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# Bramley Dental Practice Annexe - Cross Street

## Inspection Report

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### Overall summary

We undertook a follow up focused inspection of Bramley Dental Practice Annexe - Cross Street on the 10 February 2020. This inspection 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 inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We undertook a comprehensive inspection of Bramley Dental Practice Annexe - Cross Street on 4 November 2019 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 regulation 12 and 17 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 Bramley Dental Practice Annexe - Cross Street on our website [www.cqc.org.uk](http://www.cqc.org.uk).

As part of this inspection we asked: Remove as appropriate:

- 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. We then inspect 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.

The provider had made improvements in relation to the regulatory breach we found at our inspection on 4 November 2019.

##### **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 4 November 2019.

##### **Background**

Bramley Dental Practice Annexe - Cross Street is located in Bramley, Rotherham and provides NHS and private

# Summary of findings

treatments to adults and children. The practice is a foundation dentist training practice. The annexe is a separate location from the main practice 25 yds. away on the main street of Bramley. Access to the practice is via one flight of stairs and car parking is available nearby.

Access for wheelchair users and pushchairs is via a portable ramp into the main practice reception area. Car parking spaces are available near the practice.

The dental team includes a principal dentist, a foundation training dentist and seven associate dentists, 14 dental nurses (five of whom are trainees), one dental hygienist, two dental hygiene therapist and two receptionists and two practice managers. The practice has five treatment rooms.

The practice is owned by a partnership 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 Bramley Dental Practice Annexe - Cross Street is the principal dentist.

During the inspection we spoke with principal dentist and the practice managers. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday and Tuesday 9am - 6pm, Wednesday to Thursday 9am - 5pm. Friday 9am - 1pm

## **Our key findings were:**

- Legionella management systems reflected current guidance and risk assessment.
- Safer sharps systems reflected current regulations.
- Risk mitigation was in place for staff without Hepatitis B vaccination results.
- An effective system was in place to respond to patient safety alerts.
- Clinical waste management complied with published guidance.
- Recommendations made by the Radiation Protection Advisor had been acted upon.
- Systems to ensure staff employed continued to meet the professional standards was effective.
- Recruitment processes reflected current legislation.
- The process to audit implant placement was in progress.

# 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 4 November 2019 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 inspection on 10 February 2020 we found the practice had made the following improvements to comply with the regulation.

At our previous inspection we found legionella management systems were not carried out in line with published guidance and the risk assessment. The principal dentist was able to demonstrate at the follow up inspection action taken to ensure they met the requirements of guidance and risk assessment. We saw:

- Two lead persons were allocated to oversee legionella management systems.
- We saw staff planned to complete legionella water management training in March 2020.
- The water heating system was upgraded on the 21 January 2020; hot water was now produced at the required temperature.
- A new risk assessment was undertaken on the 21 January 2020, all recommendations in the risk assessment were acted upon and monthly testing results now represented guidance and the risk assessment.

We reviewed the practice's safer sharps system and found the updated risk assessment was over complex and did not fully represent the differing use of safer sharps throughout the practice. An updated and simplified risk assessment was sent to us immediately after the inspection. Staff described the safe handling of sharps throughout the practice, therefore we had no further concerns with sharps management.

Systems to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus were effective. We evidenced vaccination records for all clinical staff. Records showed the staff member who had a nil immunity response to the vaccination was appropriately risk assessed and was fully aware of the risk associated with their role. A spreadsheet was implemented to ensure accurate records were kept.

The practice updated the system to manage patient safety alerts. We observed:

- A separate folder was created for patient safety alerts and the topic was allocated a specific section in the monthly staff meeting agenda. Evidence of this being discussed was recorded in staff meeting records from December 2019 and January 2020.
- A lead person was allocated responsibility for overseeing any incoming safety alerts.
- A spread sheet was implemented to manage action taken in response to relevant safety alerts.
- A retrospective check was carried out backdated from 2017 to present day.

The principal dentist described how they had aligned their procedures to ensure clinical waste disposal was in line with guidance. In particular:

- At the previous inspection we identified an area of non-compliance. The principal dentist had reviewed the waste disposal process in this area and was able to demonstrate that the updated system of clinical waste disposal was now effective.

External clinical waste receptacles were secured to the main building. On the day of inspection, we found one of the receptacles was unlocked, we highlighted this to the principal dentist immediately who assured us this was an unfortunate oversight. The receptacle was immediately secured, and evidence sent to us the same day detailing the action taken to identify how this had occurred assured us this would not be repeated. A significant event report was also created for completeness.

We reviewed all associated evidence relating to recommendations made by the Radiation Protection Advisor and found these had been acted upon. Supporting evidence confirmed that all X-ray machines were tested, and the process completed on the 18 November 2019.

The practice managers described how they had reviewed systems to ensure staff employed continued to meet the professional standards, by completion of Continuing Professional Development (CPD). In particular:

- A colour coded spreadsheet matrix was introduced to capture staff training and CPD requirements.

## Are services safe?

- The practice managers were in the process of scanning all training certification into the system. The spreadsheet matrix held all training dates and identified dates for renewal.
- All staff had access to the spreadsheet and were given guidance on its use.
- We reviewed all training certification not previously available at the comprehensive inspection. This was all in order.
- The practice managers were responsible for ensuring the system was kept up to date.

In addition, a social media group was set up for the managers and all clinicians, specifically to help them remain up-to-date with CPD. The principal dentist told us the group had opened effective communication between management and clinicians and the system for obtaining CPD certification was much improved.

The principal dentist described how they had reviewed the practice's recruitment process to ensure it reflected current legislation. We saw:

- The practice recruitment policy and staff appraisal process were reviewed and updated.
- A spreadsheet was in place, designed to capture all relevant staff checks and certification requirements, including a new staff induction process.
- We were able to verify all documentation not present or available at the comprehensive inspection.
- The principal dentist demonstrated that all existing long-term staff previously without a character reference, now had one in their file and a risk assessment authorised by the principal dentist was added for completeness.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulation when we inspected on 10 February 2020.

# 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 4 November 2019 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 enforcement actions. At the inspection on 10 February 2020 we found the practice had made the following improvements to comply with the regulation.

The practice managers took action immediately after the initial inspection on 4 November 2019 and began to send supporting evidence to confirm actions taken. The team compiled an extensive action plan to demonstrate where improvement had taken place to embed systems into their practice. In particular:

- Legionella management systems were in line with recommended guidance.
- Safer sharps systems were in line with current regulations.
- A risk mitigation system was in place for staff without Hepatitis B vaccination results.
- An effective system was in place to respond to patient safety alerts.
- Clinical waste management complied with published guidance.
- Recommendations made by the Radiation Protection Advisor had been acted upon.
- Systems to ensure staff employed continued to meet the professional standards was effective.
- Recruitment processes reflected current legislation.

The principal dentist described how they had reviewed current system and implemented new processes to ensure more effective leadership, communication and oversight of clinical governance. For example:

- The principal dentist and managers currently use a diary to identify areas requiring attention, the future included regular management meetings.
- A social media platform was implemented to improve communication between the managers and the clinical team.
- Practice meetings were scheduled monthly and anyone not in attendance received an e-mail of the meeting minutes. A system was in place to ensure anyone with a task to complete was followed up.
- The appointment of lead persons to oversee systems and processes.
- The practice managers meet with other local practice managers quarterly to discuss updates and new topics to help them stay up-to-date.

The principal dentist was fully involved in the follow up inspection and supported the practice managers throughout the process. The principal dentist was knowledgeable about newly implemented systems and of the improvements made to achieve compliance.

- The principal dentist had not yet begun to audit dental implants placement but assured us that evidence was being gathered to facilitate this.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulation when we inspected on 10 February 2020.