

Alan Barnes Dental Care Limited

Alan Barnes Dental Care

Inspection Report

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Overall summary

We carried out this announced inspection on 21 July 2017 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 provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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 form the framework for the areas we look at during the inspection.

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Alan Barnes Dental Care is in the north of Blackpool and provides private dental treatment to adults and children.

The practice is situated on the first floor above a parade of shops. The practice is not accessible for people who use wheelchairs. Arrangements were in place to signpost such people to a nearby dental practice which has easier access. Car parking spaces are available on the roadside near the practice.

The dental team includes three dentists, three dental nurses and one receptionist who is also the practice manager. The practice has four treatment rooms.

Summary of findings

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 Alan Barnes Dental Practice was the practice manager.

On the day of inspection we collected 37 CQC comment cards filled in by patients and spoke with two other patients. This information gave us a positive view of the practice.

During the inspection we spoke with the principal dentist, two associate dentists, one dental nurse 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, Tuesday and Wednesday: 9.00am – 5.30pm

Thursday: 9.00am – 12.30pm

Friday: 9.00am – 5.00pm

Our key findings were:

- The practice was clean and well maintained.
- The practice did not have infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk but fire safety procedures were not carried out in line with fire safety law.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice did not have thorough staff recruitment procedures.
- Staff training in the practice was not consistent with the General Dental Council's guidelines and was not monitored effectively by the management team.
- The practice has not been receiving safety alerts and notifications.
- The clinical staff provided patients' care and treatment in line with current guidelines.

- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The practice did not comply with the safer sharps regulation.
- The appointment system met patients' needs.
- Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.

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

- Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies, such as Public Health England (PHE).
- Review the practice's audit protocols to ensure audits of various aspects of the service, such as radiography and infection prevention and control are undertaken at regular intervals to help improve the quality of service. Practice should also ensure, that where appropriate audits have documented learning points and the resulting improvements can be demonstrated.
- Review the practice's fire risk assessment and the necessary actions implemented, for example, fire drills should be undertaken, on at least an annual basis as a minimum, for all staff and the recording all safety checks in an acceptable format.
- Review staff awareness of the requirements of the Mental Capacity Act (MCA) 2005 and ensure all staff are aware of their responsibilities under the Act as it relates to their role.
- Review the confidentiality of dental care records to ensure that all electronic records and computers in the practice are password protected.
- Review the practice's sharps procedures and ensure the practice is in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.

Summary of findings

- Review the practice's recruitment policy and procedures to ensure accurate, complete and detailed records are maintained for all staff
- Review the protocols and procedures to ensure staff are up to date with their mandatory training and their Continuing Professional Development (CPD).

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?

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

The practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

The practice manager was unable to confirm that staff were suitable for their roles as the practice had not completed essential recruitment checks.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had suitable arrangements for dealing with medical and other emergencies.

The practice did not receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA).

We saw that COSHH risk assessments were in place but these were not supported by the formal data sheet for each product used in the practice.

No action



Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as excellent, a top quality service and comfortable. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records. We found not all staff had received training in the Mental Capacity Act 2005.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

Although the practice supported staff to complete training relevant to their roles they did not have systems to help them monitor this.

No action



Are services caring?

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

We received feedback about the practice from 39 people. Patients were positive about all aspects of the service the practice provided. They told us staff were professional, attentive and friendly. They said that they were given helpful and honest explanations about dental treatment, and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

No action



Summary of findings

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

Are services responsive to people's needs?

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. The practice did not have facilities for disabled patients but would signpost them to a practice which could meet their needs. The practice had access to telephone interpreter services and had arrangements to help patients with sight or hearing loss.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

No action



Are services well-led?

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

There was a clearly defined management structure and staff felt supported and appreciated. The practice did not have robust arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided.

The practice team kept complete patient dental care records which were, clearly written or typed but electronic records and computers in the practice were not password protected.

The practice had limited systems in place to monitor clinical and non-clinical areas of their work to help them improve and learn. Infection control and prevention audits and x-ray audits were not undertaken in line with guidance.

There was a system in place for asking for and listening to the views of patients and staff.

No action





Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process. There had been no accidents, incidents or significant events in the practice for the past 12 months.

The practice did not receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). These alerts rapidly warn the healthcare system of risks associated with faulty equipment or medicines. They provide guidance on preventing potential incidents that may lead to harm or death. The principal dentist agreed to register with the relevant agencies as a matter of urgency to enable the practice to receive, review and act upon any alerts.

Reliable safety systems and processes (including safeguarding)

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

We looked at the practice's arrangements for safe dental care and treatment. We found that the dentists were using traditional syringes and needles when administering local anaesthetics to patients putting themselves and their staff at risk from a needle-stick injury. The risks to clinical staff had not been assessed and adjusted accordingly so that the health of workers were not compromised. The Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 came into effect in May 2013. This required employers review the use safer sharps which incorporate protection mechanisms to prevent or minimise the risk of accidental

injury or substitute traditional, unprotected medical sharps with a 'safer sharp' where it reasonably practicable to do so. The practice agreed to review relevant safety laws when using needles and other sharp dental items.

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice had a business continuity plan describing how the practice would deal events which could disrupt the normal running of the practice.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order.

Staff recruitment

The practice did not have a staff recruitment policy and procedure to help them employ suitable staff which reflected the relevant legislation. We looked at four staff recruitment files. These showed the practice had not followed recruitment procedures for all staff. For example there were no photographs which supported the identity of staff and written references were not available. We found that staff had DBS checks and their immunity status was recorded. We found in some cases evidence of qualifications was missing. Many of the staff had been employed at the practice before the Health and Social Care Act 2012 regulations became law. Recruitment of the newest member of staff did include some, but not all, of the necessary checks.

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

Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and



Are services safe?

specific dental topics. The practice had current employer's liability insurance and checked each year and the clinicians' professional indemnity insurance was up to date.

There was fire risk assessment in place. This risk assessment did not have any learning actions identified. This risk assessment was not supported by written records of safety checks completed in the practice for example the checking of the fire alarm and fire-fighting equipment. The annual inspection, service and maintenance of portable extinguishers had been carried out by a competent person. Staff had not undertaken formal fire safety training or undertaken a mock fire evacuation since 2014. Fire safety legislation and supporting guidance states that this should be done at least annually.

A dental nurse worked with the dentists when they treated patients.

Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. Staff had completed infection prevention and control training. The practice had not carry out infection prevention and control audits which HTM1-05 guidance requires twice a year. There was no identified lead for infection prevention and control in the practice.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in

line with HTM01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

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

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed this was usual.

Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations.

The practice had suitable systems for prescribing, dispensing and storing medicines.

Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.

We saw evidence that the dentists justified, graded and reported on the X-rays they took but these were not supported by any X-ray audits demonstrating the practice was following current guidance and legislation.

Clinical staff completed continuous professional development in respect of dental radiography.



Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information.

Health promotion & prevention

The practice believed in preventative care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children based on an assessment of the risk of tooth decay.

The dentists told us they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

Staffing

Staff new to the practice had a period of induction based on a structured induction programme. On the day of inspection a locum dental nurse was working in the practice. We saw that they had followed an induction protocol before they commenced work.

We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council. The practice manager did not monitor staff training to ensure that all staff had undertaken the necessary training to ensure they had the right skills and competency to undertake their role.

Staff did not receive annual appraisals where training needs and professional development could be discussed.

Working with other services

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. The practice monitored urgent referrals to make sure they were dealt with promptly.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. We found not all staff had undertaken training in 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.



Are services caring?

Our findings

Respect, dignity, compassion and empathy

Staff were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were caring, polite and supportive. We saw that staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Nervous patients said staff were compassionate and understanding and put them at their ease.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it.

Patients' electronic care records were not password protected. Electronic records were backed up to secure storage. The practice stored paper records securely.

Information folders, patient survey results were available for patients to read and thank you cards were visible around the practice.

Involvement in decisions about care and treatment

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

The practice's website provided patients with information about the range of treatments available at the practice. These included general dentistry and treatments for gum disease.



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Patients described high levels of satisfaction with the responsive service provided by the practice.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment, for example patients with mobility problems were helped to manage the stairs.

Staff told us that they telephoned or texted patients on the day before their appointment to make sure they could get to the practice.

Promoting equality

The practice is situated on the first and second floor above a group of shops on one of the main roads through Blackpool. This meant that any patients who could not manage stairs could not be seen in the practice. There were arrangements in place for them to be referred and treated at another practice in the vicinity which was disability friendly. The practice made reasonable adjustments for patients with hearing loss as a hearing loop was available.

Patients with young children and pushchairs were helped by staff to manage the stairs.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to interpreter and translation services which included British Sign Language and braille.

Access to the service

The practice displayed its opening hours in the premises, their information leaflet and on their website.

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day and kept appointments free for same day appointments. Although the practice offered only private treatment to patients out of hours care was offered by the local NHS dental access centre as all people are entitled to NHS treatment. The 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 confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. The practice manager was responsible for dealing with these. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns. The practice had not received any formal complaints within the last 12 months.



Are services well-led?

Our findings

Governance arrangements

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements.

The practice had limited information governance arrangements. Staff had not received formal training in information governance but were aware of the importance of these in protecting patients' personal information.

Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and apologetic to patients if anything went wrong.

Staff told us there was an open, no blame culture at the practice. They said the practice manager encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the practice manager and the principal dentist were approachable, would listen to their concerns and act appropriately.

Due to the working arrangements of staff the practice held limited meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Staff confirmed that immediate discussions were arranged to share urgent information.

Learning and improvement

The practice had limited quality assurance processes to encourage learning and continuous improvement. There was an audit of dental care records, but the annual X-ray audit and six monthly infection prevention and control audit had never been undertaken.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. Staff did not receive annual appraisals where they could discuss learning needs, general wellbeing and aims for future professional development.

Staff told us they completed recognised training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so.

Review of staff training files showed there were gaps in staff training for example infection prevention and control, information governance and mental capacity. The practice manager did not have systems in place to monitor staff training to ensure that all staff were suitably trained to undertake their role.

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

The practice used comment cards and verbal comments to obtain staff and patients' views about the service. The practice manager told us that patients did not take up the option to feedback on the practice. Differing methods of gaining patient feedback was discussed during the inspection.