

Blue Sky Dent Ltd

Blue Sky Dental Care

Inspection report

93 Blackburn Road Darwen BB3 1ET Tel: 01254702535

Date of inspection visit: 12 July 2022 Date of publication: 02/08/2022

Overall summary

We carried out this unannounced focused inspection on 12 July 2022 under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered practice was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a Care Quality Commission, (CQC), inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we usually ask five key questions, however as this was a focussed inspection, we only inspected against the key question:

• Is it well-led?

Our findings were:

• Information governance arrangements at the practice did not fully support patient privacy.

Background

Blue Sky Dental Care is in Darwen, Blackburn and provides NHS and private dental care and treatment for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces are available near the practice.

The dental team includes two dentists, five dental nurses, one of whom is a trainee, a dental therapist, a dental nurse/receptionist, and a practice manager. The practice has three treatment rooms.

During the inspection we spoke with the Principal Dentist. We looked at practice policies and procedures, in relation to information governance, use of closed-circuit television (CCTV) and other records about how the service is managed.

The practice is open: Monday to Friday from 9am to 5.30pm. The practice closes for lunch between 12.30pm and 2pm.

1 Blue Sky Dental Care Inspection report 02/08/2022

Summary of findings

We identified regulations the provider was not complying with. They must:

• Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

Full details of the regulation the provider was not meeting are at the end of this report.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services well-led?

Requirements notice



Are services well-led?

Our findings

We found this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

Leadership capacity and capability

There was strong leadership and emphasis on continually striving to improve.

The information and evidence presented, for example in policies on use of CCTV was clearly documented. However, the extent of CCTV cameras, for example in treatment rooms, had not been evaluated to determine if this was the most proportionate step to take to meet the needs of the practice.

Governance and management

Staff had clear responsibilities roles and systems of accountability to support governance and management. The practice had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis. We saw there were clear processes for managing risks, issues and performance. The provider had responded to concerns about staff safety, by extending the coverage of CCTV within the practice to include dental treatment rooms and staff only work areas. When we reviewed this action, we found some concerns.

- There had been no initial risk assessment carried out on the placement of cameras in treatment rooms and the impact this may have on patient privacy. The provider had not considered whether CCTV footage, taken during each patient consultation, constituted part of the patients' consultation records.
- The provider had not considered the storage and keeping of CCTV footage, in line with retention periods applicable for patient records.
- The provider had not fully considered the wording on signage in the practice, referring to CCTV being used. Signs throughout the practice stated that CCTV was in use but did not make clear that this included patient treatment rooms. Signs did not make it clear that video recording of each patient consultation was taking place. We confirmed that CCTV footage did not include audio recording of conversations between dentists and patients.
- The provider was not able to show that each patient entering the treatment rooms was made aware that consultations and treatment was recorded and had not considered the need to confirm patient consent to this.
- Research on whether CCTV footage should be kept as part of the patient records, and for the time limits required by law, had not been undertaken; this meant the provider was erasing CCTV footage after 28 days. We discussed the implications of this, for example, if a patient asks for a copy of the CCTV footage, taken during their consultation.

Appropriate and accurate information

The practice had information governance arrangements and staff were aware of the need to protect patients' personal information. However, staff had not considered how the use of CCTV, beyond communal, publicly accessible areas of the practice, impacted on this.

Engagement with patients, the public, staff and external partners

The practice staff had not carried out any exercise to gather feedback from patients on their views of use of CCTV in practice treatment rooms; the provider could not show how they had consulted with staff on the use of CCTV throughout the practice, including in their own work areas. For example, there were CCTV cameras in communal areas, so corridors and reception areas as well as in the decontamination room, where staff worked to clean and process dental instruments as well as patient treatment rooms.

4 Blue Sky Dental Care Inspection report 02/08/2022

Are services well-led?

Continuous improvement and innovation

The practice had systems and processes for learning, continuous improvement and innovation. The provider had installed CCTV throughout the practice relatively recently so had not held a review on whether it was meeting the needs of the practice, its patients and staff. We were given assurances that this would take place immediately. In the meantime, the provider confirmed that they would cease use of CCTV in patient treatment rooms, following our visit to the practice.

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Treatment of disease, disorder or injury	The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:
	 There were no systems or processes that enabled the registered person to ensure that accurate, complete and contemporaneous records were being maintained securely in respect of each service user. Including: consent provided by each patient in respect of CCTV recording taking place during each patient consultation, as signage in place did not make clear that patient treatment rooms were covered by active CCTV cameras, recording consultations; the keeping of CCTV footage as part of the patient consultation, or a record of where this can be found; the storage of CCTV as part of the patient consultation; the deletion or erasure of CCTV which included recording of patient consultations, and the retention periods applied to such footage, as part of a patient record.
	The registered person had not undertaken any assessment to determine whether CCTV recording of patient consultations was the most proportionate step to provide greater staff and patient security within the practice.
	Signage in the practice did not make it clear to patients that CCTV recording extended to patient treatment rooms and that all patient consultations were being recorded.

Consent forms did not present an opportunity for patients

to withhold consent for CCTV images to be taken throughout their treatment at the practice.

(Regulation 17(1))