

Dr. Sophia Mustafa

Bowers Way Dental Surgery

Inspection report

29 Bowers Way
Harpenden
AL5 4EP
Tel: 01582761609

Date of inspection visit: 1 June 2022
Date of publication: 27/06/2022

Overall summary

We carried out this announced focused inspection on 1 June 2022 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 adviser.

To get to the heart of patients' experiences of care and treatment, we usually ask five key questions, however due to the ongoing COVID-19 pandemic and to reduce time spent on site, only the following three questions were asked:

- Is it safe?
- Is it effective?
- 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 to be visibly clean and well-maintained.
- The practice had infection control procedures which mostly reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and most life-saving equipment were available. However, the process for ensuring that the medicine used to treat low blood sugar (glucagon) was effective needed strengthening. Missing equipment and an alternative form of the medicine used to treat seizures was obtained after the inspection.
- The practice had some systems to help them manage risk to patients and staff although there were shortfalls in the management of risk associated with Control of Substances Hazardous to Health for dental products.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The five yearly electrical fixed wire testing had not been undertaken. This was completed after the inspection.

Summary of findings

- The clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect and staff took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- Staff felt involved and supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- The dental clinic had information governance arrangements.
- The practice had staff recruitment procedures which mostly reflected current legislation.

Background

The provider has one practice, and this report is about Bowers Way Dental Surgery.

Bowers Way Dental Surgery is in Harpenden and provides NHS and private dental care and treatment for adults and children.

Access to the practice for people who use wheelchairs and those with pushchairs is via a small ramp. Car parking spaces, including dedicated parking for people with disabilities, are available in a pay and display car park next to the practice. The practice has made some adjustments to support patients with additional needs.

The dental team includes five dentists, three dental nurses, including two dental nurse trainees who also work on reception and two hygienists. The practice has three treatment rooms.

During the inspection we spoke with three dentists, and two dental nurses. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday and Wednesday from 9am to 5.30pm

Tuesday from 11am to 7pm

Thursday and Friday from 9.30am to 6pm

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

- Take action to ensure the availability and monitoring of medicines and equipment in the practice to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.
- Ensure there are systems in place to track and monitor NHS prescription pads in the practice and complete an antimicrobial prescribing audit to ensure that clinicians are prescribing in line with current guidance.
- Improve the practice's processes for the control and storage of substances hazardous to health identified by the Control of Substances Hazardous to Health Regulations 2002, to ensure risk assessments are undertaken and the products are stored securely.

Summary of findings

- Take action to ensure dentists are following the guidelines issued by the British Endodontic Society for the use of rubber dam for root canal treatment.

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 effective?	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. Safeguarding training for children and vulnerable adults was completed by the dental nurses on the day of the inspection or immediately after.

Staff had completed training in infection prevention and control as recommended. Records were available to demonstrate that the equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. There were limited systems to ensure that manual cleaning was effective as there was no evidence that heavy duty gloves and long handled brushes were changed weekly. We saw some undated instrument packs in the surgery and not all x-ray holders or rubber dam instruments were stored in pouches. Immediately after the inspection we were sent evidence that these shortfalls had been rectified. Infection prevention control audits were completed twice a year in line with HTM01/05 guidance. The practice had introduced additional procedures in relation to COVID-19 in accordance with published guidance.

The practice had procedures to reduce the risk of Legionella or other bacteria developing in water systems, in line with a risk assessment.

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

We saw the practice was visibly clean and there was an effective cleaning schedule to ensure the practice was kept clean. However, there was scope to improve the storage of floor cleaning mops.

The practice had recruitment procedures to help them employ suitable staff. A recruitment policy and check list was provided immediately after the inspection which reflected the relevant legislation. Not all staff files were complete on the day of inspection although references for dental nurses obtained prior to employment were provided after the inspection.

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

The practice ensured equipment was safe to use and maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations.

A fire risk assessment was carried out in line with the legal requirements and the management of fire safety was effective. We noted the five yearly electrical fixed wire testing had not been undertaken. This was completed shortly after the inspection.

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

Risks to patients

The practice had implemented some systems to assess, monitor and manage risks to patient and staff safety. There were shortfalls in the management of risks associated with sharps safety and lone working, as the sharps bins were not labelled and there was no risk assessment in place for the hygienist who worked without chairside nursing support. Immediately after the inspection we were sent evidence that the sharps bin labels and a lone working risk assessment for the hygienist had been completed. We did not see evidence that all clinicians used rubber dam when carrying out endodontic treatment.

Are services safe?

Emergency medicines were available, although the medicine used to treat a seizure (midazolam) was not in the form as described in recognised guidance. The medicine used to treat low blood sugar (glucagon) was kept in the fridge, but the temperature was not monitored to ensure the medicine was effective. Immediately after the inspection we were advised that the expiry date for this medicine had been reduced to allow it to be kept at room temperature and the recommended type of midazolam had been ordered.

Not all equipment used to manage a medical emergency such as self-inflating bags for adults and children and masks were present on the day although we were advised these were on order. There was no automated external defibrillator (AED) at the practice, and we were told that they would use the AED from a nearby GP practice. The practice checked the emergency oxygen daily but there were no other records of checks for the other medicines or equipment to ensure they were present and in date. Immediately after the inspection we were sent evidence that an AED and other equipment such as masks, airways, and self-inflating bags (adult and paediatric) had been obtained.

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 for some cleaning products, but not for dental materials used at the practice. Risk assessments for the dental materials used were provided immediately after the inspection.

Information to deliver safe care and treatment

Dental care records we saw were complete, legible, were 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 some systems for appropriate and safe handling of medicines. However, we saw prescriptions were not always monitored as described in current guidance. Antimicrobial prescribing audits were not carried out. Immediately after the inspection we were sent evidence that a process was in place to identify missing prescriptions.

Track record on safety, and lessons learned and improvements

The practice had implemented some systems for reviewing when things went wrong although there was scope to improve this as an opportunity for learning.

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.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA).

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 dental care records in line with recognised guidance.

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

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits following current guidance and legislation.

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 dentists confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide.

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 provider was receptive to the feedback provided during the inspection, acknowledged the shortfalls identified and demonstrated a willingness to implement change. Immediately after the inspection the provider sent evidence of actions already taken to address the shortfalls we had identified. This indicated to us a commitment to improve the service.

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

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

Staff discussed their training needs during annual appraisals and one to one meetings. 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 although these were not always effective in the checking of emergency medicines and equipment.

The practice had a system of clinical governance in place 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 some processes for managing risks, issues and performance. However, we noted a lack of oversight at the practice to suitably identify and mitigate all the risks associated with the undertaking of regulated activities for example, the risks associated with the control of substances hazardous to health for dental materials. These shortfalls were rectified immediately.

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 these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

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

The practice gathered feedback from staff 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.

Continuous improvement and innovation

The practice had some systems and processes for learning, continuous improvement and innovation.

Are services well-led?

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, disability access, radiographs and infection prevention and control.

Staff kept records of the results of these audits, although there was scope to improve these by making them clinician specific with recorded action points for learning.