

Dr Sarah Swales

# Brucegate Dental Practice

## Inspection report

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### Overall summary

We carried out this announced comprehensive inspection on 02 November 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 and well-maintained.
- The practice had infection control procedures which reflected published guidance; however improvements were needed.
- Appropriate medicines and life-saving equipment were not available in accordance with current guidelines.
- Systems to ensure staff training was being undertaken were not effective.
- The practice had systems to manage risks for patients, staff, equipment, and the premises but improvements were needed to ensure processes were effective.

# Summary of findings

- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- 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.
- Staff felt involved, supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Systems to ensure facilities were being maintained needed to be reviewed.
- Leadership, oversight and management of systems and processes could be improved.

## Background

Brucegate Dental Practice is in Berwick-Upon-Tweed 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. Car parking spaces, including dedicated parking for disabled people, are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 3 dentists, 8 dental nurses, 2 dental hygienists, 1 practice manager and 2 receptionists. The practice has 3 treatment rooms.

During the inspection we spoke with 1 dentist, 2 dental nurses, 1 dental hygienist, 1 receptionist and the practice manager. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday – Friday from 8am to 5:30pm

The first Saturday of every month from 9am to 1pm

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.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Are services safe?</b>	<b>No action</b> ✓
<b>Are services effective?</b>	<b>No action</b> ✓
<b>Are services caring?</b>	<b>No action</b> ✓
<b>Are services responsive to people's needs?</b>	<b>No action</b> ✓
<b>Are services well-led?</b>	<b>Requirements notice</b> ✗

# 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, but improvements were needed. We discussed with the practice manager, the importance of ensuring the infection prevention and control audit was an accurate reflection of the current protocols in place.

The practice had been completing quarterly foil testing on their ultrasonic bath. However, results indicated that the equipment may not be functioning correctly. We found no documented evidence that this had been identified. Therefore, we could not be assured steps had been taken to address this.

No documented evidence was available to us to confirm that trainee staff had completed training in infection prevention and control while waiting to enrol on a dental nursing course.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment, however staff required further training and awareness. The practice needed to improve their systems to ensure that the dental unit water lines were being appropriately flushed and maintained.

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. These reflected the relevant legislation.

The practice did not have effective systems to ensure all clinical staff had adequate immunity for vaccine preventable infectious diseases. For example, in the records we were shown we found limited evidence to show all clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus.

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

The practice ensured equipment was safe to use, maintained and serviced according to manufacturers' instructions.

Improvements were needed to ensure the facilities were maintained in accordance with regulations. We noted, the electrical installation condition report (EICR) had been deemed unsatisfactory and there was no evidence that the required works had been actioned since the report in August 2021.

A fire safety risk assessment was carried out in line with the legal requirements. However, improvements could be made to ensure the fire safety management was effective. For example,

- We saw accumulated items in the cupboard that housed the compressor, some were hazardous and combustible.
- Fire drills were documented, however on discussing these we were told these were discussed with staff rather than an actual drill carried out.

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available. However, records were not available to confirm advice had been sought from the radiation protection advisor following a recommendation on the critical exam and acceptance test of one the x-ray units.

# Are services safe?

We have since been sent evidence which confirms this assurance has been obtained.

## **Risks to patients**

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. The monitoring and oversight of risk management systems could be improved. In particular:

- We found risk assessments in relation to dental sharps lacked information around the practice's procedures. For example, there was no detail around manual cleaning which the practice undertook.
- There were no individual low/non responders risk assessments for clinical staff who didn't have adequate immunity for vaccine preventable infectious diseases.
- Sharps injury posters lacked information for staff should they have a sharps injury.
- We found risks associated with lone working were not appropriately managed, for example, a risk assessment for the cleaner who worked alone at the practice was not available to us on the inspection day.

Procedures to monitor the medical emergency kit needed to be improved. Checks of the medical emergency kit were regularly undertaken however, we found appropriate medicines and life-saving equipment were not available in accordance with current guidelines on the inspection day. In particular:

- The adult and child defibrillator pads had expired on 05/2018
- There was no glucagon (the medicine used to treat hypoglycaemia (low blood sugar levels) available in the medical emergency kit.
- There was no buccal midazolam (for the treatment of prolonged, acute, convulsive seizures) available in the medical emergency kit. There was intravenous midazolam available however this was not in the recommended format for medical emergencies.

We have since received evidence which confirms these shortfalls have been addressed.

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.

## **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 2-week wait arrangements.

## **Safe and appropriate use of medicines**

The practice had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were carried out.

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

The practice had systems for recording incidents and accidents. We looked at the records available and found limited evidence that an accident was appropriately recorded, reported and reviewed to use it as an opportunity for shared learning. We were told action had been taken following accidents and incidents, however, we could not see any record of this.

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**

Systems to ensure staff training was being undertaken were not effective. We found there was no system in place to monitor when staff training was due or expired. We found limited training records were available for staff members on the day of inspection to confirm staff had completed fire safety, IRMER (Ionising Radiation Medical Exposure Regulations) and radiography.

We have since received some evidence which confirms some of these shortfalls have been addressed.

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.

### **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 dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits 6-monthly following current guidance.

### **Effective staffing**

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

Newly appointed staff had a structured induction. We could not be assured that all clinical staff had completed continuing professional development required for their registration with the General Dental Council. Limited records were available for review during the inspection.

### **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 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.

Patients said staff 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.

The practice had installed closed-circuit television to improve security for patients and staff. Relevant policies and protocols were in place.

Staff password protected patients' electronic care records and backed these up to secure storage.

### **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 for example photographs, study models and X-ray images.

# 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.

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, giving due regard to NICE guidelines. Patients had enough time during their appointment and did not feel rushed.

The practice's website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

Patients who needed an urgent appointment were offered one in a timely manner. When the practice was unable to offer an urgent appointment, they worked with partner organisations 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 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 Notice at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

### **Leadership capacity and capability**

There was a lack of leadership and oversight of processes in relation to management systems.

Systems and processes were not effective or were not consistently followed. On the day of the inspection the practice was open to feedback and took action to address the concerns raised during the inspection. They have provided evidence to confirm that some actions were in progress.

Accurate and up to date information and evidence was not organised or readily available.

The inspection highlighted areas of concern where improvements were needed, for example, risk management, adherence to guidance and effective oversight of practice facilities and routine checks.

### **Culture**

The practice had systems, processes and protocols in place to manage the service, however these did not always operate effectively.

Staff stated they felt respected, supported and valued.

The practice arrangements to ensure staff training was up-to-date and reviewed at the required intervals was not effective. On the day of the inspection, we noted there was no monitoring system in place and limited training records were available for staff members, for example in relation to infection prevention and control, fire safety, IRMER and radiography.

We have since received some evidence which confirms some of these shortfalls have been addressed.

### **Governance and management**

Improvement was required to ensure more effective oversight and management of systems and processes in place. For example, in relation to staff training, fire and electrical safety, medicines management and risks management.

### **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, surveys, 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, antimicrobial prescribing, and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements. However, improvements were required, for example, the infection prevention and control audit had been completed but this wasn't a true reflection of the protocols in place

## 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>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 monitoring of the medical emergency medicines and equipment kit was ineffective and did not ensure all items were available and in date.</li><li>• Required remedial work highlighted in the EICR in August 2021 had not been carried out.</li><li>• The risks to staff from dental sharps had not been suitably considered, managed and mitigated.</li><li>• The system to ensure all clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus was not effective.</li><li>• Records were not available to confirm advice had been sought from the radiation protection advisor following a recommendation on the critical exam and acceptance test of one the x-ray units.</li><li>• Accidents were not consistently recorded and reviewed and used as an opportunity for shared learnings.</li><li>• Systems were not working to ensure safety in relation to fire safety as some items in the compressor cupboard were hazardous and combustible.</li><li>• Lone working risk assessments were not available for cleaning staff who worked alone in the practice.</li></ul> <p>You are failing to ensure that systems or processes are in place to maintain securely such records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activity or activities. In particular:</p> <ul style="list-style-type: none"><li>• Systems to monitor staff training and ensure this is undertaken at the required interval were ineffective.</li></ul>

This section is primarily information for the provider

## Requirement notices

Regulation 17(1)