

Mrs. Avni Lee

Friern Barnet Dental Clinic

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 26 May 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Friern Barnet Dental Practice is located in the London Borough of Barnet and provides NHS and some private dental services to adults and children.

The practice team included two dentists, one of whom is the principal dentist, two dental nurses and a receptionist.

We reviewed 35 Care Quality Commission (CQC) comment cards completed by patients who were positive about the care they received from the practice. They commented that staff were caring, friendly and respectful.

The principal dentist is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

Our key findings were:

- The practice was meeting essential standards in relation to infection prevention and control practices including decontamination of used dental instruments.
- Staff had received training appropriate to their roles.
- Staff were knowledgeable about patient confidentiality and we observed good interaction between staff and patients during the inspection.
- Patients were able to make routine and emergency appointments when needed.
- The patient comment cards we reviewed indicated that patients were consistently treated with kindness and respect by staff. It was reported that communication with patients, access to the service and to the dentists, was good. Patients reported good access to the practice.
- Risks to patients and staff had not been suitably assessed and mitigated. These included such as risk of fire, and those arising from use of portable equipment, recruitment of staff and lack of monitoring of temperature of the fridge used to store dental products.

We found that this practice was providing safe, effective, caring and responsive care in accordance with the relevant regulations. We also found that this practice was not providing well-led care in accordance with the relevant regulations.

Summary of findings

We identified regulations that were not being met and the provider must:

- Establish an effective system to assess, monitor and mitigate the risks including and not limited to those arising from fire, portable equipment, fridge temperature, staff recruitment and any others relating to the health, safety and welfare of patients, staff and visitors.

You can see full details of the regulations not being met at the end of this report.

There were also areas where the provider could make improvements and should:

- Adopt an individual risk based approach to patient recalls having regard to National Institute for Health and Care Excellence (NICE) guidelines.
- Review the practice's protocols for the use of rubber dam for root canal treatment giving due regard to guidelines issued by the British Endodontic Society
- Review the practice's protocols for completion of dental records giving due regard to guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.

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?

Though this practice was providing safe care in accordance with the relevant regulations we found areas that required improvements relating to the safe provision of treatment.

The practice had a system to report and learn from incidents. They had safe systems in place including for decontamination of dental instruments, safeguarding of vulnerable patients and the management of medical emergencies.

Staff told us they felt confident about reporting incidents and accidents. We reviewed incidents that had taken place in the past year and found the practice had responded appropriately. We found that there were no fire extinguishers, temperature of the fridge used to store dental products was not being monitored daily, portable appliance testing records were not available and verbal references obtained while recruiting staff had not been recorded. The provider assured us these shortcomings would be actioned immediately.

Are services effective?

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

Patients told us through comment cards that they were given time to consider and make informed decisions about which treatment option they wanted. The dental care records we looked at included details of the condition of the patient's teeth and soft tissues lining the mouth and gums, which demonstrated to us a risk assessment process for oral disease. The principal dentist ensured there were sufficient staff to meet patient needs.

Staff received professional development appropriate to their role and learning needs. Staff who were registered with the General Dental Council (GDC) had frequent continuing professional development (CPD) and was meeting the requirements of their professional development.

Are services caring?

We found that this practice was providing caring services in accordance with the relevant regulations.

We looked at 35 CQC comment cards patients had completed prior to the inspection. Patients were positive about the care they received from the practice. They commented they were treated with respect and dignity. We observed privacy and confidentiality were maintained for patients using the service on the day of the inspection.

Are services responsive to people's needs?

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

We found the practice had an efficient appointment system in place to respond to patients' needs. Patients with a dental emergency were usually seen on the same day.

We observed the waiting area was large enough to accommodate patients with wheelchairs and prams. The layout allowed for easy access to the reception area, toilet and treatment rooms.

Are services well-led?

We found that 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 at the end of this report).

Summary of findings

The practice had systems in place to seek and act upon feedback from patients using the service, including carrying out patient surveys. Staff demonstrated an awareness of the practice's purpose and were proud of their work and team. They described the practice culture as family-like, supportive, open and transparent.

We found that there was lack of an effective system to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity. These included such as those arising from risk of fire, portable equipment, recruitment of staff and fridge temperature.

The principal dentist assured us on the day and immediately after our inspection that they had started to implement processes in place to ensure safety and welfare of staff and service users.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

An announced inspection was carried out on the 26 May 2015 by an inspector from the Care Quality Commission (CQC) and a dental specialist advisor. Prior to the inspection we reviewed information we held about the provider and by other organisations.

During the inspection we toured the premises and spoke with the principal dentist, an associate dentist, two dental nurses and the receptionist. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

We obtained the views of 35 patients who had filled in CQC comment cards.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

Staff we spoke with were aware of, and had access to, the incident reporting system. This allowed staff to report all incidents including near misses where patient safety may have been compromised. Accidents and incidents were documented, investigated and reflected upon by the dental practice. Staff told us they felt confident about reporting incidents and accidents and discussed learning from them at monthly team meetings. We reviewed incidents that had taken place in the past year and found the practice had responded appropriately. For example, the use of a sharps safety device was implemented following a sharps injury.

The principal dentist understood the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) and confirmed no reports had been made.

Reliable safety systems and processes (including safeguarding)

The practice had a child protection and safeguarding adults at risk policy in place. This provided staff with information about identifying, reporting and dealing with suspected abuse. The policy was readily available to staff and included contact details for the child protection team but not the adult safeguarding team. However, staff we spoke with demonstrated they knew how to report concerns and who they would contact if they suspected abuse.

The provider was the safeguarding lead professional for the practice. Safeguarding was identified as essential training for all staff to undertake. We saw records that one member of staff had attended training in 2013. We were provided with evidence that all staff had been booked to attend safeguarding training in June 2015.

The practice had safety systems in place to help ensure the safety of staff and patients. These included clear guidelines about responding to a sharps injury (for example from handling needles or sharp instruments). The practice used a needle guard to support staff to dispose of needles safely. There were adequate supplies of personal protective equipment such as face visors and heavy duty rubber gloves for use when manually cleaning instruments. The dentists undertook root canal treatment. We were told

rubber dam was not used as recommended in guidance from the British Endodontic Society. However, the principal dentist described other safety precautions used, such as protecting the back of the throat (airway) with gauze and using a safety device to keep hold of fine instruments, to protect the patient from inhaling dental equipment during this procedure. We were provided with evidence after the inspection that a rubber dam kit had been ordered.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies. These were in line with the Resuscitation Council (UK) guidelines and the British National Formulary (BNF). An emergency resuscitation kit and an Automated External Defibrillator (AED) were available. (An AED is a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm). Oxygen and medicines for use in an emergency were available and complied with latest recommendations from Resuscitation Council (UK) and BNF. Records showed monthly checks were made to help ensure the equipment and emergency medicines kit were safe to use. The medicines were in date; however guidance issued by the Resuscitation Council (UK) suggests these checks be carried out weekly. We found that some equipment in the emergency drug kit, such as oropharyngeal airways and oxygen mask, had expired in 2004. We were provided with evidence after the inspection that these items had been replaced.

Staff had completed training in emergency resuscitation and basic life support in February 2013. Resuscitation Council (UK) guidelines recommend staff undertake this training annually. Staff we spoke with knew the location of all the emergency equipment in the practice and how to use it. There was an appointed first-aider, and an easily accessible first aid kit. We were provided with evidence after the inspection that practice staff had been booked to attend an update in basic life support.

Staff recruitment

The practice had a policy and documentation in place for the safe recruitment of staff which included checking qualifications and professional registration. The principal dentist told us it was the practice's policy to carry out Disclosure and Barring service (DBS) checks for all staff. These checks provide employers with an individual's full

Are services safe?

criminal record and other information to assess the individual's suitability for the post. We reviewed three staff files and found evidence DBS checks had been carried out. We were told verbal references had been sought for each member of staff. However there was no documentary evidence to support this.

The principal dentist checked the professional registration for clinical staff annually to ensure professional registrations were up to date.

Monitoring health & safety and responding to risks

The practice had arrangements to deal with foreseeable emergencies. A health and safety policy was in place. The practice had undertaken a number of risk assessments in order to identify and manage risks to patients and staff. For example, we saw risk assessments for radiation, electrical faults and fire safety. A fire blanket was available in the kitchen and fire exits had been clearly marked. However, there were no fire extinguishers available and evidence of fire drills. The principal dentists assured us this would be acted upon immediately and we were provided with evidence following the inspection that fire extinguishers had been ordered.

The practice had a file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants. We found substances were being stored according to COSHH regulations. There was an accident book to report any accidents or incidents. We found only one accident had been recorded in the past year. This had been investigated and staff showed us that safety devices had been implemented for use to prevent the accident occurring in future.

Infection control

The practice manager ensured there was a comprehensive infection control policy and set of procedures to help keep patients safe. These included hand hygiene, managing waste products and decontamination guidance. The practice had followed the guidance about decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)' and the 'Code of Practice about the prevention and control of infections and related guidance'.

Posters about good hand hygiene were available to support staff in following practice procedures. Staff also had access to information about the practice policy for instrument decontamination.

We looked around the premises during the inspection and found the treatment rooms appeared visibly clean. Instrument decontamination was carried out in a dedicated decontamination room. The dental nurses showed us the procedures involved in manually cleaning, rinsing, inspecting and sterilising dirty instruments; packaging and storing sterilised instruments. Staff wore protective equipment such as eye protection, an apron and heavy duty gloves whilst cleaning instruments. We observed that a mask was not worn by the dental nurses, as recommended in HTM 01-05, while instruments were cleaned to protect them from inhaling splatter. Instruments were cleaned and rinsed prior to being placed in an autoclave (sterilising machine). An illuminated magnifier was used to check for any debris or damage throughout the cleaning stages. We saw instruments were stored in pouches however; some had not been dated to indicate when they should be reprocessed, if left unused. The principal dentists assured us staff would be reminded to wear masks as necessary and to date pouches. We received confirmation after the inspection that these changes had been implemented.

The practice had systems in place for daily, weekly, quarterly and annual quality testing the decontamination equipment and we saw records which confirmed these had taken place.

There were sufficient instruments available to ensure the services provided to patients were uninterrupted. Records showed a risk assessment process for Legionella had been carried out in January 2015. (Legionella is a germ found in the environment which can contaminate water systems in buildings). This ensured the risks of Legionella bacteria developing in water systems within the premises had been identified. Preventive measures had been recommended to minimise the risk to patients and staff of developing Legionnaires' disease. These included running the water lines in the treatment rooms at the beginning of each session and between patients and monitoring cold and hot water temperatures each month. We saw evidence that these recommendations had been implemented.

Are services safe?

We observed waste was separated into safe containers for disposal by a registered waste carrier and documentation was detailed and up to date.

The practice had audited its infection prevention and control procedures in January 2015 to assess compliance with HTM 01-05. However, the practice was not using the latest assessment tool produced by Department of Health in 2013. This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment.

Equipment and medicines

Records showed contracts were in place to ensure annual servicing and routine maintenance work occurred in a timely manner. This helped ensure there was no disruption in the safe delivery of care and treatment to patients. However, the principal dentist was unsure when the last check of electrical equipment such as portable appliance testing (PAT) was undertaken and assured us this would be acted upon immediately. Health and safety regulations recommend annual PAT testing. We were provided with evidence that PAT testing had been arranged following the inspection.

Medicines stored in the practice were reviewed regularly to ensure they were not kept or used beyond their expiry date. Prescription pads were stored securely. The practice stored medicines in the fridge as required though the fridge temperature was not checked daily to ensure the temperature was within the required range for the safe use of medicine.

Radiography (X-rays)

The practice maintained suitable records in their radiation protection file demonstrating the maintenance of the X-ray equipment. The file identified the radiation protection advisor (RPA) and radiation protection supervisor (RPS) for the practice.

We found there were suitable arrangements in place to ensure the safety of the equipment and we saw that the local rules relating to each X-ray machine were available in accordance with guidance. The last X-ray quality assurance audit was carried out in March 2015.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept paper records of the care given to patients. We reviewed the information recorded in five patient dental care records about the oral health assessments, treatment and advice given to patients. We found these included details of the condition of the teeth, soft tissues lining the mouth and gums. These were repeated at each examination in order to monitor any changes in the patient's oral health. However, we found that checks to the external soft tissues such as the head and neck was not documented in two patient care records looked at.

The practice was not fully up to date with current guidelines and research in order to continually develop and improve their system of clinical risk management. For example, the dentists did not always use current National Institute for Health and Care Excellence (NICE) guidelines to assess each patient's risks and needs and to determine how frequently to recall them. The principal dentists told us they followed guidelines issued by the Royal College of Surgeons when prescribing antibiotics. Dentists assessed each patient's gum health and took X-rays at appropriate intervals, as informed by guidance issued by the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000. However we found that the reason for taking the X-ray and quality of the X-ray was not always recorded in the patients care records or elsewhere as recommended in IR(ME)R 2000 guidance.

The principal dentist assured us BPE would be recorded for each patient and NICE guidelines would be obtained to ensure patients were being recalled accordingly and that the reason for the recall was documented. We were also assured that the reason for taking X-ray would be recorded. We were provided with evidence after the inspection that these had been implemented.

Health promotion & prevention

There was a range of literature providing information about effective dental hygiene and how to reduce the risk of poor dental health. Patients completed a medical questionnaire which included questions about smoking and alcohol intake. Appropriate advice was provided by the dentist. A dental nurse told us they had details of a local stop smoking service to refer patients to as necessary.

Staffing

The practice had identified key staff training including infection control, radiation protection, safeguarding children and adults at risk and law and ethics.

Staff we spoke with told us they were clear about their roles and responsibilities, had access to the practice policies and procedures, and were supported to attend training courses appropriate to the work they performed. There were records of appraisals in the staff files we looked at.

The principal dentist ensured there were sufficient staff to meet needs and staff were available to cover staff absences.

Working with other services

The practice worked with other professionals in the care of their patients where this was in the best interest of the patient. For example, referrals were made to specialist dental services, such as oral surgeons, for further investigations. The practice completed detailed proformas or referral letters to ensure the specialist service had all the relevant required information. A dental nurse showed us a file which contained details of the referrals made and the outcome of the specialist advice.

Consent to care and treatment

Staff explained to us how valid consent was obtained for all care and treatment. However, we found this was not always documented in the patient's records. We reviewed a random sample of five dental care records. Two records confirmed staff ensured patients gave their consent before treatment began. They also had evidence that treatment options, risks, benefits and costs were discussed with the patient and then documented in a written treatment plan. It was not always clear from the records we looked at that patients were given time to consider and make informed decisions about the treatment options available or which option they had chosen. The CQC comment cards which had been completed by patients prior to the inspection indicated that patients had been given treatment options and they were happy with their care and treatment.

Staff demonstrated an understanding of the requirements of the Mental Capacity Act 2005 (MCA) and how this applied in considering whether or not patients had the capacity to consent to dental treatment. The Mental Capacity Act 2005 provides a legal framework for health and care professionals to act and make decisions on behalf of adults

Are services effective?

(for example, treatment is effective)

who lack the capacity to make particular decisions for themselves. Staff explained how they would consider the

best interests of the patient and involve family members or other healthcare professionals responsible for their care to ensure their needs were met. We saw evidence staff had attended MCA training in the past year.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We looked at 35 CQC comment cards patients had completed prior to the inspection. Patients were very positive about the care they received from the practice. They commented they were treated with respect and dignity.

We observed privacy and confidentiality were maintained for patients using the service on the day of the inspection. Patients' dental care records were stored securely and were protected.

Staff we spoke with were aware of the importance of providing patients with privacy and told us there were always rooms available if patients wished to discuss

something with them away from the reception area. Treatment rooms were used for all discussions with patients. We observed staff were helpful, discreet and respectful to patients.

Involvement in decisions about care and treatment

We looked at a random sample of five patient care cards. We did not see evidence in three of the patient care records looked at that patients were always given a copy of their treatment plan and associated costs and allowed time to consider options before returning to have their treatment. However patients told us on the CQC comment cards that they had been involved in decisions about their care and treatment. Staff told us they involved relatives and carers to support patients when required.

There was information on the practice website about the range of treatments available and their cost. There was also a price list available at reception.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patient's needs

The practice provided patients with information about the services they offered on their website. We found the practice had an efficient appointment system in place to respond to patients' needs. Staff told us patients in pain would usually be seen on the same day. Patients told us through CQC comment cards that they were seen in a timely manner in the event of a dental emergency.

Staff told us the appointment system gave them sufficient time to meet patient's care and treatment needs.

Tackling inequity and promoting equality

The practice manager was aware of the Disability Discrimination Act 2010 (DDA) and was knowledgeable about how to arrange an interpreter service for patients where English was their second language. Eight languages were spoken amongst the practice staff and information about this was displayed on the notice board in the waiting area for patients.

The practice was situated on the ground floor, with a recess to a lower level. Patients with pushchairs or wheelchair users had good access into the practice as the treatment rooms were easily accessible. Doors were wide and all treatment rooms were sufficiently spacious to accommodate a pushchair or wheelchair. There were disabled toilet facilities.

The practice had an equality and diversity policy to support staff in understanding and meeting the needs of patients.

Access to the service

Information regarding the practice opening hours was available at the entrance to the premises and on the practice's website. The practice answer phone message provided information on opening hours as well as on how to access out of hours emergency treatment.

Concerns & complaints

The practice had a complaints policy and procedure in place which provided staff with guidance about how to support patients who may have wanted to complain. However, this did not include contact details of other agencies to contact if a patient was not satisfied with the outcome of the practice investigation into their complaint. The principal dentist assured us this information would be added.

We looked at the practice procedure for acknowledging, recording investigating and responding to complaints, concerns and suggestions made by patients. We found there was a system in place to promptly investigate and communicate with the patient. The practice had received one complaint in the past 12 months. We found the practice responded promptly and ensured changes were made to improve the service where required.

Patients were encouraged to comment on the service they received and suggest improvements using a suggestion box, available in the waiting area.

Are services well-led?

Our findings

Governance arrangements

The principal dentist was responsible for the day to day running of the service and ensured there were systems to monitor the quality of the service that were used to make improvements to the service. They led on the individual aspects of governance such as complaints, risk management and audits within the practice. The practice undertook regular meetings involving the whole dental team and records of these meetings were retained.

We looked in detail at how the practice identified, assessed and managed clinical and environmental risks related to the service provided. The provider showed us a document detailing the risk assessments they had undertaken. However we found that there was lack of an effective system to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity. These included such as those arising from risk of fire, portable equipment, recruitment of staff and fridge temperature.

Leadership, openness and transparency

The practice had a statement of purpose which outlined their aims and objectives and gave details of patients' rights. The staff described the practice culture as supportive, open and transparent. Staff demonstrated an awareness of the practice's purpose and were proud of their work and team. Staff said they felt the practice was a nice working environment, they felt valued and were committed to the practice's progress and development.

Management lead through learning and improvement

The practice had a clear understanding of the need to ensure staff had access to learning and improvement opportunities. The dentists and dental nurses working at the practice were registered with the General Dental Council (GDC). [The GDC is the statutory body responsible for regulating dentists, dental therapists, dental hygienists, dental nurses, clinical dental technicians and dental technicians.]. Principal dentist kept evidence that staff were up to date with their professional registration.

Staff told us they had good access to training and that management monitored staff training to ensure essential training was completed within the five year cycle recommended by the GDC. Staff working at the practice were supported to maintain their continuous professional development (CPD) as required by the GDC.

The practice audited some areas of their practice such as patient waiting times and infection control. Staff told us they had been involved in audits and risk management and felt confident about raising concerns or making suggestions.

Practice seeks and acts on feedback from its patients, the public and staff

The practice had systems in place to seek feedback from patients using the service, including carrying out patient surveys.

The most recent patient survey carried out in July 2014 showed a good level of satisfaction with the quality of service provided. Comments from patients included that the practice was clean, efficient, and child friendly.

Reception staff told us any suggestions or comments patients made directly to them were escalated to the appropriate staff as necessary.

This section is primarily information for the provider

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance The practice did not have effective systems in place to; · Assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity. Regulation 17 (1)(2)(b)