

Mr. Roddy Casey

# Aylestone House Dental Practice

## Inspection Report

345 Aylestone Road  
Leicester  
LE2 8TA  
Tel: 0116 2832701  
Website: [www.aylestonehouse.co.uk](http://www.aylestonehouse.co.uk)

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### Overall summary

We undertook a focused inspection of Aylestone House Dental Practice on 3 July 2019. 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 CQC inspector who was supported by a specialist dental adviser.

We undertook a comprehensive inspection of Aylestone House Dental Practice on 3 December 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We found the registered provider was not providing effective and well-led care and was in breach of regulation 9 and regulation 17 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 Aylestone House dental practice on our website [www.cqc.org.uk](http://www.cqc.org.uk).

As part of this inspection we asked:

- 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 (requirement notice only). We then inspect again after a reasonable interval, focusing on the area(s) where improvement was required.

#### **Our findings were:**

##### **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 breaches we found at our inspection on 3 December 2018.

##### **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 breaches we found at our inspection on 3 December 2018.

#### **Background**

Aylestone House Dental Practice is in a suburb of Leicester and provides NHS and (mostly) private treatment to adults and children.

# Summary of findings

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces, including for blue badge holders, are available in the practice's car park at the rear of the premises.

The dental team includes three dentists, three dental nurses, three trainee dental nurses and a practice manager. The practice has three treatment rooms; all are on the ground floor.

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

During the inspection we spoke with one dentist and two dental nurses. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday from 8.15am to 6.30pm, Tuesday and Thursday from 8.15am to 5.30pm, Wednesday from 8.15am to 5pm, and Friday from 8.15am to 2.30pm.

## Our key findings were:

- Improvements had been made to the detail recorded in patients' dental care records overall. We also noted some areas where further detail was required.
- The dentist demonstrated understanding of the Mental Capacity Act 2005.

- Procedures had been implemented for significant event/untoward incident reporting and staff discussed these when they occurred.
- Audit processes had been strengthened; we also noted some areas for further review.
- Policy required had been implemented.
- Staff had received appraisals.
- Systems and processes were established to enable the provider to comply with legislative requirements in respect of staff recruitment.
- A system had been implemented for the review and action of patient safety alerts.
- We saw evidence that risks were assessed and managed appropriately.
- The provider had taken into account guidance provided by the Faculty of General Dental Practice regarding the prescribing of antibiotic medicines.
- The provider had reviewed and taken some account of the 'Guidelines for the Delivery of a Domiciliary Oral Healthcare Service' published by British Society for Disability and Oral Health.
- Monitoring was in place for stocks of medicine and equipment to ensure that the practice identified, disposed and replenished out-of-date stock.
- The provider had reviewed its responsibilities to take into account the needs of patients with disabilities in line with the Equality Act 2010.

# Summary of findings

## The five questions we ask about services and what we found

We asked the following question(s).

### **Are services effective?**

We found that this practice was providing effective care and was complying with the relevant regulations.

**No action**



### **Are services well-led?**

We found that this practice was providing well led care and was complying with the relevant regulations.

**No action**



# Are services effective?

(for example, treatment is effective)

## Our findings

We found that this practice was providing effective care and was complying with the relevant regulations.

At our previous inspection on 3 December 2018 we judged the practice was not providing effective care and was complying with the relevant regulations. We told the provider to take action as described in our requirement notice. At the inspection on 3 July 2019 we found the practice had made the following improvements to comply with the regulations:

- The provider had implemented a dental assessment template which took into account nationally recognised evidence-based guidance, to improve detail recorded in patients' records. The template included information regarding patient consent. We looked at a small sample of patients' records. We noted improvements in record keeping overall including noting patient consent. We found sufficient detail regarding patients' current needs, for example, risk assessment for caries, oral cancer and periodontal condition. We found there was scope to further improve detail regarding treatment options, including the option of no treatment, and advice provided regarding alcohol consumption, where applicable.

- The dentist we spoke with demonstrated understanding of the Mental Capacity Act 2005 and how it related to their role. Staff had discussed the Act in a staff meeting held in December 2018.

The practice had also made further improvements:

- The provider had taken into account guidance provided by the Faculty of General Dental Practice regarding the prescribing of antibiotic medicines. We saw that discussions had taken place regarding this in a practice meeting held in December 2018.
- The provider had reviewed and taken some account of the 'Guidelines for the Delivery of a Domiciliary Oral Healthcare Service' published by British Society for Disability and Oral Health. The dentist occasionally undertook visits to patient's homes when they were unable to attend the practice. We saw that the provider had made considerations regarding the location they were visiting. They told us they would consider whether emergency drugs or equipment were required when planning a visit.

These improvements showed the provider had taken action to comply with the regulation: when we inspected on 3 July 2019.

# Are services well-led?

## Our findings

We found that this practice was providing well led care and was complying with the relevant regulations.

At our previous inspection on 3 December 2018 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 the inspection on 3 July 2019 we found the practice had made the following improvements to comply with the regulations:

- The provider had implemented a policy in January 2019 identifying the process for reporting and investigating significant events and near misses. We looked at the practice incident log and noted that one minor incident had been reported in January 2019. The incident was subject to investigation and discussion amongst staff in a practice meeting held in February 2019.
- Audit processes were established to help monitor and improve quality. We looked at audits completed for Infection and Prevention Control, radiography, antibiotic prescribing and record keeping. We saw that learning points were identified as a result of audit activity and were subject to discussion amongst staff in practice meetings held. We noted there was scope to improve the radiography audit to include a breakdown of percentages in graded X-rays.
- Required policies had been implemented, for example, recruitment policy; this reflected legislative requirements.
- A process had been implemented for staff appraisals. We saw that all staff had received an appraisal. We noted that a staff member was due a further review in May 2019, but this had not yet been completed. We found there was scope to include further information in staff appraisals.
- All information required in staff recruitment files, as specified in legislative requirements was present on the day of our follow up visit to the practice. The practice had not recruited any new members of staff since our previous visit.
- The provider had implemented a system for the review of patient safety alerts when received into the practice. We noted recent alerts had been received and staff we spoke with showed an awareness of the alerts.
- We saw evidence that risks were being managed appropriately. For example:
- Staff knew their immunity levels for Hepatitis B and this information was recorded.
- We saw an example where a risk assessment had been completed for when the dentist undertook a home visit to see a patient.
- The risks presented by legionella were being responded to. Plans were in place to upgrade insulation and carry out tank cleaning. Staff had updated their knowledge and training in legionella. We were informed that the lead was due to complete additional training which was booked in their diary.
- A gas safety inspection had been undertaken in November 2018 and an electrical fixed wiring inspection was completed in April 2019. We saw documentation to confirm this.

The practice had also made further improvements:

- Monitoring was in place for stocks of medicine and equipment to ensure that the practice identified, disposed and replenished out-of-date stock. The spare oxygen cylinder had been removed as this was out of date. Expired items in the first aid kit had been removed and replaced. We saw that a thermometer had been obtained to monitor the temperature of the fridge which a medicine was stored in.
- The practice had reviewed its responsibilities to take into account the needs of patients with disabilities and to comply with the requirements of the Equality Act 2010. This included access to interpreter services, knowledge of where to access information in different forms and obtaining a magnifying glass to help patients with sight problems. The practice did not have a hearing loop. We were informed that the practice did not consider that they had patients who would benefit from its use.

## Are services well-led?

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulation: when we inspected on 3 July 2019.