

Mr. Richard Evans

Ash Vale Dental Surgery

Inspection report

97 Vale Road
Ash Vale
Aldershot
GU12 5HR
Tel: 01252324847

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Overall summary

We carried out this announced focused inspection on 11 January 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 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:

- The practice was not clean and well-maintained.
- The provider's infection control procedures were not operated effectively.
- Appropriate medicines and life-saving equipment were not available.
- The provider did not operate effective systems to help them manage risk to patients and staff.
- Staff knew their responsibilities for safeguarding vulnerable adults and children. Improvements were needed to ensure local authority contact details were correct.
- The provider's staff recruitment procedures were not operated effectively.
- Staff provided preventive care and supported patients to ensure better oral health.
- The provider did not have effective leadership and a culture of continuous improvement.
- Staff felt involved and supported by the provider.

Summary of findings

- The provider asked staff and patients for feedback about the services they provided.
- The provider's information governance arrangements were not operated effectively.

Background

Ash Vale Dental Surgery is in Aldershot and provides NHS and private dental care and treatment for adults and children.

There are steps into the practice. People are made aware of this when they make initial contact.

On street car parking spaces are available outside the practice.

The dental team includes two dentists, two dental nurses and one receptionist.

The practice has two treatment rooms.

During the inspection we spoke with the principal dentist and a dental nurse. The practice was closed to patients on the day of our visit.

We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

- Monday 8.30 am - 4.30 pm
- Tuesday 8.30 am - 4.30 pm
- Wednesday 8.30 am - 4.30 pm
- Thursday 8.30 am – 3.00 pm
- Friday 8.30am – 12 noon

We identified regulations the provider was not complying with. They must:

- Ensure care and treatment is provided in a safe way to patients.
- Ensure all premises and equipment used by the service provider is fit for use.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed and specified information is available regarding each person employed.

Full details of the regulations the provider is not meeting are at the end of this report.

The provider accepted the clinical and managerial issues raised and started to take action to address these.

They advised that the management of Ash Vale would include appointing his nurse as the full-time practice manager, recruiting a replacement nurse and the sourcing of a compliance package to ensure improvements will be made.

Summary of findings

Where evidence is sent that shows the relevant issues have been acted on, we have stated this in our report but we cannot say that the practice is compliant for that key question as this would not be an accurate reflection of what was found on the day of our inspection.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	Requirements notice 
Are services effective?	Requirements notice 
Are services well-led?	Requirements notice 

Are services safe?

Our findings

We found this practice was not providing safe 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/ Enforcement Actions 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.

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

Staff knew their responsibilities for safeguarding vulnerable adults and children. Improvements were needed to ensure local authority contact details were correct.

The provider did not have infection control procedures which reflected published guidance

In particular:

- The flooring in the decontamination room had floor tiles lifting.
- Carpet tiles seen on floors in clinical areas.
- The patient treatment chair base was cracked in surgery one.
- Floors were not sealed to skirting boards in the toilet and clinical rooms.
- Out of date dental materials seen in drawers and on work surfaces in treatment rooms.
- Expired pouched instruments seen in treatment room drawers.
- Used flexible tooth polishing discs (single use) seen in drawer with new discs.
- Unlabelled full syringe of clear fluid seen in associate's treatment room.
- Temporary fabric covering on treatment room chairs seen.
- Net curtains were in place on windows in both treatment rooms and decontamination room.
- Staff tea and coffee facilities were situated in the decontamination room.
- An annual Infection control statement was not available.
- Rubber gloves used for decontamination were old and ripped.
- Metal scrubbing brush and hand scrubbing brushes seen in decontamination room sink area.
- No handwashing sink available in decontamination room.
- Local anaesthetic ampules were stored out of their blister packs.

Records were not available to demonstrate that the ultrasonic bath, used for sterilising instruments, was validated, maintained and used in line with the manufacturers' guidance.

The provider did not have adequate procedures to reduce the possibility of Legionella or other bacteria developing in water systems. Specifically:

- A risk assessment had not been undertaken by a competent person in respect of Legionella.
- Records were not available to demonstrate that water testing and dental unit water line management were carried out.

The provider did not have policies and procedures in place to ensure clinical waste was stored appropriately in line with guidance. Specifically:

- Sharps bins were stored on floors in both treatment rooms and the decontamination room.
- A sharps risk assessment was not available.
- Sharps bins were not dated (three month in use life).
- Full open sharps bins were seen stacked behind the door in the x-ray processing (dark) room.

Are services safe?

We saw ineffective cleaning schedules to ensure the practice was kept clean. Specifically:

- We observed the practice was not visibly clean.
- Cleaning schedules not available.
- Floors, work tops, cupboards and drawers were cluttered, dirty and dusty in all three clinical rooms.
- The patient and staff WC was dirty. The patient treatment chair base was dirty in surgery one and two
- Both patient treatment room chairs were taped up which caused creases to surfaces and hard to clean effectively.

Cleaning equipment was not available or stored appropriately. The practice had only one red handled mop.

Recruitment checks had not been carried out, in accordance with relevant legislation to help them employ suitable staff and checks were not in place for agency and locum staff.

We looked at one staff recruitment record and the following checks were missing:

- A full employment history.
- Proof of identity.
- Conduct in previous employment (references).
- Eligibility to work in the UK.
- Health assessment.

Agency staff were employed on occasion. We were told records of inductions were not made.

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

The provider did not ensure facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including fire, electrical and gas appliances.

- A Fire Safety risk assessment was not available.
- Weekly fire alarm testing was not carried out.
- There was no automatic emergency lighting available.
- Logs of staff fire drills was not available.
- Formal PAT testing was carried out in 2016. No records of in-house or formal inspection since.
- Two smoke detectors present - one smoke detector missing a battery.
- Evidence of gas boiler servicing was not available.
- Compressor servicing records were not available.
- We were told the ultrasonic bath was not serviced.
- A five yearly electrical installation test certificate was not available.
- No natural or artificial lighting was available in the x-ray developing dark room.
- Two broken windows had been boarded up.
- General garden waste black bags filled side walkway to the left of the premises.
- Information at the front of the practice in a poor state. This included signs and posters.

The practice did not have arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was unavailable.

- Electrical isolation switches for both x-ray machines were sited inside the controlled area.
- Rectangular collimators were available but not used.
- No Quality assurances were in place for the wet film x-ray developing.
- The Health and Safety Executive (HSE) notification certificate was not available.

Risks to patients

Are services safe?

The provider had not implemented systems to assess, monitor and manage risks to patient safety. Specifically: :

- A Health and safety risk assessment was not available.
- A vertical light on a wall in the hallway was missing a cover.
- The compressor room was cluttered with equipment and Christmas decorations.
- The compressor room could not be secured.

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 not available and checked as described in recognised guidance. In particular:

- Glucagon was not available.
- Buccal midazolam was not available.
- No dispersible Aspirin available (tablets only available).
- Not all the required airways available.
- Large adult self-inflating bag out of date.
- Not all the required sizes of clear facemasks were available.
- Out of date Diazepam seen in fridge.
- No eyewash kit available.
- Out of date medicines in current emergency kit (not disposed of).

The provider did not have adequate systems to minimise the risk that can be caused from substances that are hazardous to health. In particular:

- Clinical waste bins in the practice were not foot operated.
- Open undated filled sharps boxes stored in dark room on floor.
- Unused and used x-ray developer fluids not stored securely in dark room.
- The door to this room was not lockable.

Information to deliver safe care and treatment

Records were not kept securely and did not comply with General Data Protection Regulation requirements. In particular:

- Archived patient notes stored in unlockable compressor cupboard in hall..
- A pre-General Data Protection Regulation (GDPR) accident book was in use and completed pages were not removed and stored securely.
- Staff recruitment records were not stored securely.

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

Reasonable adjustments were not made when providing equipment to meet the needs of disabled people in line with requirements of the Equality Act 2010. Specifically:

- A hearing loop was not available.
- Vision aids (magnifying glass/reading glasses) were not available.
- A Disability Access audit was not carried out.

Safe and appropriate use of medicines

The provider did not have systems for appropriate and safe handling of medicines. Specifically:

- Antimicrobial prescribing audits were not carried out.
- We saw NHS prescriptions were not stored as described in current guidance.

Are services safe?

- No tracking system was in place for prescriptions.

Track record on safety, and lessons learned and improvements

The provider did not have a system for receiving and acting on safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

We found this practice was not providing effective 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 / Enforcement Actions 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.

Effective needs assessment, care and treatment

The practice did not have systems to keep dental professionals up to date with current evidence-based practice. In particular, company policies and procedures were not reviewed appropriately to ensure staff followed current standards and guidelines.

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 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

There were inconsistencies in the information recorded within the dental care records we looked at. For example, periodontal status recording did not follow current recording standards.

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

Evidence was not available to demonstrate the dentists justified, graded and reported on the radiographs they took.

The provider carried out radiography audits every year following current guidance and legislation.

Effective staffing

Evidence was not available to demonstrate all staff had the skills, knowledge and experience to carry out their roles. In particular:

- Training was not kept in an ordered way or monitored to ensure relevant staff had carried out training at required intervals.
- Records showed that four out of five staff had carried out online Basic Life Support training in the previous 12 months. We were told face to face training was postponed due to the pandemic. Face to face training was overdue.
- There was no evidence available to confirm staff received formal fire safety training.
- Records showed that four out of five staff had carried out the appropriate level of safeguarding children and vulnerable adults training.

Are services effective?

(for example, treatment is effective)

- Records showed that one dentist out of two had carried out five hours of IRMER (Radiography) training in the previous five years.

The provider did not carry out a structured induction for newly appointed staff.

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 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/ Enforcement Actions 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

There was a lack of leadership and oversight at the practice. In particular the principal dentist agreed they had not kept up to date with changes in dentistry.

Policies and protocols were out of date and the practice was tired and in a poor state of cleanliness and repair both inside and out.

Systems and processes were not embedded among staff.

The inspection highlighted some issues which included, health and safety, fire, sharps, infection control and medicines risk management.

The information and evidence presented during the inspection process was disorganised and poorly documented. For example, staff training records were disorganised.

Culture

The practice did not demonstrate a culture of high-quality sustainable care. In particular, the provider could not demonstrate that all of the current standards were followed.

Staff stated they felt respected, supported and valued.

Staff discussed their training needs at an annual appraisal. They also discussed general wellbeing and aims for future professional development.

Governance and management

The provider did not have effective governance and management arrangements. In particular, there was no evidence the policies, protocols and procedures were reviewed on a regular basis.

Appropriate and accurate information

The provider had ineffective information governance arrangements. In particular, patient care records were not stored securely in the compressor room.

Engagement with patients, the public, staff and external partners

The provider involved patients and staff to support the service.

The provider gathered feedback from staff through meetings and informal discussions.

Continuous improvement and innovation

The provider did not have systems and processes in place for learning continuous improvement and innovation. For example, staff were unaware that treatment room fallow times and PPE guidance had changed.

The provider did not have appropriate quality assurance processes to encourage learning and continuous improvement.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 12 Safe Care and Treatment The registered person had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular: Assessments of the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated were not carried out: • The practice was not visibly clean. • Cleaning equipment was not available or stored appropriately. The practice had only one red handled mop. • The patient treatment chair base was dirty in surgery one and two. • Cleaning schedules not available • Floors, work tops, cupboards and drawers were cluttered, dirty and dusty in all three clinical rooms. • The patient and staff WC had dirty skirtings and floor. • Both patient treatment room chairs were taped up which caused creases to surfaces and hard to clean effectively. • A sharps risk assessment was not available. • Sharps bins were stored on floors in both treatment rooms and the decon room. • Sharps bins were not dated (three month in use life). • Full open sharps bins were seen stacked behind the door in the x-ray processing (dark) room. • The flooring in the decontamination room had floor tiles lifting.

Requirement notices

- Carpet tiles seen on floors in clinical areas.
- The patient treatment chair base cracked in surgery one.
- Floors were not sealed to skirting boards in the toilet and clinical rooms.
- Out of date dental materials seen in drawers and on work surfaces in treatment rooms.
- Local anaesthetic ampules were stored out of their blister packs in treatment room drawers.
- Date expired pouched instruments were seen in treatment room drawers.
- Used flexible tooth polishing discs (single use) stored in a drawer with unused discs.
- Unlabelled full syringe of clear fluid seen in associate's treatment room.
- Temporary fabric covering on treatment room chairs seen.
- Net curtains were in place on windows in both treatment rooms and decontamination room.
- Staff tea and coffee facilities were situated in the decontamination room.
- An annual Infection control statement was not available
- Rubber gloves used for decontamination were old and ripped.
- Metal scrubbing brush and hand scrubbing brushes seen in decontamination room sink area.
- No handwashing sink available in decon room.

Records were not available to demonstrate that the ultrasonic bath, used for sterilising instruments, was validated, maintained and used in line with the manufacturers' guidance.

The provider did not have adequate procedures to reduce the possibility of Legionella or other bacteria developing in water systems. Specifically:

- A risk assessment had not been undertaken by a competent person in respect of Legionella.
- Records were not available to demonstrate that water testing and dental unit water line management were carried out.

Requirement notices

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulation 15: Premises and equipment

The registered person did not ensure that the premises and equipment used by the service were clean, secure, properly used and maintained.

In particular:

- A Health and Safety risk assessment was not available.
- A vertical light on a wall in the hallway was missing a cover.
- The compressor room was cluttered with equipment and Christmas decorations.
- The compressor room could not be secured.
- No natural or artificial lighting was available in the x-ray developing dark room.
- Two broken windows had been boarded up.
- General garden waste black bags filled side walkway to the left of the premises.
- Information at the front of the practice in a poor state. This included signs and posters.

The registered person did not have adequate systems to minimise the risk that can be caused from substances that are hazardous to health. In particular:

- Clinical waste bins in the practice were not foot operated.
- Open undated filled sharps boxes stored in dark room on floor.
- Unused and used x-ray developer fluids not stored securely in dark room.
- The door to this room was not lockable.

Reasonable adjustments were not made when providing equipment to meet the needs of disabled people in line with requirements of the Equality Act 2010.

- A hearing loop was not available.
- Vision aids (magnifying glass/reading glasses) were not available.
- A Disability Access audit was not carried out.

Requirement notices

Regulated activity

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulation 17

Good Governance

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.

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:

Fire Safety

- A Fire Safety risk assessment was not available.
- Weekly fire alarm testing was not carried out.
- There was no automatic emergency lighting available.
- Logs of staff fire drills was not available.
- Formal Portable Appliance Testing (PAT) was carried out in 2016. No evidence available of in-house or formal inspection since.
- Two smoke detectors present. One smoke detector was missing a battery.
- Evidence of gas boiler servicing was not available.
- Compressor servicing records were not available.
- We were told the ultrasonic bath was not serviced.
- A five yearly electrical installation test certificate was not available.

Radiography

- Electrical isolation switches for both x-ray machines were sited inside the controlled area.
- Rectangular collimators were available but not used.
- No Quality assurances were in place for the wet film x-ray developing.
- The Health and Safety Executive (HSE) notification certificate was not available.

Requirement notices

Emergency Medicines and Equipment

- Glucagon was not available.
- Buccal midazolam was not available.
- No dispersible Aspirin available (tablets only available).
- Not all the required airways available.
- Large adult self-inflating bag out of date.
- Not all the required sizes of clear facemasks were available.
- Out of date Diazepam seen in fridge.
- No eyewash kit available.
- Out of date medicines in current emergency kit (not disposed of).

Date Protection

- Archived patient notes stored in unlockable compressor cupboard in hall.
- A pre-General Data Protection Regulation (GDPR) accident book was in use and completed pages were not removed and stored securely.
- Staff recruitment records were not stored securely.

NHS Prescriptions

- NHS prescriptions were not stored as described in current guidance.
- No tracking system was in place for prescriptions.

Safeguarding

- The provider did not have up to date information available to staff in relation to safeguarding vulnerable adults and children.

Regulated activity

Diagnostic and screening procedures
Treatment of disease, disorder or injury
Surgical procedures

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Regulation 18

Staffing

The registered person did not ensure persons employed in the provision of the regulated activity received the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.

In particular:

Requirement notices

- Training was not monitored.
- Records showed that four out of five staff had carried out online Basic Life Support training in the previous 12 months.
- There was no evidence available to confirm staff received fire safety training.
- Records showed that four out of five staff had carried out the appropriate level of safeguarding children and vulnerable adults training.
- Records showed that one dentist out of two had carried out five hours of IRMER (Radiography) training in the previous five years

Regulated activity

Diagnostic and screening procedures
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

Regulation 19

Fit and Proper Persons employed

The registered person did not ensure that recruitment procedures were operated effectively to ensure only fit and proper persons are employed and specified information is available regarding each person employed.

In particular:

Recruitment checks were not monitored to ensure they were completed or stored appropriately.

We looked at one staff member's recruitment records and found the following checks were missing:

- A full employment history.
- Proof of identity.
- Conduct in previous employment (references).
- Eligibility to work in the UK.
- Health assessment.