipment and medicines checks and staff training in line with guidance.
- The provider carried out induction procedures in line with their policy to ensure their own and locum staff were made aware of the location of the emergency equipment and medicines through a standardised induction process. The induction procedures were evidenced by check lists with records kept in staff files.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulations when we inspected on 21 January 2021.

Are services responsive to people's needs?

Our findings

We found that this practice was providing responsive care and was complying with the relevant regulations.

At our previous inspection on 7 January 2020 we judged the practice was not providing responsive 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 21 January 2021 we found the practice had made the following improvements to comply with the regulations:

- We found that since August 2020 all complaints received were recorded, investigated and responded to with necessary and proportionate action taken in response to any failure identified by the complaint or investigation. We reviewed eleven recorded complaints and saw eight had been concluded and three were ongoing. Each complaint had been fully documented including any lessons learned.
- The provider had established and operated effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other persons in relation to the carrying on of the regulated activity. The practice manager had created a separate file and policy to manage complaints. The records were available for inspection and showed a consistent and systematic approach to complaint management.

The CQC had sent the practice feedback comment cards for the inspection on 7 January 2020. There had been several unused cards and the practice issued these prior to this inspection and encouraged patients to share their views of the service.

Twenty cards were completed.

100% of views expressed by patients were positive regarding clinical care and access to appointments.

Common themes within the positive feedback were friendliness of staff, and clinical expertise.

We shared this with the provider in our feedback.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulations when we inspected on 21 January 2021.

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 7 January 2020 we judged the practice 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 21 January 2021 we found the practice had made the following improvements to comply with the regulations:

- The provider had introduced a comprehensive system of clinical governance processes; which included policies, audits and risk assessments. The comprehensive documentation was reviewed on a regular basis with staff advised of developments and changes.
- We found comprehensive records were available for the management and oversight of the regulated activities. The practice manager had introduced a number of policies, audits and risks assessments. The audits covered all areas as required in guidance and examined practice performance. The audits identified learning points and these were discussed in practice meetings.
- We saw there was a system for reviewing and acting on significant incidents. The practice provided documents demonstrating that the practice had reviewed an incident, discussed this with staff at a practice meeting, shared the outcome with the patient and taken mitigating action to ensure the practice had recorded the incident review and actions taken.
- We were shown the sharps risk assessment and found it was comprehensive; covering all potential sharp objects and risks, for example burs (drills) and matrix bands.
- We were shown a dedicated file containing a number of audits, including dental records compliance, x ray accuracy, and infection prevention and control audits that had been conducted over the previous year and the results had been shared with staff to drive improvement.
- We saw feedback was routinely gathered and documented from staff. Arrangements were in place to record patient feedback how it would be acted upon to improve the service. Staff were asked for feedback during appraisals and at staff meetings. Patients were provided with access to a suggestion box and social media was actively monitored. The patient note recording system automatically surveyed patients after each appointment.
- The provider had ensured staff received appropriate support, training, professional development, supervision and appraisal to enable them to carry out the duties they were employed to perform. Training had been carried out or had been booked in fire safety, safeguarding children and vulnerable adults, basic life support and IR(ME)R.
- Staff had received an induction and this was confirmed when we spoke directly with staff and we were shown documentation which indicated any staff joining the practice would undertake an induction.
- Agency nurses were no longer used by the practice.
- We found staff had commenced a six-monthly appraisal process. The process was commenced during august 2020 and included new staff on induction. The staff we spoke with said they received support, supervision and appraisal.
- We spoke with two trainee nurses who confirmed they had access to a training mentor. We saw documentation that the practice had three trainee nurses, and each was allocated a training mentor.
- The provider had introduced a new recruitment policy and procedure. We saw evidence that recruitment records were complete and detailed records were kept for staff as required in guidance. We saw two new members of staff had recently been recruited and the documentation confirmed recruitment procedures were followed.

Are services well-led?

The provider had also made further improvements:

- The provider showed us how they had improved the security of NHS prescription pads in the practice by securing them in a locked cupboard and had put into place a recording system to track and monitor their use.
- The provider produced evidence of implementation of a system of audits for prescribing of antibiotic medicines taking into account the guidance provided by the Faculty of General Dental Practitioners.
- The provider had a policy, protocol and public signage displayed to support the use of closed-circuit television cameras taking into account the guidelines published by the Information Commissioner's Office.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulations when we inspected on 21 January 2021.