

Mrs Naeha Waterfall

Bridge Dental Practice

Inspection report

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Overall summary

We undertook a follow up desk-based review of Bridge Dental Practice on 11 December 2020. This review 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 review was led by a CQC inspector.

We undertook a comprehensive inspection of Bridge Dental Practice on 10 March 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 and well led care and was in breach of regulations 12, 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 Bridge Dental Practice on our website www.cqc.org.uk.

As part of this review we asked:

- Is it safe?
- 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 review again after a reasonable interval, focusing on the areas where improvement was required.

Our findings were:

Are services safe?

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

Summary of findings

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 10 March 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 breaches we found at our inspection on 10 March 2020.

Background

Bridge Dental Practice is in Towcester, a market town in Northamptonshire. It provides NHS and private dental care and treatment for adults and children. Services include general dentistry.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces for patients are available in local car parks within a short distance of the premises. There is a dedicated parking space for people with disabilities in a shared private car park.

The dental team includes six dentists, four dental nurses, one sterilisation assistant, one dental hygienist, one dental hygiene therapist, one receptionist and a business manager. The practice has four treatment rooms; one of which is on ground floor level. There is also a separate decontamination room.

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 business manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday to Friday from 8am to 6.30pm.

Our key findings were:

- The systems and processes for safeguarding had been strengthened within the practice.
- Equipment that was missing from the practice's emergency kit had been obtained.
- The provider sent us evidence of staff completion of radiography training where this was not available on the date of our previous visit. Monitoring for staff completion of training had improved.
- The processes for incident reporting had been strengthened to include a broader range of occurrences which could be reported. Staff had received training.
- There was an induction checklist available to prompt management to obtain references when new staff were recruited.
- We were informed that monitoring regarding the security of prescription pads had been implemented; this would identify if an individual prescription was taken inappropriately.

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 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 10 March 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 11 December 2020 we found the practice had made the following improvements to comply with the regulation:

- The provider had reviewed their safeguarding processes since our previous inspection visit. Whilst a policy was in place at the time, there were insufficient systems to enable the practice to follow up safeguarding concerns for a child or vulnerable adult. For example, if a child was not brought to an appointment or if clinical advice was not followed. We reviewed documentation subsequently sent by the provider; this showed a structured process had been implemented to enable staff to identify and then manage patients with potential concerns. Staff training regarding this process was undertaken in March 2020.
- During our first inspection visit, we identified that not all equipment that might be required in an emergency was held. For example, self-inflating bags with reservoir, various sizes of masks to fit a self-inflating bag with reservoir. We also found that glucagon was stored outside of refrigeration without the expiry date being adjusted to reflect this. Following our visit, we were sent evidence to show that required items had been purchased for the kit. The provider confirmed that the glucagon expiry date had also been amended.

These improvements showed the provider had taken action to comply with the regulation.

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 10 March 2020 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 11 December 2020 we found the practice had made the following improvements to comply with the regulations:

- At our previous inspection visit, we identified that systems or processes were not operating effectively in relation to the management overview of staff training, particularly in relation to GDC highly recommended topics. We were sent radiography certificates for a staff member as these were not located on the day of our visit in March 2020. We were provided with assurance since our previous visit that this area was now subject to ongoing monitoring by management.
- The processes for identifying and recording untoward incidents and significant events had been subject to review. We were informed that existing reporting systems had been widened to include a broader range of occurrences which could be reported. Staff had received training in the updates. There was one accident reported in recent months which involved a staff trip over a cable.
- We found that not all staff had references or other evidence of previous satisfactory conduct recorded on their files during our inspection in March 2020. We were sent a copy of an induction checklist to be utilised by the practice. This included a prompt for ensuring that references were obtained for any new staff members. There had been two new dentists, one receptionist and one dental nurse recruited since our previous visit. We were provided with assurance regarding the mandatory checks completed. The business manager told us that they had also checked the performers list and undertook GDC website checks in respect of clinical staff.

The practice had also made further improvements:

- The practice had implemented a monitoring tool to improve the security of prescription pads. This would identify if one was taken inappropriately.

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