Aesthetics By Alex Limited

Maison Dental

Inspection report

14 Alexandra Road
Horsforth
Leeds
LS18 4HD
Tel: 08445769515

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Overall summary

We carried out this announced focussed inspection on 9 August 2021 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:

Are services safe?

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

Are services effective?

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

Are services well-led?

We found this practice was not providing well-led care in accordance with the relevant regulations.

Summary of findings

Background

Maison Dental is in Leeds and provides private dental care and treatment for adults and children.

There is a small step to access to the practice which is manageable for those who use wheelchairs and those with pushchairs. Car parking spaces are available near the practice.

The dental team includes three dentists, a dental nurse, a dental hygiene therapist, two receptionists, one treatment co-ordinator and a practice manager. The practice has two treatment rooms.

The practice is owned by a company and as a condition of registration must have a person registered with the CQC as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Maison Dental is the principal dentist.

During the inspection we spoke with one dentist, one dental nurse, the company clinical manager and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday and Tuesday from 8:45am to 7:00pm

Wednesday and Thursday from 8:00am to 7:00pm

Friday from 8:00am to 6:00pm

Saturday from 8:45am to 6:00pm

Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. The system for checking equipment was within its expiry date was not effective.
- The provider had systems to help them manage risk to patients and staff. Improvements could be made to the process for managing the risks associated with fire, the use of radiation and Covid security.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures which reflected current legislation. Improvements could be made to the process for obtaining a current Disclosure and Barring Service (DBS) check.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff provided preventive care and supported patients to ensure better oral health.
- The provider asked patients for feedback about the services they provided.
- The provider had information governance arrangements.

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

Summary of findings

- 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.

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?	**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)

Staff had clear systems to keep patients safe.

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 provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff had received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication, within dental care records.

The provider had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The provider had arrangements for transporting, cleaning, checking and sterilising instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. The provider had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately. We noted some re-usable dental burs were not pouched as required by HTM 01-05 or re-processed at the end of the day.

The provider had implemented standard operating procedures in line with national guidance on COVID-19. Screening and triaging were undertaken prior to patients attending the premises and immediately upon arrival to identify COVID-19 positive individuals and those who may have been exposed to the virus. We asked staff about the arrangements for post-AGP (aerosol generating procedure) downtime. We were told this was 15 minutes. We asked staff how they had calculated this. They were unable to evidence this. We were later told they had reviewed this and were using a 30-minute fallow time.

The staff had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations in the assessment had been actioned and records of water testing and dental unit water line management were maintained.

We saw effective cleaning schedules to ensure the practice was kept clean. When we inspected, we saw the practice was visibly clean. We noted the mops used for environmental cleaning were all stored in one cupboard and were all touching each other. In addition, the mop heads did not appear clean.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. We noted one of the external clinical waste bins did not lock and neither of them were secured to the wall. These waste bins were in an area which could be accessed by the general public.

Are services safe?

Staff carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards. This audit had not identified some areas of non-compliance which we highlighted on the day of inspection. These included the issue with regards to bagging of re-usable dental burs and the rips in the patient and clinician chairs in one of the surgeries.

The provider had a whistleblowing policy. We noted this policy did not have the contact details of external organisations who staff could contact if they had concerns. Staff felt confident they could raise concerns without fear of recrimination.

The dentists used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment.

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at three staff recruitment records. We noted that the DBS checks for these staff members were dated more than three months prior to the point of application and no risk assessment in place to cover the risks associated with this. We discussed the importance of obtaining a DBS check for new staff members which is at least within three months of the point of application.

We observed that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances.

An internal fire risk assessment was carried out in line with legal requirements. This risk assessment had identified that there was no emergency lighting within the premises. No action had been taken to address this. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear.

The practice had some arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. When we reviewed the most recent routine test reports for the X-ray machines, we noticed some recommendations. It was advised that the Orthopantomogram (OPT) machine should be turned off when not in use. On the day of inspection, we noticed the machine was turned on when it was not in use. In addition, in one of the surgeries they had advised an isolation switch must be fitted. We noted this isolation switch could be in the direct line of the primary beam of the X-ray. We discussed this with the registered manager and practice manager who told us they would seek advice from their Radiation Protection Advisor about the location of this switch.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The provider carried out radiography audits every year following current guidance and legislation.

Clinical staff completed continuing professional development in respect of dental radiography.

Risks to patients

The provider had implemented systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. A sharps risk assessment had been undertaken and was updated annually. When we reviewed the sharps risk assessment, we noted there was not enough detail within it. For example, stating how the service managed the risks associated with each individual sharp instrument.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

Are services safe?

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 available as described in recognised guidance. We found staff kept records of their checks of the medicines and equipment. However, these checks were not effective. We found some emergency equipment had passed its expiry date, for example the self-inflating bags and the oxygen face masks. In addition, we noted a set of defibrillator pads had passed their expiry date and had not been removed from the emergency kit to prevent their use. A set of pads to replace the out of date set had been purchased and were available for use, but not connected to the defibrillator.

A dental nurse worked with the dentists and the dental hygienist and therapist when they treated patients in line with General Dental Council Standards for the Dental Team.

The provider had risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at dental care records with clinicians to confirm our findings and observed that individual records were typed and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist.

Safe and appropriate use of medicines

The provider had systems for appropriate and safe handling of medicines.

There was a stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

The dentists were aware of current guidance with regards to prescribing medicines.

Antimicrobial prescribing audits were carried out annually. The most recent audit indicated the dentists were following current guidelines.

Track record on safety, and lessons learned and improvements

The provider had implemented systems for reviewing and investigating when things went wrong. There were comprehensive risk assessments in relation to safety issues. Staff monitored and reviewed incidents. This helped staff to understand risks which led to effective risk management systems in the practice as well as safety improvements.

Where there had been a safety incident, we saw this was investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again.

The provider had a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

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

The practice had systems to keep dental professionals up to date with current evidence-based practice. We saw clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The practice offered dental implants. These were placed by the one of the dentists at the practice who had undergone appropriate post-graduate training in the provision of dental implants. 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 in line with the Delivering Better Oral Health toolkit.

The dentists prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

The clinicians where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided leaflets to help patients with their oral health.

The dentist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice and recording detailed charts of the patient's gum condition.

Records showed patients with severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

Consent to care and treatment

Staff obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The staff were aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who are looked after. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this documented in patients' records. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who might not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves in certain circumstances. Staff were aware of the need to consider this when treating young people under 16 years of age.

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 dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

Are services effective?

(for example, treatment is effective)

The provider had quality assurance processes to encourage learning and continuous improvement. Staff kept records of the results of these audits, the resulting action plans and improvements.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

Staff new to the practice including agency staff had a structured induction programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

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 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.

Culture

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

Staff discussed their training needs at annual appraisals. They also discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

The staff focused on the needs of patients.

We saw the provider had systems in place to deal with staff poor performance.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The providerwas aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

Governance and management

Staff had clear responsibilities, roles and systems of accountability to support good governance and management.

The registered manager had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

Improvements could be made to the processes for managing the risks associated with the carrying out of the regulated activities:

- The system for ensuring medical emergency equipment does not pass its expiry date was not effective. This was highlighted by the fact items of the medical emergency equipment were out of date.
- The system for ensuring an appropriate post-AGP downtime was implemented was not effective. The provider had not calculated the air changes per hour to determine the appropriate post-AGP downtime for the surgeries.
- The system for managing the risks associated with fire was not effective. The provider had identified there was no emergency lighting within the premises. No action had been taken to address this.
- The sharps risk assessment was not sufficiently detailed to include all steps the provider had taken to reduce the likelihood of staff sustaining a sharps injury.
- The system for managing the risks associated with the use of radiation was not effective. Recommendations made in respect to the use of the Orthopantomogram (OPT) machine. The latest report had stated the machine should not be left on at the mains when not in use. During the inspection we noted the machine was left on and could be operated from outside the room.
- The system in place to ensure the provider obtained an up to date DBS for new staff was not effective. We noted that the DBS checks for three members of staff were more than three months old at the point of application.

After the inspection, the provider submitted an action plan addressing the above issues.

Appropriate and accurate information

Are services well-led?

Staff acted on appropriate and accurate information.

Quality and operational information, surveys, audits and external body reviews was used to ensure and improve performance. Performance information was combined with the views of patients.

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

Engagement with patients, the public, staff and external partners

Staff involved patients, the public, staff and external partners to support the service.

The provider used patient surveys and social media to obtain patients' views about the service.

The provider gathered feedback from staff through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Continuous improvement and innovation

The provider had systems and processes for learning, continuous improvement and innovation.

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements. The infection prevention and control audit had not identified the fact that re-usable dental burs were not pouched or re-processed at the end of the day and there were rips in the patient and clinician chair in one of the surgeries. In addition, we noted the dental care record audit was not clinician specific. We discussed this with staff who told us the next audit would be clinician specific.

The registered manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

Staff completed 'highly recommended' training as per General Dental Council professional standards. The provider supported and encouraged staff to complete continuing professional development.

This section is primarily information for the provider

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 17 HSCA (RA) Regulations 2014 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.** **How the regulation was not being met:** **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:** • The system for ensuring medical emergency equipment does not pass its expiry date was not effective. • The system for ensuring an appropriate post-AGP downtime was implemented was not effective. • The system for managing the risks associated with fire was not effective. • The system for managing the risks associated with the use of radiation was not effective. **There was additional evidence of poor governance. In particular:** • The sharps risk assessment was not sufficiently detailed to include all steps the provider had taken to reduce the likelihood of staff sustaining a sharps injury. • The system in place to ensure the provider obtained an up to date DBS for new staff was not effective. • The infection prevention and control audit had not identified the fact that re-usable dental burs were not pouched or re-processed at the end of the day and there were rips in the patient and clinician chair in one of the surgeries.

This section is primarily information for the provider

Requirement notices

Regulation 17 (1)