

M&K Adventures Ltd

# The Barn Cosmetic and Dental Clinic

## Inspection Report

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Date of inspection visit: 24 July 2019

Date of publication: 09/08/2019

### Overall summary

We undertook a follow up focused inspection of The Barn Cosmetic and Dental Clinic on 24 July 2019. This inspection was carried out to review in detail the actions taken by the registered provider to improve the quality of care and to confirm that the practice was now meeting legal requirements.

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

We undertook a comprehensive inspection of The Barn Cosmetic and Dental Clinic on 13 March 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We found the registered provider was not providing safe and well led care and was in breach of regulations 12 (Safe care and treatment), 17 (Good governance) and 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can read our report of that inspection by selecting the 'all reports' link for The Barn Cosmetic and Dental Clinic on our website [www.cqc.org.uk](http://www.cqc.org.uk).

As part of this inspection we asked:

- Is it safe?
- Is it well-led?

When one or more of the five questions are not met we require the service to make improvements and send us an action plan. We then inspect again after a reasonable interval, focusing on the areas where improvement was required.

#### **Our findings were:**

##### **Are services safe?**

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

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 13 March 2019.

##### **Are services well-led?**

We found this practice was not providing well-led care in accordance with the relevant regulations.

The provider had made insufficient improvements in relation to the regulatory breaches we found at our inspection on 13 March 2019.

#### **Background**

# Summary of findings

The Barn Cosmetic and Dental Clinic is in Odstock, Salisbury and provides private treatment for adults and children.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces, including one for blue badge holders, are available at the practice.

The dental team includes the principal dentist, two other dentists, two dental nurses, one dental hygienist, one receptionist and the practice manager. The practice has two treatment rooms.

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 The Barn Cosmetic and Dental Clinic is the practice manager.

During the inspection we spoke with the principal dentist, 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 to Friday from 8.30am to 5pm.

## Our key findings were:

- The practice carried out all the necessary tests required to check that the ultrasonic cleaner was working effectively.
- Staff were following the manufacturer's instructions in respect of single use healing abutments.
- The implant kit was appropriately stored.

- Results of the Radiography and Infection Prevention and Control audits had been analysed and there were associated action plans. The practice had ensured these audits were in the diary in order to be undertaken at the appropriate frequency.
- Fire alarm and emergency lighting tests were carried out as required.
- The fire safety risk assessment recommended actions had been completed with the exception of one recommendation. The provider was working with a different fire risk assessor to ensure all identified risks were mitigated.
- Insufficient improvements had been made in relation to the practice's recruitment procedures.
- A sharps risk assessment had been carried out; however, we noted that neither this document or the sharps policy provided clear guidance for staff for disposing of sharps.
- Improvements were required in relation to the practice's protocols for medicines management and storage.
- No action had been taken to improve the practice's policies and procedures for obtaining patient consent to care and treatment to ensure they are in compliance with legislation, take into account relevant guidance, and staff follow them. Specifically, in respect of the section which lists possible consequences of not having dental implant treatment.

We identified regulations the provider was not meeting. 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 is 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 safe?**

No action 

**Are services well-led?**

Requirements notice 

# Are services safe?

## Our findings

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

At our previous inspection on 13 March 2019 we judged the practice was not providing safe care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notice. At the inspection on 24 July 2019 we found the practice had made the following improvements to comply with the regulations:

- Staff carried out all the necessary tests required to check that the ultrasonic cleaner was working effectively.

- We confirmed with staff that all items designated as single use only were being disposed of and never re-used, in accordance with the manufacturer's instructions.
- The dental implant kit was appropriately stored, and we were told that gowns and drapes were ordered when required only, in preparation of each session.

The provider had also made further improvements:

- A gas safety certificate was obtained on 15 March 2019.
- The practice's protocol for ensuring that all clinical staff have adequate immunity for vaccine preventable infectious diseases had been reviewed and implemented.

These improvements showed the provider had taken action to comply with the regulations when we inspected on 24 July 2019.

# Are services well-led?

## Our findings

We found that this practice was not providing well-led care and was not complying 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).

At our previous inspection on 13 March 2019 we judged the provider was not providing well-led care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notice. At the inspection on 24 July 2019 we found the practice had made the following improvements to comply with the regulations:

- Results of the Radiography and Infection Prevention and Control audits had been analysed and there were associated action plans. The practice had ensured these audits were in the diary in order to be undertaken at the appropriate frequency. For example, the next Infection Prevention and Control audit was due in August 2019.
- Fire alarm and emergency lighting tests were carried out and recorded as required.

We noted, however, the practice had not made sufficient improvements in relation to:

- The practice recruitment procedures; At the inspection on 13 March 2019 we noted that the practice's recruitment protocols were not sufficiently thorough as not all required documents and checks were available for each member of staff. At the inspection on 24 July 2019 we observed that two new members of the clinical team had been recruited since we last inspected the practice. One of the newly employed staff's DBS check was still being processed when they commenced to work at the practice. We were assured that this member of staff was working under supervision at all times. On the day of the inspection, the practice manager carried out a risk assessment and obtained a copy of the most

recent DBS check from this person's previous employer, the lack of rigorous checks before they commenced work at the practice demonstrated the practice's systems and processes were ineffective to ensure they only employ fit and proper persons.

- At the inspection on 13 March 2019 we observed that a fire risk assessment had been carried out in 2016, however the recommended actions had not been completed. The practice had arranged for an external company to carry out another fire risk assessment in January 2019. At the inspection on 24 July 2019 we confirmed that the recommended actions had been completed with the exception of one recommendation. A further risk assessment had been undertaken and we were told that the outstanding required actions and mitigating factors would be put in place by the provider.
- The practice's policies and procedures for obtaining patient consent in relation to dental implant treatment. No action had been taken to ensure that all sections of the consent form were clear, specifically in respect of the section which lists possible consequences of not having dental implant treatment.
- A sharps risk assessment had been carried out, however we noted that the protocol for disposing of sharps was not clear as staff were unsure of what the correct procedure for the disposal of sharps was and did not know whose role and responsibility this was as it had not been identified on the risk assessment.
- We identified that there was no system for effective stock control as there was no record of the medicines held at the practice. We also noted that medicines were being stored at a temperature above 25 degrees centigrade and consequently the effectiveness of these medicines could be compromised.

The provider had made insufficient improvements to put right the shortfalls identified and had not responded to the regulatory breaches we found at our previous inspections of 13 March 2019.

## 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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</b></p> <p><b>Regulation 17 Good governance</b></p> <p><b>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b></p> <p>The registered persons had systems or processes in place that operated ineffectively in that they failed to enable the registered persons to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <ul style="list-style-type: none"><li>• Recruitment procedures were inconsistent, there was a lack of awareness of the legal requirements pertaining to the employment of staff, in particular obtaining DBS checks.</li><li>• Medicines management systems were ineffective. There was no stock control of the drugs that were kept at the practice. Medicines were stored at a high temperature which could impact their efficacy.</li><li>• Sharps policy and risk assessment did not provide clear guidance to staff on the practice's protocol in respect of the disposal of sharps.</li></ul> <p>There was additional evidence of poor governance. In particular:</p>

This section is primarily information for the provider

## Requirement notices

- There continued to be some outstanding actions to be completed in order to mitigate the risks identified in respect of fire safety.
- The practice's policy and procedure in respect of obtaining patient consent continued to require reviewing to ensure patients understood the consequences of not having dental implant treatment.

### **Regulation 17 (1)**