

Dr. Julie Forde

Mint Dental Barrow-in-Furness

Inspection Report

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Date of inspection visit: 29 September 2016
Date of publication: 07/04/2017

Overall summary

We carried out an unannounced focussed inspection on 29 September 2016 to ask the practice the following key questions; are services safe and well-led? We conducted this unannounced inspection following concerns received about incident management within the practice.

Our findings were:

Are services safe?

We found that this practice was providing safe 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

Barrow Mint Dental Practice is situated in the centre of Barrow. The dental practice has been owned by Dr Julie Forde since 1997. Dr Forde is supported by six dentists, six dental nurses, four trainee dental nurses and an acting practice manager. There are seven treatment rooms situated within the practice with three rooms on the ground floor and the rest accessible by stairs only. The practice treats people of all ages and provides a wide range of NHS and private dental services.

The opening times are Monday to Friday 8.30am to 5.00pm.

The principal dentist is registered with the Care Quality Commission (CQC) as an individual registered person.

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:

- Staff had received safeguarding training and knew the process to follow to raise concerns.
- There were sufficient numbers of suitably qualified and skilled staff to meet the needs of patients.
- Staff had been trained to deal with medical emergencies, emergency medicines and appropriate equipment was available.
- The practice's infection control procedures and protocols were suitable giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance', but there was some issues with 'high level' cleanliness in the treatment rooms.

Summary of findings

- The premises were secure and there was appropriate equipment for staff to undertake their duties, and equipment was well maintained.
- Staff were supported to deliver effective care, and opportunities for training and learning were available.
- The practice gathered the views of patients and took into account patient feedback.
- Staff were supervised, felt involved and worked as a team.
- Governance arrangements were in place for the smooth running of the practice and for the delivery of high quality person centred care.
- Audits of various aspects of the service, such as radiography and dental care records were undertaken at regular intervals to help improve the quality of service. However, audits did not have documented learning points and the resulting improvements demonstrated.
- There had been a breakdown in the practice's system for the recording, investigating and reviewing incidents or significant events with a view to preventing further occurrences.

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

- Review the practice's system for the recording, investigating and reviewing incidents or significant events with a view to preventing further occurrences and ensuring that improvements are made as a result.
- Review the practice's infection control procedures and protocols giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.
- Review its audit protocols to document learning points that are shared with all relevant staff and ensure that the resulting improvements can be demonstrated as part of the audit process.

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.

However, we found areas where improvements should be made. This was because the provider did not have all necessary procedures in place to deal with the reporting and learning from incidents.

The provider had systems and processes in place for infection prevention and control, management of medical emergencies and dental radiography. Most of these processes were operating effectively.

Staff had received training in safeguarding adults and children, knew how to recognise the signs of abuse and who to report them to.

Staff were suitably trained and skilled, and there were sufficient numbers of staff. We saw evidence of inductions for new staff and a staff appraisal system was being implemented.

We found the equipment used in the practice, including medical emergency and radiography equipment, was well maintained and tested at regular intervals. The practice had emergency medicines and equipment available, including an automated external defibrillator. Staff were trained in dealing with medical emergencies.

The premises was secure and properly maintained. There were cleaning schedules in place for the practice. There was an employed cleaner for communal areas and treatment room floors whilst the dental nurses were responsible for ensuring that all treatment rooms were clean. However, we found that some high level cleaning in treatment rooms had not been performed.

There was guidance for staff on decontamination of dental instruments and staff had received training in infection prevention and control.

The practice was following current legislation and guidance in relation to X-rays to protect patients and staff from unnecessary exposure to radiation.

No action



Are services well-led?

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

The provider had effective systems and processes in place for monitoring and improving services.

The practice had a management structure in place and some of the staff had lead roles. Staff were aware of their roles and responsibilities. Staff reported that the provider was approachable and helpful, and took account of their views. The culture of the practice encouraged openness and honesty and staff told us they were encouraged to raise any issues or concerns.

The provider had put in place a range of policies, procedures and protocols to guide staff in undertaking tasks.

No action



Summary of findings

The provider used a variety of means to monitor quality and safety at the practice and to ensure continuous improvement, for example learning from complaints, carrying out audits and gathering patient feedback. However, audits did not have documented learning points and the resulting improvements demonstrated.

The practice held regular staff meetings and these were used to share information to improve future practice and gave everybody an opportunity to openly share information and discuss any concerns or issues.

Mint Dental Barrow-in-Furness

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.

The inspection took place on 29 September and was led by a CQC Inspector assisted by a further CQC inspector and had had access to remote advice from a specialist advisor.

During the inspection we spoke to the principal dentist and the acting practice manager. We reviewed policies, protocols and other documents and observed procedures.

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

- Is it safe?
- 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

The provider had procedures in place to report, record, analyse and learn from significant events and incidents. However, there had been a breakdown of this process from January 2016. When we spoke to both the principal dentist and the practice manager they acknowledged that there had been a process breakdown and agreed to recommence incident analysis from this time.

Staff had a good understanding of the Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations 2013 and were aware of how and what to report. The provider had procedures in place to record and investigate accidents. Again, we found that there had been a breakdown of this process in January 2016.

Staff had an understanding of their responsibilities under the Duty of Candour. Duty of Candour means relevant people are told when a notifiable safety incident occurs and in accordance with the statutory duty are given an apology and informed of any actions taken as a result. The provider knew when and how to notify CQC of incidents which could cause harm.

The practice received safety alerts from the Medicines and Healthcare products Regulatory Agency and Department of Health. These alerts identify problems or concerns relating to a medicine or medical and dental equipment, or detail protocols to follow, for example, the malfunction of certain Glucagon HypoKits. The principal dentist brought relevant alerts to the attention of the staff.

Reliable safety systems and processes (including safeguarding)

We saw that the practice had systems, processes and practices in place to keep people safe from abuse.

The practice had a whistleblowing policy in place and an associated procedure to enable staff to raise issues and concerns.

The practice had a policy for safeguarding children and vulnerable adults. Staff demonstrated an understanding of the policy. The practice manager had a lead role for safeguarding and provided advice and support to staff where required. Local safeguarding authority's contact

details for reporting concerns and suspected abuse to were displayed in treatment rooms. Staff were trained to the appropriate level in safeguarding and were aware of how to identify abuse and follow up on concerns.

The clinicians were assisted at all times by a dental nurse.

We saw that the practice followed recognised guidance and current practice to keep patients safe. For example, we checked whether the dentist used a dental dam routinely to protect the patient's airway during root canal treatment. A dental dam is a thin, rectangular sheet used in dentistry to isolate the operative site from the rest of the mouth. The principal dentist told us that a dental dam was routinely used in root canal treatments.

Medical emergencies

The provider had procedures in place for staff to follow in the event of a medical emergency. All staff had received life support training as a team and this was repeated annually.

The practice had emergency medicines and equipment available in accordance with the Resuscitation Council UK and British National Formulary guidelines. Staff had access to an automated external defibrillator (AED) on the premises, in accordance with Resuscitation Council UK guidance and the General Dental Council standards for the dental team. (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm). We saw records to show that the medicines and equipment were checked regularly.

The practice stored emergency medicines and equipment centrally and staff were able to tell us where they were located.

Staff recruitment

The provider had a recruitment policy and recruitment procedures in place, which reflected the requirements of current legislation. The principal dentist maintained recruitment records for all staff. We reviewed the recruitment record for the newest member of nursing staff and saw all the required information was present except for a second reference. We discussed this with the acting practice manager who agreed to follow this up.

Staff employment records were stored securely to prevent unauthorised access.



Are services safe?

Responsibilities were shared between staff, for example, there were lead roles for infection prevention and control and safeguarding. Staff we spoke to were aware of their own competencies, skills and abilities.

Monitoring health and safety and responding to risks

The provider had systems in place to assess, monitor and mitigate risks, with a view to keeping staff and patients safe. For example the downlights in the waiting room recess had been changed to low heat types when it was identified that the original bulbs got hot and there could be a risk of someone burning themselves

The practice had an overarching health and safety policy in place, underpinned by several specific policies and risk assessments. A range of other policies, procedures, protocols and risk assessments were in place to inform and guide staff in the performance of their duties and to manage risks at the practice.

The provider had a COSHH risk assessment and associated procedures in place. Staff maintained records of products used at the practice and retained manufacturer's product safety details to inform staff what action to take in the event of, for example, a spillage, accidental swallowing or contact with the skin. Measures were identified to reduce the risks associated with these products, for example, the use of personal protective equipment for staff and patients, the secure storage of chemicals and the display of safety signs.

We saw that the provider had carried out a sharps risk assessment and implemented measures to mitigate the risks associated with the use of sharps, for example, a policy was in place which identified responsibility for the dismantling and disposal of sharps. Sharps bins were suitably located in the clinical areas to allow appropriate disposal. The provider had implemented a safer sharps system to dispose of used needles. The sharps policy also detailed procedures to follow in the event of an injury from a sharp instrument.

The provider also ensured that clinical staff had received a vaccination to protect them against the Hepatitis B virus. People who are likely to come into contact with blood products and are at increased risk of injuries from sharp instruments should receive these vaccinations to minimise the risks of acquiring blood borne infections.

We saw that a fire risk assessment had been carried out. The provider had arrangements in place to manage and mitigate the risks associated with fire, for example, one of the staff undertook a lead role for fire safety, safety signage was displayed, fire-fighting equipment was available and fire drills were carried out annually. Staff were familiar with the evacuation procedures in the event of a fire.

Infection control

The practice had an overarching infection prevention and control policy in place underpinned by policies and procedures which detailed decontamination and cleaning tasks. Procedures were displayed in appropriate areas such as the decontamination room and treatment rooms for staff to refer to.

There was an identified dental nurse who had the lead role for infection prevention and control and undertook infection prevention and control audits six monthly.

We observed that there were adequate hand washing facilities available in the treatment rooms, the decontamination room, and in the toilet facilities. Hand washing protocols were displayed appropriately near hand washing sinks.

We observed the decontamination process and found it to be in accordance with the Department of Health's guidance, Health Technical Memorandum 01- 05 Decontamination in primary care dental practices (HTM 01-05). Staff used sealed boxes to transfer used instruments from the treatment rooms to the decontamination room. Staff followed a process of cleaning, inspecting, sterilising, packaging and storing of instruments to minimise the risk of infection. Staff wore appropriate personal protective equipment during the decontamination process. Packaged instruments were dated with an expiry date in accordance with HTM 01-05 guidance.

The practice had a dedicated decontamination room which was locked and not accessible to unauthorised people. The decontamination room and treatment rooms had clearly defined dirty and clean zones to reduce the risk of cross contamination.

We looked at the packaged instruments in the treatment rooms and found that the packages were sealed and marked with an expiry date which was within the recommendations of the Department of Health. We noted



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in the treatment rooms that local anaesthetic cartridges were stored loose. Local anaesthetic cartridges should be stored in blister packets to prevent exposure to contamination.

Staff showed us the systems in place to ensure the decontamination process was tested, and decontamination equipment was checked, tested and maintained in accordance with the manufacturer's instructions and HTM 01-05.

Staff changing facilities were available and staff wore their uniforms inside the practice only.

The provider had had a recent Legionella risk assessment carried out to determine if there were any risks associated with the premises. Legionella is a bacterium found in the environment which can contaminate water systems in buildings. Actions were identified in the assessment and these had been carried out, for example, we saw records of checks and testing on water temperatures, which assisted in monitoring the risk from Legionella.

Staff described to us the procedures for the daily cleaning and disinfecting of the dental water lines and suction unit. This was in accordance with guidance to prevent the growth and spread of Legionella bacteria.

The treatment rooms had sufficient supplies of personal protective equipment for staff and patient use.

The practice had a cleaning policy in place and a cleaning schedule identifying tasks to be completed, daily, weekly and monthly. Cleaning was the responsibility of a cleaner and the dental nurses. The practice used a colour coding system to assist with cleaning risk identification in accordance with National specifications for cleanliness: primary medical and dental practices, issued by the National Patient Safety Agency. We observed that although the practice was clean, treatment rooms had not received 'high level cleaning'. For example, the arm of the dental lights in treatment rooms were dusty and in one particular treatment room the inside of drawers had not been cleaned. We checked this against the cleaning schedules and found that the schedules had been signed as completed. The principal dentist agreed to look into this further and raise cleaning as a learning point in staff meetings.

The segregation and disposal of dental waste was in accordance with current guidelines laid down by the

Department of Health in the Health Technical Memorandum 07-01 Safe management of healthcare waste. The practice had arrangements for all types of dental waste to be removed from the premises by a contractor. Spillage kits were available for contaminated spillages. We observed that clinical waste awaiting collection was stored securely.

Equipment and medicines

We saw that the provider had systems, processes and practices in place to protect people from the unsafe use of materials, medicines and equipment used in the practice.

Staff showed us the recording system for the prescribing, storage and stock control of medicines.

We saw contracts for the maintenance of equipment, and recent test certificates for the

decontamination equipment, the air compressor and the X-ray machines. The practice carried out regular current portable appliance testing (PAT). PAT is the name of a process under which electrical appliances are routinely checked for safety.

We saw records to demonstrate that fire detection and fire-fighting equipment, for example, the fire alarm and extinguishers were regularly tested.

We saw that the practice was storing NHS prescription pads securely and in accordance with current guidance and operated a system for checking deliveries of blank NHS prescription pads. We saw that the dentists maintained records of the serial numbers for prescriptions issued and void.

Radiography (X-rays)

The practice maintained a radiation protection file which contained the required information.

The provider had appointed a Radiation Protection Advisor and a Radiation Protection Supervisor.

The provider used conventional ceiling or wall mounted X-ray sets. The provider had notified the Health and Safety Executive of the use of the X-ray equipment used on the premises.

We saw critical examination packs for the X-ray machines. Routine testing and servicing of the X-ray machines had been carried out in accordance with the current recommended maximum interval of three years.



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We observed that local rules were displayed in areas where X-rays were carried out. These included specific working instructions for staff using the X-ray equipment.

We saw evidence of recent radiology training for relevant staff in accordance with IR(ME)R requirements.



Are services well-led?

Our findings

Governance arrangements

The practice was a member of a 'Good Practice' accreditation scheme. This is a quality assurance scheme that demonstrates a visible commitment to providing quality dental care to nationally recognised standards.

The practice was managed by the principal dentist and the acting practice manager, and some staff had lead roles. We saw that most staff had access to suitable supervision and support in order to undertake their roles effectively, and there was clarity in relation to roles and responsibilities.

We reviewed the provider's systems and processes for monitoring and improving the services provided for patients and found most of these were operating effectively.

The provider had arrangements in place to ensure risks were identified, understood and managed, for example, the provider had carried out risk assessments and put measures in place to mitigate these risks.

The provider had arrangements in place to ensure that quality and performance were regularly considered and used a variety of means to monitor quality and performance and improve the service, for example, via the analysis of patient feedback and carrying out audits for infection control and X-rays. We saw evidence that these arrangements were working well until January 2016 when the analysis of incidents, accidents and complaints stopped. We discussed this with the principal dentist who told us that this was the role of the practice manager. The practice manager had recently left the practice and a senior dental nurse was currently acting in this post. Both the principle dentist and the acting practice manager agreed to restart the process immediately and look at backdated reports as well.

Dental care professionals' were supported to meet the continuing professional development requirements of their professional regulator, the General Dental Council, (GDC), by the provision of training, and this was monitored by the provider.

Staff were aware of the importance of confidentiality and understood their roles in this. Dental care records were

complete and accurate. They were maintained electronically and on paper. Electronic records were password protected and data was backed up daily; paper records were stored in locked filing cabinets.

Leadership, openness and transparency

We saw systems in place to support communication about the quality and safety of the service, for example, staff meetings.

The practice held staff meetings quarterly. The meetings were scheduled in advance to maximise staff attendance. We saw recorded minutes of the meetings and noted that items discussed included clinical and non-clinical issues. The meetings were also used to deliver training updates, for example, in relation to medical emergencies. If staff were unable to attend the practice meeting they were able to attend any meetings at the sister practices in Ambleside and Windermere.

The provider operated an open door policy and staff we spoke to said they could speak to the manager or provider if they had any concerns and that both were approachable and helpful. Staff confirmed all their colleagues were supportive.

Learning and improvement

The provider used quality assurance measures, for example auditing, to encourage continuous improvement. Audits we reviewed included, X-rays, record keeping, infection prevention and control. However, audits did not have documented learning points and the resulting improvements demonstrated.

The provider gathered information on the quality of care from a range of sources, including patient feedback, and the NHS Family and Friends.

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

We saw that people who use the service and staff were engaged and involved. The provider had a system in place to seek the views of patients about all areas of service delivery, and carried out random patient surveys. We saw that patient feedback was acted on, for example patients had suggested improvements to the reception desk and



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this had been carried out. The provider made NHS Family and Friends Test forms available in the waiting room for patients to indicate how likely they were to recommend the practice.

Staff told us they felt valued and involved. They were encouraged to offer suggestions during staff meetings and said that suggestions for improvements to the service were listened to and acted on. Staff said they were encouraged to challenge any aspect of practice which caused concern.