

Mr. Ian Wellings

Barkhill Dental Clinic

Inspection report

263 Highfield Road
Idle
Bradford
BD10 8QY
Tel: 01274659700
www.barkhilldental.com

Date of inspection visit: 17 November 2021
Date of publication: 16/12/2021

Overall summary

We carried out this announced focussed inspection on 17 November 2021 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 provider 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 asked the following three questions:

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

These questions form the framework for the areas we look at during the inspection.

Our findings were:

Are services safe?

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

Are services effective?

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

Are services well-led?

Summary of findings

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

Background

Barkhill Dental Clinic is in Idle on the outskirts of Bradford and provides NHS and private dental care treatment adults and children, including orthodontics and implant work for patients.

There is disabled access at this location with treatment rooms based on the ground floor. Car parking spaces are available at the practice car park.

The dental team includes six dentists, one dental hygienist, a practice manager who works remotely, seven dental nurse, two receptionists and administrative staff. The practice has five 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.

To facilitate the Inspection the provider delegated responsibility to the practice manager who assisted us on the visit.

During the inspection we spoke with the principal dentist, two dental nurses, administrative staff 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 -Friday 8am-8:00pm

Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- The provider had infection control procedures which reflected published guidance.
- The provider had implemented standard operating procedures in line with national guidance on COVID-19.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- Improvements could be made to the practice's systems for checking and monitoring equipment, taking into account relevant guidance and ensure that all equipment is well maintained.
- A legionella risk assessment was in place, we noted that not all of the recommendations in the risk assessment had been actioned.
- Regular audits were in place with actions recorded and followed up.
- The provider asked patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- Improvements could be made to the management and oversight of records and accessibility of information for staff.
- Improvements were needed to ensure effective leadership, oversight and management.

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 safe?	No action	✓
Are services effective?	No action	✓
Are services well-led?	Requirements notice	✗

Are services safe?

Our findings

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

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff had received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication, within dental care records.

The provider carried out infection prevention and control audits annually.

The provider had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. The provider had arrangements for transporting, cleaning, checking, sterilising and storing. We were unable to confirm the safety of any of the decontamination equipment at our visit as records were not available. The provider sent documentation after the visit, from this we could not verify all equipment was safe as some maintenance had been missed and some documentation was not provided.

We discussed with the staff the electronic log for the autoclave was not readable. Staff confirmed they would review the manufacturer's instructions to ensure this information was clearer for staff to read to ensure the machine was always running safely.

The provider had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

The staff had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems. A risk assessment was in place. We noted that not all the recommendations had been completed. The shower head was not dismantled for cleaning and the water tank not checked in line with the recommendations. The lead managing legionella at the practice did not have oversight of these recommendations and did not have access to the risk assessment.

We saw effective cleaning schedules to ensure the practice was kept clean. When we inspected, we saw the practice was visibly clean.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The provider had a whistle blowing policy. Staff felt confident they could raise concerns without fear of recrimination.

The dentist used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment.

Are services safe?

The provider had a recruitment policy to help them employ suitable staff. When we looked at staff recruitment records and saw not all the information was in place. The recruitment records were incomplete, such as Hepatitis B virus confirmation and professional indemnity. Records were inconsistent and evidence had to be sought from other sources to assure us that safe recruitment was in place.

We observed that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

The practice manager explained that all governance information was held remotely and being transferred from paper records to digital. We were unable to see records to confirm that essential checks had taken place and the staff at the practice did not have access on the day of our visit to key management information.

We could not be assured facilities and equipment were safe at our visit. Information sent after our visit confirmed that portable electrical equipment and gas systems testing had been completed but electrical fixed wiring inspections were not carried out.

A fire risk assessment was carried out in line with legal requirements. We saw evidence that fire detection systems were checked weekly and staff participated in fire drills and evacuation procedures.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. The provider had registered with the Health and Safety Executive in line with changes to legislation relating to radiography. Local rules for the X-ray units were available in line with the current regulations. The provider used digital X-rays.

We noted that the X-ray machines did not have current maintenance records, staff confirmed after our visit that this had been an oversight.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The provider carried out radiography audits every six months following current guidance and legislation.

Clinical staff completed continuing professional development in respect of dental radiography.

Risks to patients

The provider had implemented systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed the relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually.

Staff had an awareness of the risks associated with sepsis and were aware where necessary to refer patients for specialist care.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year.

Emergency equipment and medicines were available as described in recognised guidance. We found staff kept records of their checks of these to make sure they were available, within their expiry date, and in working order.

A dental nurse always worked with the dentists and dental hygienist when they treated patients in line with General Dental Council Standards for the Dental Team.

The provider had risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

Are services safe?

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at patient dental care records with the dentist to confirm our findings and observed that individual records were managed in a way that kept patients safe. Dental care records we saw were kept securely and complied with General Data Protection Regulation requirements.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist.

Safe and appropriate use of medicines

The provider had systems for appropriate and safe handling of medicines.

There was a stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

We saw staff stored and kept records of prescriptions as described in current guidance. The dentists were aware of current guidance with regards to prescribing medicines.

Track record on safety, and lessons learned and improvements

The provider had implemented systems for reviewing and investigating when things went wrong. There were comprehensive risk assessments in relation to safety issues.

In the previous 12 months there had been no recorded incidents. Staff told us that any safety incidents would be investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again.

The practice manager had registered for safety alerts but did not have a system for receiving and acting on those alerts. This was discussed with the practice manager who had not received any alerts of significance, we were assured that a log would be put into place of action taken.

The practice reviewed regular Coronavirus (COVID-19) advisory information and alerts. Information was provided to staff and displayed for patients to enable staff to act on any suspected cases. Patients and visitors were requested to carry out hand hygiene and wear a mask on entering the premises.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems to keep dental professionals up to date with current evidence-based practice. We saw clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The orthodontist carried out a patient assessment in line with recognised guidance from the British Orthodontic Society. An Index of Orthodontic Treatment Need was recorded which would be used to determine whether a patient was eligible for NHS orthodontic treatment. The patient's oral hygiene was also assessed to determine if the patient was suitable for orthodontic treatment.

The practice offered dental implants. These were placed by the principal dentist who had undergone appropriate post-graduate training in the provision of dental implants. We saw the provision of dental implants was in accordance with national guidance.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

The clinicians where applicable, discussed smoking, alcohol consumption and diet with patients during appointments.

The dentist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

Consent to care and treatment

Staff described how they obtained consent to care and treatment in line with legislation and guidance. The practice team understood the importance of obtaining and recording patients' consent to treatment. The staff were aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who are looked after.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who might not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves in certain circumstances. Staff were aware of the need to consider this when treating young people under 16 years of age.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories.

Effective staffing

Are services effective?

(for example, treatment is effective)

Staff had the skills, knowledge and experience to carry out their roles.

Staff new to the practice had an induction programme in place. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The dentists confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide. Patients were also referred to the practice from other services.

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.

It was difficult from the onset of the visit to see records and information as documentation could not be accessed. The practice manager had been working remotely over the last 18 months and had been transferring information from paper to electronic records, holding key documentation on a remote database at their home. On the day of our visit these records could not be accessed due to compatibility issues with databases at the practice. The staff sent documentation the next day, but this raised concerns about the accessibility and management of information at the practice. We could not be assured that the staff on site at the practice could access documents and information when required.

Leadership capacity and capability

We found that Improvements to leadership and oversight of systems were needed to enhance the delivery of care.

Culture

The practice manager told us that annual appraisals were in the process of being planned. Not all staff had the opportunity to discuss learning needs and aims for future professional development.

Staff told us that the nurses had meetings, but general staff meetings were not held. Staff had a social media group to share and update clinical and practice information.

The staff focused on the needs of patients, providing flexible appointments, dealing with dental pain promptly.

We saw the provider had systems in place to deal with staff poor performance.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. Responses to concerns were timely and professional. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

Governance and management

The practice manager had overall responsibility for the day to day running of the practice, as highlighted this was remotely and the principal dentist clinical leadership of the service.

We identified that overall leadership, oversight and the management of systems and processes were not effective, in particular:

- There were limited systems to effectively monitor health and safety at the practice.
- There was ineffective oversight and management of equipment, maintenance and servicing to ensure these were safe for use in line with manufacturer's instructions
- The provider did not have an effective system for accessing governance and documents for the day to day running of the practice. Concerns were raised regarding the availability of records and management systems.
- Leaders were not all visible and approachable for staff at the practice. The principal dentist worked at the site, but the practice manager worked remotely and was not accessible to staff during the week.

Appropriate and accurate information

Quality and operational information, for example performance information, surveys, audits were used to ensure and improve performance.

Are services well-led?

Engagement with patients, the public and external partners

Staff involved patients, the public to support the service for example, through the customer satisfaction surveys.

Patients were encouraged to complete the NHS Friends and Family Test, which has been re-introduced following easing of COVID restrictions. This is a national programme to allow patients to provide feedback on NHS services they have used.

Continuous improvement and innovation

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of X-ray images, infection prevention and control and patient dental care records

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
Surgical procedures Treatment of disease, disorder or injury Diagnostic and screening procedures	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Good governance</p> <p>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.</p> <p>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:</p> <ul style="list-style-type: none">• The system or process to monitor health and safety at the practice was ineffective. In particular Legionella, electrical systems, equipment maintenance and X-ray.• The provider did not have an effective system for receiving and responding 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.• The practice did not have effective arrangements for ensuring good governance and leadership were sustained in the longer term. <p>Regulation 17 (1)</p>