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Bridgewater Dental Surgery

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 20 September 2023 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 advisor.

To get to the heart of patients' experiences of care and treatment, we always ask the following 5 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 appeared clean, tidy and well-maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to manage risks for patients, staff, equipment and the premises. The inspection highlighted some additional risks which the provider quickly responded to.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.

Summary of findings

- The practice had staff recruitment procedures which reflected current legislation.
- Clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect. Staff took care to protect patients' privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system worked efficiently to respond to patients' needs.
- The frequency of appointments was agreed between the dentist and the patient, giving due regard to National Institute of Health and Care Excellence (NICE) guidelines.
- There was effective leadership and a culture of continuous improvement.
- Staff felt involved, 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 practice had information governance arrangements.

Background

Bridgewater Dental Surgery is in Bridgewater, Manchester and provides private dental care and treatment for adults and children.

There is step free access to the practice for people who use wheelchairs and those with pushchairs. A free public car park, including dedicated parking for disabled people, is located across the road from the dental practice. The practice has made reasonable adjustments to support patients with access requirements. Cars can be parked directly outside the premises by prior arrangement with the practice.

The dental team includes 1 dentist, 1 dental nurse and 1 receptionist/patient coordinator. The practice has 1 treatment room.

During the inspection we spoke with the dentist, the dental nurse and the receptionist. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday 2pm to 5.30pm

Tuesday 9am to 1pm

Thursday 9am to 1pm

Friday 9am to 1pm

The practice can accommodate requests for appointments outside these hours by prior arrangement.

The practice is closed on Wednesdays and weekends. However, the telephone is answered from 8am to 10pm every day.

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

Summary of findings

- Take action to implement any 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.'
- Implement an effective recruitment procedure to ensure that appropriate Disclosure and Barring Service checks or a risk assessment are completed prior to new staff commencing employment at the practice.
- Implement an effective system for investigating and reviewing accidents, incidents and significant events with a view to preventing further occurrences and ensuring that improvements are made as a result.
- Improve the practice's systems for checking and monitoring equipment taking into account relevant guidance and ensure that all equipment is well maintained. In particular, where engineer's reports have recommended actions.

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?	No action ✓

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 practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.

The practice had infection control procedures which reflected published guidance. Protein residue tests were carried out monthly on the internal surface of the ultrasonic cleaner and steriliser. We highlighted these should be carried out weekly on instruments to ensure the efficacy of the ultrasonic cleaning process.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment. We noted a recommendation to repair or replace a water heater had not been actioned. The provider made arrangements for this to be done on 25 September 2023.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The practice appeared clean and there was an effective schedule in place to ensure it was kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff, including for agency or locum staff. These reflected the relevant legislation. The most recent employee did not have a Disclosure and Barring Service (DBS) check, or risk assessment completed at the point of employment. The provider completed and sent a risk assessment after the inspection.

Clinical staff were qualified, registered with the General Dental Council and had professional indemnity cover.

The practice ensured the premises and equipment was safe to use, maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations. We reviewed the engineer's report for the most recent compressor examination in July 2022. The report identified that further work was required to replace a safety valve and recalibration of the pressure switch. There is no evidence these works were carried out and the compressor was now overdue for its annual examination. After the inspection the provider confirmed they made arrangements for a new dental compressor to be installed.

A fire safety risk assessment was carried out in line with the legal requirements. The management of fire safety was effective. Staff carried out weekly checks of smoke detectors and monthly checks of the emergency lighting, but they did not document these. We highlighted the importance of maintaining complete checking records and the provider confirmed this would be actioned.

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

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety, sepsis awareness and lone working.

Are services safe?

Emergency equipment and medicines were available and checked in accordance with national guidance. Glucagon, the medicine used to treat hypoglycaemia (low blood sugar levels) was stored in the fridge. Staff responsible for monitoring this were not aware of the accepted temperature range of 2°C to 8°C range and the documented temperatures were outside this range. After the inspection this medicine was stored with the medical emergency kit and the expiry date adjusted in line with manufacturer's instructions.

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. We highlighted the substance used to ensure the quality of water in dental unit waterlines was not used in line with manufacturer's instructions. We signposted staff to the manufacturer's guidance and resources to support the correct use of this.

Information to deliver safe care and treatment

Patient care records were complete, legible, 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.

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines. We highlighted a stock control system should be implemented to enable staff to identify any unauthorised access to dispensable antimicrobials. After the inspection the provider confirmed stock checks had been implemented.

Track record on safety, and lessons learned and improvements

The practice had systems to review and investigate incidents and accidents. There had been no incidents in the last 12 months. We reviewed the process for documenting previous incidents and noted there was no documented evidence of sharps injuries that occurred in 2018 were followed up and investigated appropriately. We highlighted the importance of this, should any further incidents occur.

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.

Consent to care and treatment

Staff obtained patients' consent to care and treatment in line with legislation and guidance. They 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 patient care records in line with recognised guidance.

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

We saw evidence the dentist justified and graded the quality of the radiographs they took. The practice carried out radiography audits six-monthly following current guidance. We noted where X-rays did not have any findings, these images were not always reported on. After the inspection, the provider confirmed they were amending their dental record templates to ensure this was actioned.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

Newly appointed staff had a structured induction and clinical staff completed continuing professional development required for their registration with the General Dental Council.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The dentist confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide. The dentist had a system to log and track referrals.

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.

Patient feedback said staff made them feel comfortable and at ease, took their time and were compassionate and understanding when they were in pain, distress or discomfort.

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 and 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 explained the methods they used to help patients understand their treatment options. These included study models, 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 and preferences.

Staff were clear about the importance of providing emotional support to patients when delivering care. They described how they discuss any needs and preferences with patients and their carers, including adjusting the opening times to meet patients' needs where possible.

The practice had made reasonable adjustments for patients with access requirements. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

Timely access to services

The practice displayed its opening hours and provided information on their website and patient information leaflet.

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. The frequency of appointments was agreed between the dentist and the patient.

The practice's website and information leaflet provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. The practice offered a telephone 'helpline' for patients between 8am and 10pm 7 days a week all year round. The dentist triaged calls and patients who needed an urgent appointment were offered one in a timely manner, and patient feedback reflected this.

When the practice was unable to offer an urgent appointment, they worked with other local dental practices to support urgent access for patients. Patients with the most urgent needs had their care and treatment prioritised.

Listening and learning from concerns and complaints

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

Are services well-led?

Our findings

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

Leadership capacity and capability

The practice provider demonstrated a transparent and open culture in relation to people's safety.

There was strong leadership with emphasis on people's safety and continually striving to improve. Throughout the inspection process the provider was open to discussion and feedback about the service.

Systems and processes were embedded. The information and evidence presented during the inspection process was clear and well documented.

We saw the practice had effective processes to support and develop staff with additional roles and responsibilities.

Culture

Staff could show how they ensured high-quality sustainable services and demonstrated improvements over time.

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

Staff discussed their training needs informally, during annual appraisals, meetings and during clinical supervision. They also discussed learning needs, general wellbeing and aims for future professional development.

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals.

Governance and management

Staff had clear responsibilities, roles and systems of accountability to support good governance and management.

The practice had a governance system which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

We saw there were processes for managing risks, issues and performance. The inspection highlighted some risks in relation to checking medical emergency medicines, Legionella, recruitment checks, following up on recommendations in engineer's reports and incident investigation. After the inspection, the provider sent an action plan to confirm that timely action was being taken in response to the issues raised.

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 protecting patients' personal information.

Engagement with patients, the public, staff and external partners

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

Feedback from staff was obtained through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on where appropriate.

Continuous improvement and innovation

Are services well-led?

The practice had systems and processes for learning, quality assurance and continuous improvement. These included audits of patient care records, disability access, radiographs, and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements. We saw radiography audits resulted in the replacement of X-ray image receptors after the audit highlighted the quality of these was deteriorating. We highlighted further improvements could be made by auditing whether X-ray images are consistently reported on.

We discussed that infection prevention and control audits should be completed accurately. Some questions which should have a 'no' response were ticked as yes. This audit did not have any documented conclusions or action plans.

Antimicrobial prescribing audits were not carried out. We discussed the benefits of these.