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# Barnet Dental Practice

## Inspection report

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## Overall summary

We carried out this announced focused inspection on 1 July 2022 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 practice 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 usually ask five key questions, however due to the ongoing COVID-19 pandemic and to reduce time spent on site, only the following three questions were asked:

- 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:

- The dental clinic was visibly clean and well-maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- There was effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- The dental clinic had information governance arrangements.

# Summary of findings

- The practice had systems and processes in place to prevent abuse of vulnerable adults and children. However, improvements were needed to ensure that all members of staff received safeguarding training that was relevant and at a suitable level for their role.
- Improvements were needed to ensure that risk assessments were carried out and reviewed by a person who had the qualifications, skills, competence and experience to do so.
- Improvements were needed to ensure that all recruitment checks were carried out at the time of employment and in line with the relevant regulations.

## Background

The provider has three practices and this report is about Barnet Dental Practice.

Barnet Dental Practice is in East Barnet, in the London Borough of Barnet, and provides NHS and private dental care and treatment for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces are available near the practice.

The dental team includes two principal dentists, five associate dentists, seven dental nurses, a dental hygienist, and three receptionists. They are supported by a full-time practice manager. The practice has five treatment rooms.

During the inspection we spoke with one of the principal dentists, one associate dentist, one dental nurse, the dental hygienist 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 8.30am to 5.30pm.

There were areas where the provider could make improvements. They should:

- Ensure that all members of staff, including trainee dental nurses, receive safeguarding training that is relevant and at a suitable level for their role.
- Improve the practice`s recruitment policy and procedures to ensure that the necessary recruitment checks are carried out and accurate and complete records are maintained for all staff.

# Summary of findings

## The five questions we ask about services and what we found

We asked the following question(s).

<b>Are services safe?</b>	<b>No action</b> ✓
<b>Are services effective?</b>	<b>No action</b> ✓
<b>Are services well-led?</b>	<b>No action</b> ✓

# 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)**

The practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children. However, improvements were needed to ensure that all members of staff received safeguarding training that was relevant and at a suitable level for their role. We noted that two dental nurses who recently registered with the General Dental Council (GDC) had no record of previous safeguarding training. The practice manager told us that they covered safeguarding training during their training and attended staff meetings where safeguarding was discussed. However, the practice was under the impression that newly qualified dental nurses did not have to start Continuous Professional Development (CPD) until their cycle started on 1 August 2022. Following the inspection, the practice manager informed us that the newly qualified dental nurses would be booked on a level 2 safeguarding course as a matter of urgency.

The practice had infection control procedures which reflected published guidance. The practice had introduced additional procedures in relation to COVID-19 in accordance with published guidance. Improvements could be made to ensure that anaesthetic cartridges were kept in blister packs prior to use.

The practice had procedures to reduce the risk of Legionella or other bacteria developing in water systems, in line with a risk assessment. We noticed that the most recent Legionella risk assessment had been carried out in August 2014 and was reviewed annually by the practice manager. Some of the recommendations, including a risk assessment for scalding risk had not been implemented. Following the inspection, the practice manager provided evidence that a new Legionella risk assessment had been scheduled for 5 July 2022.

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

We saw the practice was visibly clean and there was an effective cleaning schedule to ensure the practice was kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff. However, this did not reflect the relevant legislation.

We found that the practice failed to undertake proper recruitment checks for three members of staff in that they were unable to demonstrate they obtained proof of identity prior to employment.

We were shown Disclosure and Barring Service (DBS) certificates dated 2012 for two staff members appointed in 2016 and 2017; additionally, risk assessments had not been carried out for staff without DBS checks.

We received evidence following the inspection that an application to obtain DBS checks for these staff had been submitted.

Clinical staff were qualified, registered with the General Dental Council and had professional indemnity cover.

The practice ensured equipment was safe to use and maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations.

The management of fire safety appeared effective. We observed that fire extinguishers were available and were serviced and fire drills had been carried out regularly. There were records to demonstrate that the fire detectors were tested regularly.

# Are services safe?

A fire risk assessment was available; however, we noted that this was completed by a member of staff who did not have the qualifications, skills, competence and experience to do so. Following the inspection, the practice manager provided evidence that a new fire risk assessment had been scheduled for 5 July 2022.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available.

## **Risks to patients**

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety, sepsis awareness and lone working.

Emergency equipment and medicines were available and checked in accordance with national guidance. The practice, however did not have sizes 1 and 3 of oropharyngeal airways, child self-inflating bag with reservoir and paediatric pad for the Automated External Defibrillator (AED) as part of their standard emergency drugs. We raised this with the provider who ordered the missing items immediately.

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

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

## **Information to deliver safe care and treatment**

Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

The practice had systems for referring patients with suspected oral cancer under the national two-week wait arrangements.

## **Safe and appropriate use of medicines**

The practice had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were carried out. Improvements could be made to ensure that the antimicrobial audit had documented learning points.

## **Track record on safety, and lessons learned and improvements**

The practice had implemented systems for reviewing and investigating incidents and accidents. The practice had a system for receiving and acting on safety alerts.

# 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.

### **Helping patients to live healthier lives**

The practice provided preventive care and supported patients to ensure better oral health.

### **Consent to care and treatment**

Staff obtained patients' consent to care and treatment in line with legislation and guidance.

Staff understood their responsibilities under the Mental Capacity Act 2005.

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 in line with recognised guidance.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty.

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

### **Effective staffing**

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

Newly appointed staff had a structured induction and clinical staff completed 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.

# Are services well-led?

## Our findings

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

### **Leadership capacity and capability**

The practice demonstrated a transparent and open culture in relation to people's safety.

There was strong leadership and emphasis on continually striving to improve.

Systems and processes were broadly embedded, and staff worked well together.

The information and evidence presented during the inspection process was clear and well documented.

We saw the practice had effective processes to support and develop staff with additional roles and responsibilities.

### **Culture**

The practice could show how they ensured high-quality sustainable services and demonstrated improvements over time.

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

Staff discussed their training needs during annual appraisals and one to one meetings. They also discussed learning needs, general wellbeing and aims for future professional development.

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals.

### **Governance and management**

Staff had clear responsibilities roles and systems of accountability to support good governance and management.

The practice had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

We saw there were processes for managing risks, issues and performance, though improvements were required in some areas as identified at our inspection.

### **Appropriate and accurate information**

Staff acted on appropriate and accurate information.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

### **Engagement with patients, the public, staff and external partners**

Staff gathered feedback from patients, the public and external partners and a demonstrated commitment to acting on feedback.

The practice gathered feedback from staff through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

### **Continuous improvement and innovation**

The practice had systems and processes for learning, continuous improvement and innovation.

# Are services well-led?

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, disability access, radiographs and infection prevention and control. Improvements could be made to ensure that, where appropriate, audits had documented learning points.