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Advanced Dental Aesthetics

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 30 January 2023 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 dental clinic appeared 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. Improvements were required to ensure emergency medicines were stored in accordance with the manufacturer's instructions
- Improvements were required to the practice systems to manage risks for patients, staff, equipment and the premises.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which reflected current legislation.

Summary of findings

- Patients were treated with dignity and respect. Staff took care to protect patients' privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system worked efficiently to respond to patients' needs.
- The frequency of appointments was agreed between the dentist and the patient, giving due regard to National Institute of Health and Care Excellence (NICE) guidelines.
- Staff felt involved, supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The practice had information governance arrangements.
- Improvements were needed so clinical staff were aware of current guidelines such as guidance in relation to antibiotic prescribing and the management of periodontal disease.
- There was ineffective leadership and the practice lacked a culture of continuous improvement.

Background

Advanced Dental Aesthetics is in Southend on Sea and provides NHS and private dental care and treatment for adults and children.

There is step free access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for disabled people, are available near the practice.

The dental team includes 5 dentists, 6 dental nurses and 2 dental hygienists. The clinical team are supported by a receptionist. The practice has 3 treatment rooms.

During the inspection we spoke with 3 dentists, 2 dental nurses, the practice manager and the receptionist. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open between:

9am and 5pm Mondays to Thursdays

9am and 4pm on Fridays

9am and 2pm on Saturdays

We identified regulations the provider was/is 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.

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

- Improve the practice's protocols and procedures for the use of X-ray equipment in compliance with The Ionising Radiations Regulations 2017 and Ionising Radiation (Medical Exposure) Regulations 2017 and taking into account HPA-CRCE-010 Guidance on the Safe Use of Dental Cone Beam (Computed Tomography).

Summary of findings

- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the College of General Dentistry.
- Implement a system to ensure patient referrals to other dental or health care professionals are centrally monitored to ensure they are received in a timely manner and not lost.

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?	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)

The practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.

The practice had infection control procedures which reflected published guidance.

The practice had ineffective procedures to reduce the risk of Legionella, or other bacteria, developing in water systems. A comprehensive risk assessment was carried out in 2014. This risk assessment had identified that hot water was not being maintained at the appropriate temperature to reduce the risk of bacteria growth in the water systems (55 degrees Celsius) and that staff did not have training in Legionella awareness.

There were records to show that the risk assessment was reviewed annually. However, reports from these reviews in 2018 and 2019 identified that hot water was not maintained at the appropriate temperature. There were no reports in respect of the reviews carried out between 2020 and 2022. We looked at records of water temperatures between 2020 and 2023 and the hot water temperatures were recorded between 45 and 47 degrees Celsius. Staff training records indicated staff had not undertake training in Legionella awareness and records of water temperature monitoring indicated that staff did not have a good awareness of these procedures.

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

The practice appeared clean and there was an effective schedule in place to ensure it was kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff, including for agency or locum staff. These reflected the relevant legislation.

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

Improvements were required to the practice's fire safety arrangements. A fire safety risk assessment was carried in 2013. The risk assessment identified areas where improvements were needed including a review of the fire exits and provision of an additional fire extinguisher in the kitchen area. The risk assessment was reviewed annually. However, these reviews did not evidence that areas for improvement had been addressed.

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available. Improvements were needed so that quality assurance checks are carried out for the cone-beam computed tomography (CBCT) equipment in accordance with relevant guidance.

Risks to patients

Improvements were required to the practice's systems to assess, monitor and manage risks to patient and staff safety. Safer sharps systems were not used in accordance with guidelines. The risks associated with the handling, cleaning and disposal of dental sharps had not been assessed to minimise the risk of sharps related injuries.

One the day of the inspection there was no lone working risk assessment available to assess and mitigate risk when the dental hygienist worked without chairside support. This was submitted following the inspection.

Emergency equipment was available in accordance with national guidance with the exception of Aspirin which was not in the recommended format. This medicine was obtained in the correct format during the inspection.

Are services safe?

We noted that one of the medicines used to treat low blood glucose was stored in a locked fridge. We discussed access to this medicine in the event of a medical emergency. Staff told us this medicine had been moved from the food fridge to the clinical fridge prior to our inspection as the temperature of the clinical fridge was monitored. Prior to this the medicine was not stored in accordance with the manufacturer's instructions. This meant that the medicine's efficacy could not be assured.

Staff knew how to respond to a medical emergency and 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

Patient care records were complete, legible, 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 however, not carried out in accordance with relevant guidance provided by the College of Dentistry.

Improvements were required to the systems for monitoring dental materials. There were ineffective systems for identifying, disposing and replenishing of out-of-date stock. We noted that staff decanted some dental materials from their original container into smaller receptacles. Important information such as product batch numbers and expiry dates in respect of decanted materials were not recorded.

Track record on safety, and lessons learned and improvements

The practice had written procedures to review and investigate incidents and accidents. There were ineffective arrangements to ensure these procedures were followed. We were told for example that the boiler had not been working in December 2022 and the boiler was only replaced on 24 January 2023. The impact of this on the practice, the reason for extended time before the boiler was replaced and other learning to minimise recurrence had not been considered and were not reported on.

The practice had ineffective systems for receiving and acting on safety alerts. The practice had written procedures for receiving, analysing and sharing patient safety information. We were shown a folder for storing patient safety information. However, there were no records in respect of relevant safety alerts or information and no evidence of a system to share information with the staff team.

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

Improvements were needed to the practice systems to keep dental professionals up to date with current evidence-based practice. The dental team were unaware of the most recent guidance in relation to antibiotic prescribing or staging and grading periodontal disease.

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.

Consent to care and treatment

Staff obtained patients' consent to care and treatment in line with legislation and guidance. They 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 patient care records in line with recognised guidance.

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

We saw evidence the dentists justified, graded and reported on the radiographs they took. Improvements were required to ensure that audits of dental radiographs are carried out as per current guidance. The practice completed a list of dental radiographs. However, there was no analysis of the findings or action plans as part of a system for monitoring and improving the quality of dental radiography in accordance with current guidance.

Effective staffing

Newly appointed staff had a structured induction and clinical staff completed continuing professional development required for their registration with the General Dental Council.

Improvements were required to the arrangements for monitoring staff training, learning and development needs. Staff training records showed that the staff team undertook training in basic life support, safeguarding, infection prevention and control and fire safety shortly before our inspection. There were limited records available to show that staff training was monitored and that staff undertook periodic training updates.

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. Improvements were required to ensure that routine referrals were followed up to ensure patients received care in a timely manner.

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.

Patient feedback we reviewed confirmed that patients were happy with the care and treatment they received.

Patients said staff were compassionate and understanding when they were in pain, distress or discomfort.

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

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

The dentists explained the methods they used to help patients understand their treatment options. These included for example study models, X-ray images and an intra-oral camera.

Are services responsive to people's needs?

Our findings

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 and preferences.

Staff were clear about the importance of providing emotional support to patients when delivering care.

Improvements were required to the arrangements to assess and adapt the premises for patients with access requirements. On the day of our inspection a disability access audit was not available. This was submitted following the inspection. However, this audit did not describe the reasonable adjustments made for people with disabilities and there was no action plan for ongoing improvements. For example, the audit did not consider the needs of people with visual or hearing impairment.

There were toilet facilities, which staff said were accessible. However, these were not suitable for wheelchair users.

Timely access to services

The practice displayed its opening hours and provided information on their website information leaflet and social media page.

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. The frequency of appointments was agreed between the dentist and the patient, giving due regard to NICE guidelines. Patients had enough time during their appointment and did not feel rushed.

The practice's answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open

Patients who needed an urgent appointment were offered one in a timely manner. When the practice was unable to offer an urgent appointment, they worked with partner organisations to support urgent access for patients. Patients with the most urgent needs had their care and treatment prioritised.

Listening and learning from concerns and complaints

The practice responded to concerns and complaints appropriately. Staff discussed outcomes to share learning and improve the service.

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.

Leadership capacity and capability

Systems and processes were not always embedded and the inspection highlighted a number of significant issues and omissions.

There was a lack of identified staff lead roles for aspects of the day to day procedures to ensure that these were carried out in accordance with the practice policies, published guidance, and relevant legislation.

Culture

Improvements were needed to support a culture for reviewing the service and ensuring improvements over time. Evidence obtained during the inspection indicated that numerous improvements were made once the inspection was announced rather than as part of a continuous system for improving the service.

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

Staff discussed their training needs during annual appraisals. However, the provider did not provide assurances that there were effective arrangements to ensure staff training was up-to-date and reviewed at the required intervals. Records in respect of training updates completed by staff prior to February 2023 were requested but not provided on the day of our inspection.

Governance and management

The practice had a governance system which included policies, protocols and procedures that were accessible to all members of staff. However, these were ineffective as there was a lack of systems for reviewing these procedures and ensuring they were understood and followed.

We saw there were in effective processes for managing risks, issues and performance. Risk assessments were not kept under review with evidence that where areas for improvement were required that these were acted on.

Appropriate and accurate information

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

Engagement with patients, the public, staff and external partners

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

Feedback from staff was obtained through meetings, surveys, and informal discussions.

Continuous improvement and innovation

The practice had systems and processes for learning, quality assurance, continuous improvement. However, these were ineffective. A disability access audit was submitted following our inspection. However, this was incomplete and did not fully assess or consider the needs of people with disabilities.

The audit of dental radiographs was incomplete and there were no audits in respect of antibiotic prescribing.

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
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 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 operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <ul style="list-style-type: none">• There were ineffective arrangements to manage the risk of Legionella growth in the water systems by way of effectively monitoring and acting on risk assessments and ensuring staff were aware of and followed procedures.• There were ineffective arrangements to manage risk of fire by way of ensuring risk assessments were acted on.• There were ineffective systems to monitor the procedures for dealing with medical emergencies by ensuring medicines were available in accordance with relevant guidelines and stored in accordance with the manufacturer's instructions.• There were ineffective arrangements to safely manage the use of dental materials by way of ensuring systems for identifying, disposing and replenishing of out-of-date stock and ensuring important information was maintained such as batch numbers and expiry dates when materials were decanted from the manufacturer's packaging. <p>The registered person had systems or processes in place that operated 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>

Requirement notices

- There were ineffective systems for reporting, investigating and learning from incidents as part of monitoring and improving quality and safety.
- There were ineffective systems for 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.
- There were ineffective systems for auditing aspects of the service in accordance with relevant regulations. In particular; the disability access audit was incomplete and did not consider the needs of patients with access requirements. Audits of dental radiographs were incomplete and consisted of a list of radiographs without an analysis as part of a system for monitoring and improving the quality of dental radiography in accordance with current guidance.

The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person had maintained securely such records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activity or activities. In particular:

- There were ineffective systems for monitoring staff training to ensure staff undertook periodic updates. The staff team had undertaken training in basic life support, infection prevention and control, dental radiography and safeguarding on 19 January 2023. Training records were not available to demonstrate that staff undertook training updates periodically.

Regulation 17 (1)