

Dr Simon Ditchfield

Bank Parade Dental Practice

Inspection Report

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Overall summary

We carried out a follow-up inspection at Bank Parade Dental Practice on the 24 July 2017.

We had undertaken an announced comprehensive inspection of this service on the 25 October 2016 as part of our regulatory functions where a breach of legal requirements was found.

After the comprehensive inspection, the practice manager wrote to us to say what they would do to meet the legal requirements in relation to the breach. This report only covers our findings in relation to that requirement.

We reviewed the practice against one of the five questions we ask about services: is the service safe and well led? You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bank Parade Dental Practice on our website at www.cqc.org.uk.

We revisited Bank Parade Dental Practice as part of this review and checked whether they had followed their action plan and to confirm that they now met the legal requirements. We carried out this unannounced inspection on 24 July 2017 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 provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations.

The inspection was led by a CQC inspector with remote support from a specialist dental adviser.

Our findings were:

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

Background

Bank Parade Dental Practice is situated in close to Burnley town centre, Lancashire. The practice offers mainly NHS dental treatment but also offers private treatments. The practice has three surgeries; one located on the ground floor and two on the first floor. There is a dedicated decontamination area, a reception area, waiting rooms on the ground and first floor and a patient toilet.

There is one dentist, a dental hygienist and three dental nurses who also undertake receptionist duties.

The practice is open: Monday to Friday 9am-5pm.

The practice is owned by an individual. 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.

Our key findings were:

- The COSHH file had been updated.
- The Radiation Protection File was complete.

Summary of findings

- There was a recruitment policy and procedure in place and robust checks completed on staff.
- A robust system was in place for dealing with complaints.
- Paper dental records were now stored securely.
- Risk assessments were in place to assess the risks to patients and staff including, fire, and the use of sharps.
- An Infection Prevention audit was completed.
- The electrical safety assessment was in place.

The practice had also acted upon other recommendations:

- A review of the decontamination area was completed to determine if the security is sufficient and the area fit for its intended purpose.
- A review and risk assessment for legionella was in place and actions in place to minimise risk.

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 well-led?

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

No action



Are services well-led?

Our findings

Governance arrangements

From our inspection on 25 October 2016 we found that the practice had limited governance arrangements in place to ensure risks were identified, understood and managed appropriately.

Health and safety and risk management policies were in place but we saw that risk management process were not robust to ensure the safety of patients and staff members.

During this follow up review we found action had been taken to address the shortfalls from the previous inspection:

- The principal dentist had ensured robust governance arrangements to manage risk were introduced.
- The practice had completed risk assessments for COSHH, legionella and fire safety.
- The electrical safety assessment for the building was complete.
- The radiation protection file was now complete.
- Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice now had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns and a lead was now in place.
- A sharps policy was in place and safer sharps had been put in place.
- The practice now had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. These showed the practice followed their recruitment procedure.

- Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover. The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination. Paper records were now stored securely.
- The decontamination area had been reviewed and proposed works in place to minimise risk and ensure sufficient security.
- The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. The practice manager was responsible for dealing with these. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.
- The practice manager told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.
- We looked at comments, compliments and complaints the practice received. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Learning and improvement

The practice had introduced further quality assurance processes to encourage learning and continuous improvement. These included audits of X-rays and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements. We confirmed the practice had a recording of incidents and events in place and any learning from these were shared at staff meetings.