

The Bank Dental Practice Limited

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## Inspection report

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### Overall summary

We carried out this announced focused inspection on 8 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 was visibly clean.
- Staff knew how to deal with medical emergencies.
- 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.

# Summary of findings

- The dental clinic had information governance arrangements.
- Improvements could be made to the infection control procedures to ensure they reflect published guidance.
- The practice's systems to manage risk to patients and staff was not working effectively.
- Improvements were required to ensure staff recruitment procedures were effective.
- Improvements were required to ensure a culture of continuous improvement was embedded within the practice.

## Background

The Bank Dental Practice Limited is in Manchester and provides NHS and private dental care and treatment for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces are available near the practice.

The dental team includes six dentists, four dental nurses, two dental hygienists, one receptionist and a practice manager. The practice has five treatment rooms.

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

The practice is open:

Monday and Thursday from 8am to 5pm

Tuesday from 8am to 7pm

Wednesday from 8am to 4:30pm

Friday from 8am to 2:30pm

We identified regulations the provider was not complying with. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

**Full details of the regulation the provider was not meeting are at the end of this report.**

# 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?	Requirements notice	✗

# Are services safe?

## Our findings

We found that this practice was providing safe care and was complying 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.

Infection control procedures did not entirely reflect guidance published by the Department of Health and Social Care - Health and Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05).

We noted the required quarterly cleaning efficacy test was not carried out on the ultrasonic bath. In addition, we noted one of the surgeries had textured wallpaper which would not aid successful cleaning. We were later sent evidence that these issues were being addressed.

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. However, we noted there was a hot water storage tank and the hot water temperatures at the outlets were not reaching 55 degrees Celsius. We discussed this with staff who assured us this would be addressed.

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.

The practice had a recruitment policy and procedure to help them employ suitable staff. On the day of inspection not all records were available in respect of staff recruitment. During the inspection the missing documents were requested from staff and obtained.

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

The system to ensure facilities were maintained in accordance with regulations and guidance was not effective. A fixed wire installation test had not been carried out.

A fire risk assessment was carried out in line with the legal requirements. We noted there was no written record of the weekly checks carried out on the fire alarm system. We were assured these were carried out but will now be recorded.

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

Not all emergency equipment and medicines were available in accordance with national guidance. On the day of inspection, we noted there was no buccal midazolam and the oxygen masks were not the required re-breathing type. We were told the buccal midazolam had been ordered prior to the inspection but had not yet arrived. The correct oxygen masks were also ordered immediately.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year.

# Are services safe?

The practice had material safety data sheets relating to substances that are hazardous to health. However, we noted there were no risk assessments for individual substances. We were assured this would be addressed.

## **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 systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits had not been carried out.

## **Track record on safety, and lessons learned and improvements**

The practice had implemented systems for reviewing and investigating incidents and accidents. 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.

The orthodontist carried out a patient assessment in line with recognised guidance from the British Orthodontic Society.

We saw the provision of dental implants was in accordance with national guidance.

### **Helping patients to live healthier lives**

The practice provided preventive care and supported patients to ensure better oral health.

Staff were aware of and involved with national oral health campaigns and local schemes which supported patients to live healthier lives, for example, local stop smoking services. They directed patients to these schemes when appropriate.

### **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.

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 had not carried out radiography audits as required by 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.

### **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 not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

### **Culture**

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

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

During the inspection, we noted that the provider did not have evidence that all staff had completed required training. During the inspection evidence of training certificates was obtained from staff. The system for monitoring staff training needs improvement.

### **Governance and management**

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

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.

The systems and processes for managing the risks associated with the carrying out of the regulated activities were not effective:

- The system to ensure facilities were maintained in accordance with regulations and guidance was not effective.
- The system for ensuring emergency medicines and equipment reflect nationally recognised guidance was not effective.
- The system to ensure staff recruitment records are maintained was not effective.
- The system for ensuring the risks associated with substances that are hazardous to health are appropriately managed was not effective.

### **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's approach to quality assurance and continuous improvement could be improved. We asked if audits of radiographs, antimicrobial prescribing and infection prevention and control had been carried out and we were told they had not.

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>How the Regulation was not being met</p> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <ul style="list-style-type: none"><li>• The system to ensure facilities were maintained in accordance with regulations and guidance was not effective.</li><li>• The system for ensuring emergency medicines and equipment reflect nationally recognised guidance was not effective.</li><li>• The system to ensure staff recruitment records are maintained was not effective.</li><li>• The system for ensuring the risks associated with substances that are hazardous to health are appropriately managed was not effective.</li><li>• The system for monitoring staff training was not working effectively.</li></ul> <p>The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process. In particular:</p> <ul style="list-style-type: none"><li>• Audits of radiography and infection prevention and control had not been carried out.</li></ul> <p>Regulation 17 (1)</p>