

Mr Barry Russell Davies

B R Davies - Mobile Dentist

Inspection Report

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Overall summary

We carried out a follow-up inspection at B R Davies - Mobile Dentist on the 17 October 2017.

We had undertaken an announced comprehensive inspection of this service on the 11 August 2017 as part of our regulatory functions where breaches of legal requirements were found.

After the comprehensive inspection, the practice manager wrote to us to say what they would do to meet the legal requirements in relation to the breach. This report only covers our findings in relation to that requirement.

We reviewed the practice against two of the five questions we ask about services: is the service safe and well led? You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for B R Davies - Mobile Dentist on our website at www.cqc.org.uk.

We revisited BR Davies - Mobile Dentist as part of this review and checked whether they had followed their action plan and to confirm that they now met the legal requirements. We carried out this announced inspection on 17 October 2017 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 CQC inspector who was supported by a specialist dental adviser.

- Is it safe
- Is it well-led?

This question forms the framework for the areas we look at during the inspection.

Our findings were:

Are services safe?

We found that this practice was providing safe 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

B R Davies - Mobile Dentist provides NHS and private domiciliary treatment to patients within Humberside and East Yorkshire. This service is provided in either a care home setting or in patients' homes.

Summary of findings

The dental team includes one dentist and one dental nurse.

The service is owned by an individual who is the principal dentist. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

During the inspection we spoke with the dentist and dental nurse.

The services are provided:

Monday – Friday 8:30am – 2pm.

Our key findings were:

- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The service had new systems to help them manage risk.
- Clinical waste was now segregated and stored appropriately.
- The service had thorough staff recruitment procedures.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Governance arrangements were now in place to support the smooth running of the service; the service was working towards auditing quality and safety

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 service implemented systems and processes to provide safe care and treatment.

We found there were logs in place to monitor the use of prescription pads.

Clinical waste was now segregated and stored appropriately.

All risk assessments were now in place, including domiciliary care and sharps.

The service now received MHRA alerts and had reviewed historical alerts with actions documented.

There were COSHH arrangements in place for the materials used and all risk assessments were completed.

The service had suitable arrangements for dealing with medical and other emergencies.

No action



Are services well-led?

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

The service had arrangements to ensure the smooth running of the service. There was a new governance arrangement in place, including:

- Domiciliary care
- COSHH
- Clinical waste
- Recruitment
- Infection prevention and control policies
- Health and safety policies
- Safe use of sharps
- Safeguarding adults and children policies
- Whistleblowing policy
- Equality and diversity policy.
- Mental Capacity policy

The service team kept patient dental care records which were, clearly written and stored securely.

The service was in the process of implementing audits of clinical and non-clinical areas of their work to help them improve and learn.

No action



Are services safe?

Our findings

Reporting, learning and improvement from incidents

The service had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events.

The service received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). All historical alerts had been reviewed and actions including documentation of this was now in place.

Reliable safety systems and processes (including safeguarding)

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 service had a new safeguarding policy for adults. This provided staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training.

The service had a whistleblowing policy. The dental nurse told us they felt confident they could raise concerns without fear of recrimination in house. They were now aware of who to refer to externally.

We looked at the service's arrangements for safe dental care and treatment. There were new risk assessments for all aspects of the service including safe use of sharps and domiciliary care.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year.

Emergency equipment and medicines were available as described in recognised guidance. Staff told us they completed checks and evidence of this was recorded. Due to the nature of their work a cool box and thermometer was implemented to ensure emergency drugs were not stored outside of the recommended temperatures.

Monitoring health & safety and responding to risks

The service had implemented health and safety policies and risk assessments.

The staff were now aware of their responsibilities under the Control of Substances Hazardous to Health (COSHH). COSHH was implemented to protect workers against ill health and injury caused by exposure to hazardous substances - from mild eye irritation through to chronic lung disease. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way. There were safety data sheets available for materials used and risk assessments in place.

A dental nurse always worked with the dentist when they treated patients.

Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health.

Staff completed infection prevention and control training regularly.

The practice had suitable arrangements for transporting instruments in line with HTM01-05.

The practice was due to complete an adapted infection prevention and control audit to ensure they were meeting recommended guidance.

There was supporting policies for the transportation of instruments outside of the main office and the segregation of clinical waste.

Equipment and medicines

The practice stored and kept records of NHS prescriptions as described in current guidance.

Are services well-led?

Our findings

Governance arrangements

The principal dentist had overall responsibility for the management and clinical leadership of the practice.

The service had implemented a range of policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events.

The practice now had policies, procedures or risk assessments to support the management of the service and to protect patients and staff. For example there were new governance arrangements in place including:

- Domiciliary care
- COSHH
- Clinical waste
- Recruitment
- Infection prevention and control policies
- Health and safety policies
- Safe use of sharps
- Safeguarding adults and children policies
- Whistleblowing policy
- Equality and diversity policy.
- Mental Capacity policy

The staff were more knowledgeable about their role and involvement with mental capacity and the importance of sharing and reporting information to other organisations. Detailed policies had been embedded within the practice with prompts for use if required. The service had a consent policy and other information regarding to the Mental Capacity Act 2005. The team now understood their responsibilities under the Act when treating adults who may not be able to make informed decisions.

There was a policy in place to cover best interest decisions, mental capacity assessments and how they ensured the correct person gave consent. Staff described how they

involved patients' relatives or carers when appropriate. There was a new protocol in place to ensure consent for treatment was gained for patients who may not have the capacity to make the decision themselves.

The practice had information governance (IG) arrangements. Staff were now fully aware of the importance of IG and protecting patients' personal information.

We found improvements had been made to dental care records, which now contained information about the patients' current dental needs, past treatment and medical histories. We found evidence to show the recording of options, risk and benefits of treatment, the recording of gum scores and preventative advice.

The service had a contract to provide domiciliary care for patients who were unable to access dental services. The staff were now fully aware guidance was available on the conduct of these services and had used this to base their policies and risk assessment from.

The staff were now aware of the Delivering Better Oral Health toolkit. We were told preventative advice was now given to patients.

Leadership, openness and transparency

We were told information would be discussed informally and we saw a new process to record these discussions was now in place.

Learning and improvement

The practice was working towards implementing quality assurance processes to encourage learning and continuous improvement, this included infection prevention and control.

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

We were shown feedback from patients through text messages and we were told this was shared with the dental nurse.