

Albert Vincent Group Limited

Bridge House Dental Practice

Inspection report

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Overall summary

We undertook an unannounced focused inspection of Bridge House Dental Practice on 10 November 2020. This inspection was carried out in response to concerns received by CQC and to review in detail the actions taken by the registered provider to improve the quality of care.

The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We undertook a comprehensive inspection of Bridge House Dental Practice on 25 October 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 well led care and was in breach of regulation 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 Bridge House Dental Practice on our website www.cqc.org.uk.

As part of this inspection we asked:

- Is it safe?
- Is it effective?
- 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 (requirement notice only). We then inspect again after a reasonable interval, focusing on the area(s) where improvement was required. As part of this inspection, we also focussed on aspects of safe and effective care as a result of concerns received by CQC.

Our findings were:

Are services safe?

Summary of findings

We found this practice was providing safe care in accordance with the relevant regulations.

Are services effective?

We found this practice was providing effective care in accordance with the relevant regulations.

Are services well-led?

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

Background

Bridge House Dental Practice is in Market Deeping, a market town in the South Kesteven district of Lincolnshire. It provides NHS and private dental treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs through an alternative entrance at the side of the practice. Car parking spaces are available at the rear of the premises in their own car park.

The dental team includes two dentists, one dental hygienist, two dental nurses; (one of the dental nurses also undertakes the role of practice manager) and one receptionist.

The practice has three treatment rooms; two are on ground floor level.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission 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 Bridge House Dental Practice is the principal dentist.

During the inspection we spoke with one dentist and two dental nurses (including the practice manager). We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday, Wednesday and Thursday from 8.30am to 5pm, Tuesday 8.15am to 6pm and Friday 8am to 4pm. The practice also opens on one Saturday a month from 9am to 1pm.

Our key findings were:

- The systems to assess, monitor and manage the risks to patient safety were working effectively. This included staff access to personal protective equipment (PPE) the storage of dental instruments and their decontamination.
- The practice was providing preventive care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit. Patient dental care records we looked at included information which reflected recommendations in national guidance.
- The processes for incident reporting required further improvement to ensure that they were identified and recorded as such. Learning outcomes shared amongst the team required recording.
- Safeguarding processes had been subject to review, although we identified where further input was required by the provider. We were informed of progress after the day of our visit.
- We saw evidence that staff appraisal had been implemented.

Summary of findings

- We were informed that time had been allocated for audit activity. We viewed a recent infection prevention and control audit.
- Digital X-ray plates that were worn had been replaced since our previous visit.
- Risks that had not been previously effectively managed had been subject to mitigation, for example, fire and legionella. Some other risks were subject to ongoing review, for example, obtaining staff Hepatitis B immunity levels where this was not known.
- Recruitment processes had been improved such as obtaining new disclosure barring service (DBS) checks for staff. The process for seeking references for new staff required strengthening to ensure an audit trail could be demonstrated.
- Glucagon had been obtained for the medical emergencies kit.
- The provider had implemented a system for the receipt and review of medical safety alerts such as MHRA.
- A second oxygen cylinder had been obtained for use if required within the practice.
- Staff had discussed Gillick competency and consent to improve their knowledge of these issues.
- NHS prescription pads were held securely, but monitoring was required to ensure it could be identified if an individual prescription was taken inappropriately. Following our visit, we were sent information to show how this was being improved.

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

- Implement an effective system for recording, investigating and reviewing incidents or significant events with a view to preventing further occurrences and ensuring that improvements are made as a result.
- Take action to ensure that all clinical staff have adequate immunity for vaccine preventable infectious diseases.
- Implement an effective recruitment procedure to ensure that appropriate checks, references or other evidence of satisfactory conduct in previous employment are completed prior to new staff commencing employment at the practice.

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 that this practice was providing safe care and was complying with the relevant regulations.

- We found that the systems to assess, monitor and manage the risks to patient safety were working effectively.
- Staff had access to suitable PPE to enable them to work safely. This included fit testing of particle filtering masks for clinical staff. These particle filtering masks enable dentists to provide particular dental treatments to patients safely during the Covid-19 pandemic. We confirmed that PPE worn by clinical staff was removed and changed following each patient appointment. The provider had purchased and installed a washer/dryer at the practice for the washing of re-usable gowns.
- We looked at a selection of dental instruments held in surgery rooms. We saw that all instruments were pouched individually or if opened during the day, were re-sterilised at the end of the session. The dental nurse confirmed this process.
- Single use items, such as rose-head burs for use with slow hand pieces were disposed of after their use and checks that we made supported this.
- We observed the decontamination process and processes followed by staff aligned with those recommended in national guidance.

Are services effective?

(for example, treatment is effective)

Our findings

We found that this practice was providing effective care and was complying with the relevant regulations.

- The practice was providing preventive care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit. The principal dentist used fluoride varnish for patients based on an assessment of the risk of tooth decay. We were told that smoking, alcohol consumption and diet were discussed during patients' appointments and we saw evidence of this recorded in a small sample selection of patient records that we looked at.
- Patients' records that we looked at also included information recorded such as: medical history, intra-oral and extra-oral examination, treatment options, radiographs, risk assessment for caries, oral cancer, tooth wear and periodontal condition and consent.

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 25 October 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 requirement notice. At the inspection on 10 November 2020 we found the practice had made the following improvements to comply with the regulation.

- The processes for incident reporting required further review to ensure that all incidents were recognised as such and recorded. We were informed that there had not been any incidents identified since our previous visit. We noted some patient complaints that could have been identified as incidents, although we noted that they had been managed and responded to. The practice manager told us that informal discussion had taken place amongst the team about the complaints and they provided some examples of learning points which had been identified as a result.
- The practice had reviewed its safeguarding procedures since our previous visit and updated the list of contact details for reporting concerns to external agencies. At the point of this inspection visit, we found that further input was required to ensure that national guidance issued by Public Health England had been subject to review and dissemination amongst the team. Following our visit, we were assured that the document was being scrutinised and would be subject to wider discussion amongst the team.
- We noted that an appraisal had now been undertaken for a staff member who had worked in the practice for over one year. The practice manager was overdue for their appraisal but assured us that this would take place.
- We were informed that more time had been allocated by the provider for staff training and to enable more audit activity to be undertaken. We looked at an infection prevention and control audit dated August 2020. There were no identified actions required as a result of this audit.
- Digital X-ray plates that had worn had been replaced since our previous visit.
- We noted where the provider had taken actions to address risks that we had previously identified as not being managed. For example, a fire risk assessment (January 2020) and new legionella risk assessment (December 2019) had been undertaken by specialist external contractors since our previous visit. The reports showed low level risks.
- We saw that action had been taken to implement a lone worker risk assessment for the dental hygienist and whilst we were informed this had been discussed with them, this was not reflected on the document. Following our visit, we were sent a copy to show this had been acknowledged by the relevant staff member. The practice manager told us they were currently trying to recruit a new staff member and they intended for them to help support the hygienist.
- We noted that the practice had made attempts to obtain staff Hepatitis B immunity status for those where this was not yet known. The practice had encountered difficulties with this, and we were assured that they would continue in their efforts by approaching another organisation. This information was required for two members of the team. We noted that risk assessments had been completed after our previous inspection visit.
- The practice had implemented a sharps risk assessment. Following discussions with the practice manager, they decided to use a different template and sent us the new document after our visit.
- Since our previous visit, we noted that the provider had obtained new disclosure barring service (DBS) checks for staff where these had been ported from their previous employers. These checks had also been requested/obtained for new staff currently working. Whilst this demonstrated clear improvements in the recruitment process, the provider needed to ensure that an audit trail was maintained when references were sought for new staff.
- Glucagon had been obtained since our previous visit and was included in the medical emergencies kit.
- The provider had implemented a system for the receipt and review of medical safety alerts such as MHRA.

The practice had also made further improvements:

- A second oxygen cylinder had been obtained for use if required within the practice.

Are services well-led?

- Staff had discussed Gillick competency and consent to improve their knowledge of these issues.
- NHS prescription pads were held securely and whilst the individual numbers were recorded when they were issued, this would not identify if one was taken inappropriately. Following our visit, the system was improved, and we were sent information to support this.

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