

Dr. Andrew Harvey

Dr Andrew Harvey – New Chapel Street

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 30 November 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 advisor.

To get to the heart of patients' experiences of care and treatment, we always ask the following 5 questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

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

Our findings were:

- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and most life-saving equipment was available.
- The practice had systems to help them manage risk to patients and staff.

Summary of findings

- Safeguarding processes were in place and staff understood their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which reflected current legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect and staff took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- Staff felt involved and supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Processes were in place to deal with complaints positively and efficiently.
- The dental clinic had information governance arrangements.

Background

Dr Andrew Harvey – New Chapel Street is in Blackburn, Lancashire and provides largely NHS and some private dental care and treatment for adults and children.

Car parking spaces are available in the roads near the practice.

The dental team includes a dentist and 4 dental nurses. The practice has 1 treatment room.

During the inspection we spoke with the dentist and 3 dental nurses. 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 5.00pm.

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

- Improve the practice's infection control procedures and protocols taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'. In particular, by ensuring the ventilation system is in working order.
- Take action to ensure the availability of equipment in the practice to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.

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?	No action ✓
Are services effective?	No action ✓
Are services caring?	No action ✓
Are services responsive to people's needs?	No action ✓
Are services well-led?	No action ✓

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 understood their responsibilities for safeguarding vulnerable adults and children. When we checked the practice policies for safeguarding, we found that contact details of local area teams were incorrect. When we checked the practice whistle blowing policy, we found that this did not have contact details of relevant agencies that staff could contact, namely the Care Quality Commission (CQC), the General Dental Council (GDC) and NHS England. We brought this to the attention of staff on the day of inspection.

The practice had infection control procedures which reflected published guidance. Whilst making checks in the decontamination room, we observed that the extractor fan was not working which could impact ventilation of this area.

The practice had introduced additional procedures in relation to COVID-19 in accordance with published guidance.

The practice had procedures to reduce the risk of Legionella or other bacteria developing in water systems, in line with a risk assessment.

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 and had checks in place for staff. These reflected the relevant legislation.

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.

A fire risk assessment was carried out in line with the legal requirements and the management of fire safety was effective.

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. We noted that the oxygen cylinder was approximately three quarters full. (This was due to carrying out tests on the cylinder.) This meant that the amount of medical oxygen available was below that recommended by recognised guidance. We drew these findings to the attention of the practice on the inspection day.

We noted that the defibrillator pads available for use with the defibrillator, were not suitable for paediatric use (for use on a child under 8 years old.) We brought this to the attention to staff so they could assess whether equipment held met their needs.

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

Are services safe?

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.

Track record on safety, and lessons learned and improvements

The practice had implemented systems for reviewing and investigating incidents and accidents. When asked, staff at the practice were not aware of safety alerts issued by the Medicines and Healthcare products Regulatory Agency. Staff said they thought that these would go to the principal dentist. We discussed the benefits of all staff having sight of these alerts and keeping records of relevant alerts for future reference.

Are services effective?

(for example, treatment is effective)

Our findings

EFFECTIVE:

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.

The practice undertook risk assessments before providing dental care in domiciliary settings such as care homes or in people's residence. We discussed with the provider the benefits of recording risk assessments carried out and keeping these on record.

Helping patients to live healthier lives

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

Staff were aware of and involved with national oral health campaigns and local schemes which supported patients to live healthier lives, for example, local stop smoking services. They directed patients to these schemes when appropriate.

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. Staff told us that they treated a number of patients with hearing difficulties. We discussed the potential risks of letting carers and family members of people with hearing difficulties act as an interpreter. We discussed further ways the provider could support patients with additional needs, taking account of the provisions of The Equality Act 2010 and the Accessible Information Standard.

Monitoring care and treatment

The practice kept detailed dental care records in line with recognised guidance.

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 caring?

Our findings

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

Kindness, respect and compassion

Staff were aware of their responsibility to respect people's diversity and human rights.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care.

Staff gave patients clear information to help them make informed choices about their treatment.

The practice provided patients with information about the range of treatments available at the practice.

The dentist described to us the methods they used to help patients understand treatment options discussed. These included for example study models and X-ray images.

Are services responsive to people's needs?

Our findings

RESPONSIVE:

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

Staff were clear about the importance of emotional support needed by patients when delivering care.

Staff had carried out a disability access audit and provided access for patients who were wheelchair users.

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs.

The practice had an appointment system to respond to patients' needs.

Listening and learning from concerns and complaints

The practice had systems and processes in place to respond to concerns and complaints and to share any learning and improve the service.

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.

Staff worked together as a team to deliver the best experience of oral health care and treatment for patients.

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 sustainable services and demonstrated improvements over time.

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

Staff discussed their training needs during one to one meetings or clinical supervision. 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.

We saw there were processes for managing risks, issues and performance.

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, 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.

Continuous improvement and innovation

The practice had systems and processes for learning and continuous improvement. This included audits of dental care records, disability access, radiographs and infection prevention and control.

Staff kept records of the results of these audits and the resulting action plans and improvements.