

## Bare Dental Clinic Limited

# Bare Dental Clinic Limited

## Inspection Report

6 Fairhope Avenue

Bare

Morecambe

Lancashire

LA4 6JZ

Tel:01524 418194

Website: [www.baredentalclinic.co.uk](http://www.baredentalclinic.co.uk)

Date of inspection visit: 20 October 2016

Date of publication: 14/11/2016

### Overall summary

We carried out an unannounced responsive inspection on 20 October 2016 to ask the practice the following key question; Are services safe.

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

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

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

##### **Background**

Bare Dental Clinic Limited is situated in the centre of Bare, Morecambe. The practice offers private dental treatments including preventative advice, dental implants, dental conscious sedation and general dentistry.

The practice has one surgery, a decontamination room, a waiting room, a reception area and patient toilets.

There is one dentist and four dental nurses (two of which are trainees and two are bank nurses).

The practice is open:

Monday, Wednesday & Thursday 8:30am – 5:30pm

The reception is manned Tuesday 9am – 4pm and Friday 9am -1:30 pm.

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 held equipment and medicines for use in a medical emergency. Staff were confident of what to do in the event of a medical emergency.
- Conscious sedation was carried out safely and in line with guidance from the Intercollegiate Advisory Committee on Sedation in Dentistry in the document 'Standards for Conscious Sedation in the Provision of Dental Care 2015.
- The process around equipment checks for inhalation sedation should be more robust.
- Dental instruments were not always bagged or date stamped in line with HTM 01-05 guidance.
- Due to the size of the practice and difficult storage, the dental practice seemed to be generally cluttered.

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

- Review the practice's infection control procedures and protocols to ensure they are suitable giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05:

# Summary of findings

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 the practice's protocols for the maintenance of conscious sedation equipment giving due regard guidelines published by the Standing Dental Advisory Committee: conscious sedation in the provision of dental care. Report of an expert group on sedation for dentistry. Department of Health 2003.
- Review the practice's recruitment policy and procedures are suitable and the recruitment arrangements are in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014 to ensure necessary employment checks are in place for all staff and the required specified information in respect of bank dental nurses employed by the practice is held.

- Review the process to ensure all staff had undergone relevant training, to an appropriate level, in the safeguarding of children and vulnerable adults, CPR and infection prevention and control. Review staff training to ensure that dental nursing staff who are assisting in conscious sedation have the appropriate training and skills to carry out the role.
- Review the practice's confidentiality procedures to ensure conversations held within the dental surgery cannot be over heard throughout the practice.

# 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.

There were general inconsistencies around the recruitment of staff: including no immunisation status for any staff member, no evidence of the bank dental nurses qualifications in general and specifically with regard to dental sedation and no evidence any staff member had completed CPR training within the last 12 months. The registered provider assured us he had trained the trainee dental nurses, in house of how to respond to a medical emergency. This was not recorded.

We received evidence of the bank staffs qualifications in regards to conscious sedation in the following days after the inspection.

There is a short term manning issue at the practice and the registered provider is actively recruiting registered staff.

We found all protocols were followed in the provision of conscious sedation. The patient care pathway was completed and evidence was shown to the inspector to support this. All supporting documentation was stored securely or included as part of the dental care record.

The practice had some effective systems and processes in place to ensure all care and treatment was carried out safely. There were systems in place for infection prevention and control, clinical waste control and management of medical emergencies.

Dental instruments were not always date stamped in line with HTM 01-05 guidance.

Patients' conversations could easily be overheard in the waiting room.

**No  
action**  


# Bare Dental Clinic Limited

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

During the inspection we spoke with the principal dentist and two trainee dental nurses. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

# Are services safe?

## Our findings

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

The practice had child and adult safeguarding policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. They included the contact details for the local authority safeguarding team, social services and other relevant agencies. The policies were readily available to staff. The registered provider was the lead for safeguarding. This role included providing support and advice to staff and overseeing the safeguarding procedures within the practice.

We saw no evidence any staff had received safeguarding training in vulnerable adults and children on the day of the inspection. The registered provider sent evidence to the inspector the day after to show he was trained to the correct level.

Staff were clear on the Caldicott principals and understood the importance of confidentiality; they were unaware that the construction of the building allowed sound carriage and conversations in the surgery to be overheard in the waiting area.

### **Medical emergencies**

The practice had procedures in place which provided staff with clear guidance about how to deal with medical emergencies. This was in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). Staff were knowledgeable about what to do in a medical emergency and told us they had completed in house training in emergency resuscitation and basic life support within the last 12 months. There was no evidence to support this on the day of the inspection.

The practice had access to medical emergency equipment and staff were confident in how to respond to a medical emergency in the practice.

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

The practice had an Automated External Defibrillator (AED) to support staff in a medical emergency. (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).

### **Staff recruitment**

The practice had a recruitment policy in place and this process had not been fully followed when employing new staff. This should include obtaining proof of their identity, checking their skills and qualifications, registration with relevant professional bodies, seeking references, confirming training and reviewing immunisation status.

We saw three out of five members of staff had been checked by the Disclosure and Barring Service (DBS). The DBS 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.

We asked to see evidence that relevant staff had personal indemnity insurance (insurance professionals are required to have in place to cover their working practice) this was sent the day after the inspection in relation to the registered provider. In addition, there was employer's liability insurance.

### **Infection control**

There was an infection prevention and control policy and procedures to keep patients safe. These included hand hygiene, safe handling of instruments, managing waste products and decontamination guidance. The practice followed the guidance about decontamination and infection prevention and control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)'.

We spoke with dental nurses about decontamination and infection prevention and control. We also saw the daily and weekly tests were being carried out by the dental nurses to ensure the equipment was in working order. The dirty instruments could be passed straight to the decon room through a hatch from the surgery which avoids carrying dirty instruments through the waiting area.

# Are services safe?

Person protective equipment (PPE) was not easily accessible within the decontamination area. This was brought to the attention of the registered provider on the day of the inspection to review.

We found several sterilised instruments were not correctly packaged and dated.

The practice had limited storage space making some areas appear cluttered.

The cleaner's equipment was minimal and did not comply with recommendations outlined by the National Patient Safety Agency.

## Equipment and medicines

We saw the process involved in providing conscious sedation was in line with guidance set out in the document- Standards for Conscious Sedation in the Provision of Dental Care 2015 published by the Intercollegiate Advisory Committee for Sedation in Dentistry (IACSD). Patients were assessed for their suitability for conscious sedation at an initial consultation.

The bank nurses were experienced in conscious sedation through their other employment and were brought in specifically to assist in sedation and dental implants.

We were told that other forms of anxiety management were discussed with patients at the initial appointment, although this was not always recorded.

Prior to the induction of conscious sedation the patient's blood oxygen saturation, blood pressure and heart rate

(base level observations) were checked to ensure they were medically suitable for conscious sedation. Throughout the procedure these vital signs were regularly checked and documented in a sedation record. We saw the dose of sedative medicines was titrated to effect to ensure the patient was not over-sedated. These doses were documented in the sedation records. We saw that a reversal agent to the sedative medicines was readily available if required.

After the procedure the patient's escort would be suitably briefed with regards to post-operative care. Patients would be kept at the practice for however long they required after the procedure to ensure they were safe to discharge.

We found the equipment to provide inhalation sedation was due for servicing in August 2016. This had not been completed and had been used after this date. The nitrous oxide cylinders attached to the unit had expired on the 7 October 2016 and had not been replaced. We brought this to the attention of the registered provider who assured us he would not use the equipment until the servicing had been completed and nitrous oxide and been replaced.

The practice provided dental implants. Patients underwent a thorough consultation prior to implant treatment and this included X-rays. We saw evidence these X-rays were analysed to ensure the implant work was undertaken safely and effectively. We also saw that patients' gum health was thoroughly assessed prior to any implants being placed. If the patient had any sign of gum disease then they underwent a course of periodontal treatment.