

Mr. Richard Evans

Ash Vale Dental Surgery

Inspection report

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Overall summary

We undertook a follow-up focused inspection of Ash Vale Dental Surgery on 8 August 2022.

This inspection was carried out to review, in detail, the actions taken by the registered provider to improve the quality of care and to confirm that the practice was now meeting legal requirements.

The inspection was led by a Care Quality Commission, (CQC), inspector who was supported by a second Care Quality Commission inspector.

At our inspection on 11 January 2022 we found the registered provider was not providing safe and well-led care and was in breach of Regulation 12, 15, 17, 18 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can read our report of that inspection by selecting the 'all reports' link for Ash Vale Dental Surgery on our website www.cqc.org.uk.

As part of this inspection we asked:

- Is it safe?
- Is it effective?
- Is it well-led?

When one or more of the five questions are not met, we require the service to make improvements and send us an action plan. We then inspect again after a reasonable interval, focusing on the area where improvement was required.

Our findings were:

Are services safe?

Summary of findings

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

The provider had made improvements in relation to the regulatory breach we found at our inspection on 11 January 2022.

Are services effective?

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

The provider had made improvements in relation to the regulatory breach we found at our inspection on 11 January 2022.

Are services well-led?

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

The provider had made improvements in relation to the regulatory breach we found at our inspection on 11 January 2022.

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

Our key findings were:

Summary of findings

- Care and treatment were provided in a safe way to patients.
- The premises and equipment used by the service provider was fit for use.
- Effective systems and processes ensured good governance in accordance with the fundamental standards of care.
- 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.
- Recruitment procedures were established and operated effectively to ensure only fit and proper persons were employed and specified information was available regarding each person employed.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulations when we carried out a follow-up focused inspection on 8 August 2022.

We noted that the provider and lead nurse had completed a considerable amount of work to ensure that the practice now meets the regulations and that the improvements are sustainable moving forward.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	No action	✓
Are services effective?	No action	✓
Are services well-led?	No action	✓

Are services safe?

Our findings

At our previous inspection on 11 January 2022 we judged the provider was not providing safe care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notice.

At our follow-up inspection on 8 August 2022 we found the practice had made the following improvements to comply with the regulations:

Safe Care and Treatment

- The practice was visibly clean.
- Cleaning equipment was available or stored appropriately.
- Floors, work tops, cupboards and drawers were uncluttered and clean in all three clinical rooms.
- The patient and staff WC skirtings and floor were clean.
- The patient treatment chair base was clean in surgery one and two.
- Cleaning schedules were available and completed.
- Both patient treatment room chair covers were in a good state of repair.
- A sharps risk assessment was available.
- Sharps bins were stored appropriately around the practice.
- Sharps bins were labelled appropriately.
- The floor covering in the decontamination room was complete.
- Carpet tiles were removed from clinical areas.
- The patient treatment chair base in surgery had been repaired.
- Floors were sealed to skirting boards in the toilet and clinical rooms.
- Drawers in both treatment rooms did not contain out of date materials.
- Local anaesthetic ampules were stored in their blister packs in treatment room drawers.
- Pouched instruments were seen to be stored appropriately in treatment room drawers.
- Windows in clinical areas were free of net curtains.
- Staff tea and coffee facilities were situated away from clinical areas.
- Rubber gloves used for decontamination a good state and replaced at appropriate intervals.
- Metal scrubbing brush and hand scrubbing brushes were removed from the practice.
- A newly installed handwashing sink was available in the decontamination room.
- Records were available to demonstrate that the ultrasonic bath, used for sterilising instruments, was validated, maintained and used in line with the manufacturers' guidance.
- Records were available to demonstrate that water testing and dental unit water line management were carried out.

Premises and Equipment

- A Health and Safety risk assessment was available.
- A vertical light on a wall in the hallway was intact.
- The compressor room was uncluttered.
- The compressor room could be secured.
- Artificial lighting was available in the x-ray developing dark room.
- Two broken windows had been repaired.
- General garden waste black bags outside the premises had been removed.
- Information at the front of the practice was clear.
- Clinical waste bins in the practice were foot operated. We noted the pedals did not function when we tested their effectiveness. The provider assured us they would address this issue as soon as practicably possible.
- Unused and used x-ray developer fluids were stored securely in dark room.

Are services safe?

- The door to this room was lockable.

Fit and Proper Persons Employed

- The registered person ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 11 January 2022 we judged the provider was not providing effective care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notice.

At our follow-up inspection on 8 August 2022 we found the practice had made the following improvements to comply with the regulations:

Staffing

- Training was monitored.
- Records showed that all staff had carried out online Basic Life Support training in the previous 12 months.
- Records showed that all staff had carried out fire safety training in the previous 12 months
- Records showed all staff had carried out the appropriate level of safeguarding children and vulnerable adults training.
- Records showed that all the clinicians had carried out five hours of IRMER (Radiography) training in the previous five years.

Are services well-led?

Our findings

At our previous inspection on 11 January 2022 we judged the provider was not providing well-led care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notice.

At our follow-up inspection on 8 August 2022 we found the practice had made the following improvements to comply with the regulations:

Good Governance

Fire Safety

- A Fire Safety risk assessment was available.
- Weekly fire alarm testing was carried out.
- There was automatic emergency lighting available.
- A log of staff fire drills was available.
- Portable Appliance Testing (PAT) was carried out.
- Smoke detectors were available and working. We noted the position of these was not effective. The provider assured us they would move them as soon as practicably possible.
- Evidence of gas boiler servicing was available.
- Compressor servicing records were available
- A new ultrasonic bath was seen in use.
- A five yearly electrical installation test certificate was available.

Radiography

- Electrical isolation switches for both x-ray machines were sited outside the controlled area.
- Rectangular collimators were available and used.
- Quality assurances were in place for the wet film x-ray developing.
- The Health and Safety Executive (HSE) notification certificate was available.

Emergency Medicines and Equipment

- Glucagon was available.
- Buccal midazolam was available
- Dispersible aspirin was available.
- All the required airways were available.
- The large adult self-inflating bag was within its use by date.
- All the required sizes of clear facemasks were available.
- Out of date Diazepam had been removed from the practice appropriately.
- An eyewash kit was available.
- Out of date medicines in the emergency kit had been removed appropriately.

Data Protection

- Archived patient notes were stored securely.
- A General Data Protection Regulation (GDPR) accident book was in use.
- Staff recruitment records were stored securely.

NHS Prescriptions

Are services well-led?

- NHS prescriptions were stored as described in current guidance.
- A tracking system was in place for prescriptions.

Safeguarding

- Up to date information available for staff in relation to safeguarding vulnerable adults and children was available.

We noted shortfalls that remained outstanding which included:

- Agency staff were employed on occasion and given inductions. Records of these were not kept.
- The associate dentist's appraisal was overdue.
- Consent was not routinely recorded in patient care records.
- Glucagon was stored outside a fridge but its use by date had not been adjusted.
- The checklist used to audit the availability of emergency medicines and equipment did not follow the current guidelines.

The provider assured us they would address these as soon as practicably possible.