

Mr. Craig Farrell

# Barrowford Dental Practice

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 14 February 2017 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

#### **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**

Barrowford Dental Practice offers a full range of dental treatments including preventative, corrective and

cosmetic treatments. The practice is based in the centre of Barrowford in Lancashire, close to the main shops. The team consists of five dentists, three dental hygienists, a dental hygiene therapist, seven dental nurses (one of which is a trainee), a dental technician, a receptionist and a cleaner.

The practice is in a purpose built building. There are four treatment rooms, a decontamination room, an office/ staff area and a waiting/ reception room. Public parking is available near the practice. The opening hours are Monday 8am-8pm, Tuesday 8am-6:00pm, Wednesday 8am-5:00pm, Thursday 8am-6:00pm and Friday 8am-5pm.

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:**

- The practice had procedures in place to record and analyse significant events and incidents.
- Staff had received safeguarding training, and knew the process to follow to raise concerns.
- There were sufficient numbers of suitably qualified, skilled staff to meet the needs of patients.

# Summary of findings

- Staff had been trained to deal with medical emergencies, but some emergency medicines and equipment were out of date.
- Patients' needs were assessed, and care and treatment were delivered, in accordance with current legislation, standards, and guidance.
- Patients received information about their care, proposed treatment, costs, benefits, and risks and were involved in making decisions about it.
- Staff were supported to deliver effective care, and opportunities for training and learning were available.
- Patients were treated with kindness, dignity, and respect.
- The appointment system met the needs of patients, and emergency appointments were available.
- Services were planned and delivered to meet the needs of patients, and reasonable adjustments were made to enable patients to receive their care and treatment.
- The practice gathered the views of patients and staff and took their views into account.

- Staff were supervised, felt involved, and worked as a team.
- The premises were visibly clean and tidy but improvements could be made in the management of the cleaning equipment and materials to prevent cross infection.

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

- Review the equipment used for medical emergencies giving due regard to guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
- Review the provision of policies and procedures for example recruitment and lone working and that COSHH information is in place and accessible to all staff.
- Review the implementation of the legionella review and subsequent recommendations ensuring water temperatures are regularly checked and recorded in line with the guidance.

# 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 in place to assess and manage risks to patients.

There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members.

The decontamination equipment was regularly serviced, validated and checked to ensure it was safe for use. A legionella assessment was in place but we noted that water temperatures had not been regularly checked and recorded in line with the guidance.

Staff completed annual training in how to deal with medical emergencies. We confirmed the emergency equipment was regularly checked but we noted some equipment was omitted and out of date.

There were maintenance contracts in place to ensure all equipment had been serviced regularly, including; fire extinguishers, and the air compressor.

Staff were appropriately skilled and suitably trained. Staff induction processes were in place and had been completed.

There was evidence to demonstrate staff had attended training in safeguarding patients and understood their responsibilities in relation to identifying and reporting any potential abuse.

No action



### Are services effective?

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

The practice followed current guidelines when delivering dental care and treatment to patients. Patients' medical history was recorded at their initial visit and updated at subsequent visits. Patients received an assessment of their dental health. The dentist obtained consent from patients before treatment was provided; and treatment focused on the patients' individual needs.

Staff provided oral health advice to patients and monitored changes in their oral health. Patients were referred to other services, where necessary, in a timely manner.

Staff were encouraged to complete training relevant to their roles. The clinical staff were up to date with their continuing professional development (CPD).

Qualified staff were registered with their professional body, the General Dental Council, and were supported in meeting the requirements of their professional regulator. Staff received on going training in a variety of subjects to assist them in carrying out their roles.

No action



### Are services caring?

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

No action



# Summary of findings

Staff explained that enough time was allocated in order to ensure treatment was fully explained to patients in a way patients understood. Time was given to patients with complex treatment needs to decide which treatment they preferred.

Staff understood the importance of emotional support when delivering care to patients who were nervous of dental treatment. Patient feedback on CQC comment cards confirmed staff were understanding and made them feel at ease.

We observed privacy and confidentiality were maintained for patients in reception and over the telephone. Policies and procedures in relation to data protection and security and confidentiality were in place and staff were aware of these.

## **Are services responsive to people's needs?**

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

The practice had an efficient appointment system in place to respond to patients' needs. There were vacant appointments slots for urgent or emergency appointments each day. Patients could request appointments by telephone or in person.

The practice opening hours were displayed at the practice and in the patient information leaflet.

There was a procedure in place for responding to patients' complaints. This involved acknowledging, investigating and responding to individual complaints or concerns.

**No action** 

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

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

There were a range of policies and procedures in use at the practice which were easily accessible to staff. We did note the practice did not have all procedures in place including: recruitment and lone working procedure. We discussed this with the practice manager who said this was an over sight and would be put in to place with immediate effect.

Environmental risks were assessed and well managed.

Staff were encouraged to share ideas and feedback during practice meetings. All staff were supported and encouraged to improve their skills through learning and development.

The practice had a system to monitor and continually improve the quality of the service through a programme of clinical and non-clinical audits.

**No action** 

# Barrowford Dental Practice

## 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 registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection took place on the 14 February 2017 and was led by a CQC inspector and a specialist dental advisor.

Prior to the inspection we asked the practice to provide us with information which we reviewed. This included their latest statement of purpose, and staff details, including their qualifications and professional body registration number where appropriate. We also reviewed information we held about the practice.

During the inspection we spoke with one dentist, one dental hygienist, two dental nurses, and the practice manager and reception staff. We toured the practice and reviewed emergency medicines and equipment.

We reviewed policies, protocols and other documents and observed procedures. We sent comment cards to the practice before the visit. There were nine comment cards completed by patients.

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 therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

Staff told us they were aware of the need to be open, honest and apologetic to patients if anything was to go wrong; this is in accordance with the Duty of Candour principle.

Staff understood the Reporting of Injuries, Disease and Dangerous Occurrences Regulations 2013 (RIDDOR) and provided guidance to staff within the practice's health and safety policy.

The staff told us they received recent alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). (The MHRA is the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness). These were shared with the team via email and meetings where appropriate.

### Reliable safety systems and processes (including safeguarding)

The practice had up to date safeguarding policies and guidance for staff to refer to including the contact details for the relevant safeguarding professionals. Staff were aware of their responsibility and had completed training to safeguard patients from abuse.

We spoke with staff about the use of safer sharps in dentistry as per the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. A safe sharps system had been implemented within the practice and we saw a sharps policy and risk assessment in place.

The practice had a whistleblowing policy and all staff had completed relevant training. Staff told us they felt confident they could raise concerns about colleagues without fear of recriminations.

### Medical emergencies

The practice had clear guidance about how to respond to medical emergencies. This was in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). The practice had emergency resuscitation equipment but we found that some medical emergency equipment was omitted and some out of date. After our visit the provider confirmed by email that these had been replaced.

The emergency medicines, emergency resuscitation kits and medical oxygen were stored in an easily accessible location. Staff knew where the emergency equipment and medicines were kept.

Emergency equipment was checked regularly by the staff however we noted that this did not include the emergency defibrillator. The defibrillator (AED) is in place to support staff in a medical emergency. (An AED is a portable electronic device which analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm). The practice manager confirmed that a regular check of this appliance would be included in the emergency equipment.

Staff were knowledgeable about what to do in a medical emergency. They had completed training in emergency resuscitation and basic life support within the last 12 months. The practice had booked into the training schedule regular emergency practice sessions. Two staff had completed first aid training.

### Staff recruitment

The practice had little turn over in staff in the last two years. We looked at the recruitment records of trainee/ apprentice staff and confirmed checks were in place. These included seeking references, immunisation status and checking qualifications. The practice carried out a Disclosure and Barring service (DBS) check for all newly appointed staff. These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. Whilst these employment processes were all in place we noted that practice did not have a recruitment policy or procedure in place. We discussed this with the practice manager who said that this was an oversight and the policy and procedure would be put in place.

We saw all the qualified staff were covered by indemnity insurance (this is an insurance professionals are required to have in place to cover their working practice).

### Monitoring health & safety and responding to risks

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included regular checks of the building, the environment, infection prevention and control and sharps disposal.

# Are services safe?

The principal dentist had a control of substances hazardous (COSHH) to health 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, spillage, accidental swallowing, or contact with the skin. Measures were identified to reduce 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 noted the cleaner employed by the practice worked alone and did not have access to this information. We also noted the practice did not have a lone working policy in place.

Clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and the effectiveness of the vaccination was identified. People who are likely to come into contact with blood products, and are at increased risk of injuries from sharp instruments, should receive the Hepatitis B vaccination to minimise the risks of acquiring blood borne infections.

## Infection control

We saw systems in place for cleaning, sterilising and storing dental instruments. The decontamination equipment was regularly serviced, validated and checked to ensure it was safe to use.

An infection control policy and set of procedures was in place. These included hand hygiene, manual cleaning, managing waste products and decontamination guidance. We observed waste was separated into safe containers for disposal by a registered waste carrier and appropriate documentation retained.

We noted that infection prevention control audits were completed bi-annually, these had risk assessed the practice and highlighted action to be taken if required.

We looked around the premises during the inspection and found the treatment room and the decontamination room was visibly clean and hygienic. They had sealed floors and work surfaces which could be cleaned with ease to promote good standards of infection prevention and control.

Staff cleaned the treatment areas and surfaces between each patient and at the end of the morning and afternoon sessions to help maintain infection control standards.

A Legionella review and risk assessment was in place but the practice had not completed all recommendations from this. For example the regular monitoring and recording of water temperatures. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings).

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. We observed clinical waste awaiting collection was stored securely.

The practice stored clinical waste in a secure manner and an appropriate contractor was used to remove it from site. Waste consignment notices were in place. We noted the practice did not have arrangements for the removal of Gypsum waste. The practice manager explained that this had been due to a change of company that collects health waste and confirmed this would be added to the waste collection in future.

The practice staff carried out daily environmental cleaning. We noted different coloured cleaning equipment was not in place for example there wasn't separate coloured buckets for cleaning and the mops were not stored in an effective manner to reduce the risk of cross contamination.

## Equipment and medicines

Equipment checks were regularly carried out in line with the manufacturer's recommendations.

We saw evidence of servicing certificates for equipment such as the autoclaves (a device for sterilising dental and medical instruments), compressor and X-ray equipment.

We saw evidence a fire risk assessment was completed and the fire safety equipment was checked annually. Fire alarms and emergency lighting were tested regularly and a recent staff fire drill had taken place.

## Radiography (X-rays)

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

## Are services safe?

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

We saw that the Health and Safety Executive had been notified of the use of X-ray equipment on the premises.

We saw a critical examination pack 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.

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.

Records confirmed that X-rays were justified, graded and reported on. We saw evidence of regular auditing of the quality of the X-ray images.

We saw evidence of recent radiology training for relevant staff in accordance with GDC recommendations.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice kept up to date detailed electronic dental care records and paper records to store X-rays. They contained information about the patient's current dental needs and past dental history. A thorough examination was carried out to assess the dental hard and soft tissues including an oral cancer screen. Dental professionals also used the basic periodontal examination (BPE) to check patients' gums. This is a simple screening tool that indicates how healthy the patient's gums and bone surrounding the teeth are. We saw patient dental care record audits were undertaken by the practice and any necessary actions dealt with.

### Health promotion & prevention

Preventative measures included providing patients with oral hygiene advice such as tooth brushing technique, fluoride varnish applications and dietary advice. Smoking and alcohol consumption was also checked where applicable. The medical history form patients completed included questions about smoking and alcohol consumption.

The patient reception and waiting area contained a range of information that explained the services offered at the practice.

The practice had a varied selection of oral health leaflets available and a selection of dental products were on sale in the reception area to assist patients with their oral health.

### Staffing

Staff confirmed they had completed a period of induction and training which covered areas such as cardiopulmonary resuscitation (CPR) and infection prevention and control.

We saw staff were encouraged to maintain the continuous professional development (CPD) which was a requirement

of their registration with the General Dental Council (GDC). The GDC is the statutory body responsible for regulating dentists, dental therapists, dental hygienists, dental nurses, clinical dental technicians and dental technicians. All clinical staff members were registered with the GDC and registration certificates were available in the practice.

### Working with other services

The practice worked with other professionals where this was in the best interest of the patient. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment. Where patients had complex dental needs, such as suspected oral cancer, the practice referred them to other healthcare professionals using their referral process. Information was shared appropriately when patients were referred to other health care providers. Urgent referrals were made in line with current guidelines.

### Consent to care and treatment

Staff confirmed they ensured patients had sufficient information and the mental capacity to give informed consent. Staff described to us how valid consent was obtained for all care and treatment and the role family members and carers might have in supporting the patient to understand and make decisions.

The practice had a consent policy in place and staff were aware of their responsibilities under the Mental Capacity Act (2005) (MCA). Mental Capacity Act 2005 – provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves.

The dentists demonstrated an understanding of Gillick competency. (Gillick competency is a term used in medical law to decide whether a child of 16 years or under is able to consent to their own treatment).

# Are services caring?

## Our findings

### **Respect, dignity, compassion & empathy**

The CQC comment cards we received were all very positive with compliments about the staff, practice and treatment received. Patients commented they were treated with respect and dignity and that staff were sensitive to their specific needs.

Staff understood the importance of emotional support when delivering care to patients who were nervous of dental treatment.

We observed privacy and confidentiality were maintained for patients who used the service on the day of the inspection. Staff told us they were aware of the importance of providing patients with privacy and how to maintain confidentiality.

Staff were confident in data protection and confidentiality principles and had completed information governance training. We noted patient's dental care records were stored securely in lockable cabinets.

The treatment room were situated away from the main waiting area and we saw doors were closed when patients were in consultation.

### **Involvement in decisions about care and treatment**

The practice provided patients with information to enable them to make informed choices about their dental care and treatment. The practice's website provided patients with information about the range of treatments which were available at the practice.

Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

As part of our inspection we conducted a tour of the practice and we found the facilities were appropriate for the services that were planned and delivered.

We looked at the recorded appointments and found capacity for urgent or emergency appointments. We confirmed the practice scheduled longer appointments where required if a patient needed more support

We observed the clinic ran smoothly on the day of the inspection and patients were not kept waiting.

### Tackling inequity and promoting equality

The practice had an equality, diversity and human rights policy in place to support staff understanding and meeting the needs of patients. The staff told us they did not have any patients whose first language was not English, if required, an interpretation service would be sought.

The staff made provision for patients to arrange appointments by telephone or in person, and patients received appointment reminders by letter or telephone call. The practice provided extended and flexible appointment time to patients who were vulnerable and in need or extra care and support.

### Access to the service

The practice was accessible to people with disabilities and impaired mobility throughout the ground floor. The patient toilet was not accessible to wheelchairs.

We saw patients could access treatment and care in a timely way. The practice opening hours, and the 'out of hours' appointment information were displayed. Emergency appointments were available daily for patients.

### Concerns & complaints

The practice had a complaints policy which provided guidance to staff on how to handle a complaint. The policy was detailed in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and as recommended by the GDC.

Information for patients was available in the patient's information brochure and displayed in the waiting areas. This included how to make a complaint, how complaints would be dealt with.

Staff told us they raised any patient comments or concerns with the practice manager immediately to ensure responses were made in a timely manner.

The practice had received one complaint in the last twelve months. We saw this had been responded to appropriately and timely. We saw that any compliments, concerns or complaints were discussed at the team meetings to improve the service and enable staff learning.

# Are services well-led?

## Our findings

### Governance arrangements

The practice had governance arrangements in place including various policies and procedures for monitoring and improving the services provided for patients. Staff were aware of their roles and responsibilities within the practice. The principal dentist was in charge of the day to day running of the service.

There was an effective management structure in place to ensure responsibilities of staff were clear. Staff told us they felt supported and were clear about their roles and responsibilities.

Health and safety and risk management policies were in place and we saw a risk management process to ensure the safety of patients and staff members. For example, we saw risk assessments relating to exposure to hazardous substances and medical emergencies.

### Leadership, openness and transparency

The overall leadership was provided by the principal dentist. The ethos of the practice was clearly apparent in all staff as being able to provide the best service possible.

The principal dentist operated an open door policy. Staff said they could speak freely if they had any concerns.

### Learning and improvement

The practice had supported staff to access some learning and improvement opportunities. Staff confirmed they were supported with further development and training to ensure continuous professional development (CPD) as required by the General Dental Council (GDC).

Staff confirmed that learning from incidents, audits, and feedback was discussed at staff meetings to share learning to inform and improve future practice.

The practice had an extensive range of clinical and non-clinical audits. These included; clinical records, medical history, appointments, X-ray quality and infection prevention and control. Feedback was given to staff identifying where improvement actions may be needed.

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

Staff told us information was shared and they could raise any concerns about the practice if they needed to.

Patients' surveys were conducted by the practice in the last 12 months. The surveys comments had been reviewed and responded to. For example following comments made during surveys the practice had introduced a water cooler, regular replacement of magazines for patients and coat hooks.

The practice completed an annual staff survey and any actions from were fed back to the staff in team meetings.

The practice also completed family and friends NHS survey. The results for January 2017 were 100% of patients likely to recommend the service. The results are displayed in the waiting area.