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Birchfields Family Dental Care

Inspection Report

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Overall summary

We undertook a follow up desk-based review of Birchfields Family Dental Care on 24 August 2020. This review 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 review was led by a CQC inspector who had remote access to a specialist dental adviser.

We undertook a comprehensive inspection of Birchfields Family Dental Care on 10 December 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 well led care and was in breach of regulations 12 and 17 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 Birchfields Family Dental Care on our website www.cqc.org.uk.

As part of this review we asked:

- 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 or review again after a reasonable interval, focusing on the area where improvement was required.

Our findings were:

Are services well-led?

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

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 10 December 2019.

Background

Birchfields Family Dental Care is in Longsight, Manchester and provides NHS and private dental care and treatment for adults and children. The practice also provides fixed orthodontics on a private basis.

There is level access to the practice for people who use wheelchairs and those with pushchairs. On street parking was available near the practice.

Summary of findings

The dental team includes three dentists, three dental nurses who also have reception and administrative duties (of which two are trainees) and a practice manager. The practice has two treatment rooms.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

During the desk-based review we spoke with the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday 08:00 - 17:00

Tuesday 08:00 - 18:30

Wednesday 08:00 - 13:00

Thursday 08:00 - 18:30

Friday 08:00 - 13:00

Our key findings were:

- The provider had implemented effective governance systems to monitor their service against the regulations and ensure their systems were effective.
- The provider reviewed processes to identify and manage risk to patients and staff.
- Sharps and immunity risks were reviewed and evidence of immunity to hepatitis B was obtained for clinical staff.
- Quality assurance and audit processes were introduced to assess whether care was delivered in line with national standards and guidance.
- Staff completed training in sepsis and Mental Capacity Act awareness to improve their understanding of these areas and their responsibilities.
- Incident reporting and investigation systems were improved and we saw evidence of incidents that had been reported and investigated appropriately.

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 well-led?

We asked the following question(s).

No action



Are services well-led?

Our findings

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

At our previous inspection on 10 December 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 desk-based review on 24 August 2020 we found the practice had made the following improvements to comply with the regulations.

The registered manager took immediate action after the previous inspection to review the areas of concern highlighted and created action plans which were submitted to us to show how these areas would be addressed. Systems were put in place to monitor their service against the regulations and ensure their governance systems were effective to prevent reoccurrence. For example:

- The sharps risk assessment was reviewed to identify and manage the risks from all sharp items. Information was displayed for staff describing the immediate action to be taken in the event of a sharps injury.
- The provider obtained evidence of immunity to hepatitis B for all clinical staff and were aware to risks assess any staff where their immunity status is unknown in the future.
- The system to log NHS prescriptions was improved to enable staff to identify any missing prescriptions or fraudulent use.
- The registered manager risk assessed the storage, use and disposal of hazardous substances.
- Staff completed sepsis awareness training and held team discussions to ensure they had the knowledge of the recognition, diagnosis and early management of sepsis.
- The provider carried out a review of all referrals to ensure any rejections were acted on and implemented systems to follow up and monitor the progress of referrals.

- Systems were put in place to receive and respond to patient safety alerts, recalls and rapid response reports issued by the Medicines and Healthcare products Regulatory Agency, the Central Alerting System and other relevant bodies, such as Public Health England.
- Incident prevention and investigation systems were implemented and discussed with staff to ensure their understanding. The provider sent evidence of recent incidents that had been investigated and documented appropriately.
- Quality assurance and audit processes were introduced to assess whether care was delivered in line with national standards and guidance. This led to the identification of inconsistencies in consent processes and the quality of radiographs. Actions were documented and re-audits scheduled to demonstrate improvements. For example, the quality of radiographs improved after issues with the X-ray imaging plates and positioning highlighted by the review were resolved.
- The registered person provided information and training for staff to ensure ability to consent was assessed in line with the requirements of the Mental Capacity Act 2005. The head nurse was enrolled on a mental capacity act course.

The practice had also made further improvements:

- Protocols were introduced for staff that complied with the Accessible Information Standard. The Accessible Information Standard is a requirement to make sure that patients and their carers can access and understand the information they are given
- A privacy assessment and protocols had been implemented for the use of closed-circuit television cameras taking into account the guidelines published by the Information Commissioner's Office.
- The provider made staff aware of additional safeguarding resources to support their ability to access information and report any concerns.
- Interpreter services were available for patients who did not speak or understand English.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulations when we carried out our review on 24 August 2020.