

Envisage Dental UK Limited

Esthetique Dental

Inspection report

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Overall summary

We carried out this announced inspection on 17 November 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 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 providing well-led care in accordance with the relevant regulations.

Summary of findings

Background

Esthetique Dental Practice is in Shrewsbury and provides private dental care and treatment for adults and children.

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

The dental team includes five dentists, ten dental nurses, including one lead nurse, three dental hygienists, two receptionists and a practice manager. The practice has five 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 Esthetique dental practice is the practice manager.

During the inspection we spoke with two dentists (including the principal), two dental nurses, one receptionist 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 8am to 5.15pm, Tuesday and Wednesday 8.30am to 6.45pm, Thursday 8.30am to 5.30pm, Friday 8.30am to 3.30pm.

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. Appropriate medicines were available. Some life-saving equipment was out of date, this was ordered immediately following this inspection.
- The provider had systems to help them manage risk to patients and staff.
- 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.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider had effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider had information governance arrangements.

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

- Take action to ensure the availability of equipment in the practice to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.

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

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. Staff were aware that the practice manager was the safeguarding lead and the first point of contact should they have any safeguarding concerns. Staff had downloaded the NHS England safeguarding application onto their phones. This gave up to date information about safeguarding, including contact details for safeguarding authorities, both locally and out of the area. Out of area contact details would be required for those patients who did not live within the practice's local authority area. A separate safeguarding folder was available in each dental treatment room, this gave staff quick access to important safeguarding information including the safeguarding policies and procedures which provided staff with information about identifying, reporting and dealing with suspected abuse. All policy updates were discussed with staff during practice meetings and staff would receive urgent updates by email. Safeguarding was discussed during practice meetings at least annually. Disclosure and Barring Service (DBS) checks were completed for all staff. 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 also had a system to identify adults that were in other vulnerable situations for example. those who were known to have experienced modern-day slavery or female genital mutilation and policy documentation was available regarding this.

The provider had an infection prevention and control policy and procedures which was reviewed on an annual basis and updated as required. 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 lead nurse was the infection prevention and control lead at the practice. Effective standard operating procedures and measures had been implemented to reduce the spread of Covid-19. College of General Dentistry guidelines were used to calculate fallow time at the practice. Air filtration was in place to reduce the fallow time following completion of an aerosol generating procedure.

The provider had arrangements for transporting, cleaning, checking, sterilising and storing 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 and certificates were available to demonstrate this. 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. Pouched dental instruments were stored appropriately and each pouch had a printed sticker which recorded details of the sterilisation process cycle, date and 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 which was completed in May 2019. Evidence was available to demonstrate that all recommendations in the assessment had been actioned and records of water testing and dental unit water line management were maintained. Air conditioning units were last serviced in October 2021.

Are services safe?

When we inspected, we saw the practice was visibly clean. Cleaning logs were available for dental treatment rooms and staff kept records to demonstrate other environmental cleaning tasks completed.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. We saw that a waste acceptance audit had been completed and waste consignment notes were available.

The infection control lead carried out infection prevention and control audits twice a year. The latest audit, which was completed in October 2021 scored 100% compliance, showing that the practice was meeting the required standards.

The provider had a Speak-Up policy. Both internal and external contacts were recorded on the policy should staff wish to report any issues or concerns. Staff felt confident they could raise concerns without fear of recrimination. The policy had recently been updated to include details of the practice's Speak Up Guardian.

The dentists used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment. We were told that patients who refused the use of a rubber dam would be referred to another practice for treatment. To reduce the risk of allergic reaction, the practice did not use natural latex rubber products. The dental dam used was natural latex free.

The provider had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. Prior to our inspection we were sent staff recruitment information, and on the day of inspection we looked at three staff recruitment records. These showed the provider followed their recruitment processes. The practice was responsible for recruitment of staff with support available if required from the regional manager.

We observed that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover. A lone worker risk assessment was in place, but we were told that staff did not work alone in the practice.

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical appliances. We saw that a five-year fixed wiring check had been completed in November 2017. An electrical installation certificate dated October 2021 demonstrated that electrical work at the premises had been completed as required by law. Portable electrical appliances were last checked in July 2020. There was no gas supplied to the premises and therefore no gas safety checks required.

We were told that a fire risk assessment was carried out in line with the legal requirements by an external professional in 2019. A copy of the risk assessment was not available for review on the day of inspection as this was held by the landlord of the premises. A copy of the risk assessment was requested from the landlord. Following this inspection, we were sent a copy of the fire risk assessment with evidence to demonstrate that issues for action had been addressed or were in the process of being addressed. A fire risk assessment had been completed annually by a dental nurse employed by the practice. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear. Records were kept demonstrating that fire alarms and fire extinguishers were tested weekly and emergency lighting tested monthly. Service and maintenance of fire safety equipment took place in line with requirements. Fire drills were completed twice per year and records kept. Staff completed fire safety training. The practice's compliance system highlighted when maintenance and servicing was due for equipment, (including fire safety equipment) to enable this to be completed in accordance with appropriate timescales.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available.

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.

Are services safe?

The practice had a cone beam computed tomography X-ray machine. Staff had received training in the use of it and appropriate safeguards were in place for patients and staff.

We observed that the practice used a hand-held X-ray machine. We were told that this machine was stored in a locked treatment room when not in use and the battery was removed. Staff had received training in the use of it and appropriate safeguards were in place for patients and staff.

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. Risk assessments included lone working, fire, legionella, Covid-19, and a health and safety risk assessment. The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed the relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually. The sharps injury policy recorded contact numbers for occupational health and the local accident and emergency department. However, these were not recorded on the posters displayed in treatment rooms. The practice manager confirmed that these would be updated immediately.

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.

Staff had discussed sepsis during a recent practice meeting as part of their training. Sepsis prompts for staff and patient information posters were displayed in the staff room. This helped ensure staff made triage appointments effectively to manage patients who presented with a dental infection and where necessary referred patients for specialist care.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year.

Emergency medicines were available as required, however some items of emergency equipment as described in recognised guidance were out of date. For example, oxygen face masks with reservoir and tubing for both adults and children, self-inflating bags for both adults and children and clear face masks in all sizes. We found staff did not keep records to make sure these were available, within their expiry date, and in working order. Staff were checking oxygen and the defibrillator on a daily basis and emergency medicines on a monthly basis. The resuscitation council guidelines suggest that equipment should be checked at least weekly. Following this inspection, we were sent evidence to demonstrate that an order had been made to replace the out of date equipment.

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

A control of substances hazardous to health (COSHH) file was maintained by the lead nurse. Risk assessments to minimise the risk that can be caused from substances that are hazardous to health and material safety data sheets were available in this file. A separate file provided by the cleaning company detailed COSHH information for the cleaning products in use.

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.

Are services safe?

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.

Medicines were securely stored and there was a 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.

Monthly antimicrobial prescribing audits were carried out. The most recent audit carried out in October 2021 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.

In the previous 12 months there had been one incident. This had been discussed at a team meeting and any learning shared. Incident and significant event reporting forms were available on the practice's compliance system. Staff were aware that they should report any accidents or incidents to the practice manager.

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. Staff signed to demonstrate that they had read relevant alerts, and these were stored electronically for easy access.

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 principal dentist and two other 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.

Staff had access to intra-oral cameras to enhance the delivery of care.

All dental facilities including treatment rooms and an accessible toilet were located on the ground floor with easy level access to the premises for those patients with mobility difficulties. The practice had access to translation services to assist those whose first language was not English and British Sign Language interpreters for those who were hard of hearing. A hearing loop was also available. This helped to ensure that patients were able to understand the information given regarding their care and treatment. Information could be provided in large print if required.

Out of hours contact details were available to patients on the practice website and on the telephone answerphone message. Patients were advised to call the out of hours number and leave a message or contact the on-call dentist.

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 dentists and dental hygienists where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. Staff were aware of local NHS stop smoking services and directed patients to these services as appropriate.

The dentist and dental hygienist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice, taking plaque and gum bleeding scores 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 practice's consent policy gave information regarding 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 told us that they gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions and patient records seen demonstrated this.

Are services effective?

(for example, treatment is effective)

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.

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.

The provider had quality assurance processes to encourage learning and continuous improvement. Record keeping and antimicrobial prescribing audits were completed monthly. Six-monthly infection prevention and control audits and annual radiography were also completed. Staff kept records of the results of these audits, the resulting action plans and improvements.

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 received regular updates and had access to both internal and external training. Discussions and update training was held during practice meetings and staff had access to on-line training. A training matrix detailed training undertaken and that which was due.

Staff new to the practice had a structured induction programme. The lead nurse was responsible for the induction of newly employed dental nurses. The induction process involved orientation to the practice, reading of practice policies, shadowing a senior staff member and observation of working practices. When the trainee was deemed competent, before being able to work unsupervised, induction paperwork was signed by the trainer and the trainee.

A sufficient number of staff were employed at the practice to ensure that the dentist and dental hygienist always worked with a dental nurse. An additional qualified dental nurse worked in the decontamination room on a daily rotational basis and could be used to assist. The majority of staff worked part-time and would also be available to help out to cover staff shortages if required. We were told that the practice had not used agency or locum staff.

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.

The practice accepted referrals for dental implants from one other local dental practice. We saw staff monitored and ensured the dentists were aware of all incoming referrals.

Are services well-led?

Our findings

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

The practice demonstrated a transparent and open culture in relation to people's safety. There was strong leadership and emphasis on continually striving to improve. Systems and processes were embedded. The information and evidence presented during the inspection process was clear and well documented. They could show how they delivered high-quality sustainable services and demonstrated improvements over time.

Leadership capacity and capability

We found leaders had the capacity, values and skills to deliver high-quality, sustainable care.

Leaders were knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them.

Leaders at all levels were visible and approachable. Staff told us they worked closely with them to make sure they prioritised compassionate and inclusive leadership.

We saw the provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Culture

The practice had a culture of high-quality sustainable care.

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

Staff discussed their training needs at an annual appraisal, the practice manager completed appraisal meetings with dental nurses and receptionists. The principal dentist and practice manager completed the appraisals with all other clinicians. Staff were able to discuss objectives and progress with meeting these, training needs and general wellbeing. Staff provided evidence of training completed at each appraisal meeting which helped the practice ensure staff were up to date with continuous professional development. We saw evidence of completed appraisals in the staff folders.

The practice manager held informal one to one meetings with nurses and reception staff at least once per week. Staff told us that the practice manager was approachable and helpful.

Meetings between nursing staff and separate full practice meetings were held monthly. Dentists and hygienists were involved in a quarterly meeting. Dates were set for the year ahead but were subject to change dependent upon pressures of work. Staff were able to add items to the agenda for discussion. All staff were sent a copy of any actions following each meeting. Separate discussions would be held with staff who were unable to attend meetings to ensure they were kept up to date.

We saw the provider had systems in place to deal with staff poor performance. Support could be provided by a regional manager or human resources manager if required.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour. A duty of candour policy was available on the computer desktop providing easy access to this information for staff.

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.

Are services well-led?

The principal dentist 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. A governance system had been implemented which alerted the practice manager when any tasks were due for completion. For example, staff training, equipment maintenance or policy reviews. The system gave each practice a percentage score showing how many of the policies required to be implemented by Envisage Dental UK had been implemented. We saw that 109 of the 120 policies had been implemented at this practice at the time of this inspection. Staff had easy access to all policies which were stored on the computer desktop.

The practice was part of a corporate group which had mechanisms in place to support individual practices as required.

We saw there were clear and effective processes for managing risks, issues and performance.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

Quality and operational information, for example surveys and audits were 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. Staff completed data security training and refresher training for this was to be scheduled for completion.

Engagement with patients, the public, staff and external partners

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

Following each appointment patients were sent an email requesting them to complete a patient satisfaction survey which could be completed anonymously if preferred. The surveys were returned directly to head office and the results of the surveys correlated and returned to each individual practice. Each practice received a comparative score of the results of the current survey and the last and also a comparison of the results of other practices owned by Envisage Dental UK. We were told that 313 responses were received during the most recent survey with a 94% positive response rate. Any feedback recorded on social media or other review sites would be responded to by the practice manager.

The provider gathered feedback from staff through meetings, surveys, and informal discussions. Envisage Dental UK conducted a staff survey in 2021. The results of the survey were discussed with staff during practice meetings. Any issues for action were included on personal development plans for managers to address. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on. We were told that air conditioning had been put in place in one dental treatment room and more dental instruments purchased at the request of staff. It had also been agreed that another washer disinfectant would be purchased.

A patient information folder available in the reception area gave useful information to patients. For example, information regarding interpretation services, complaints (including information in an easy read format), practice information leaflet, a treatment price list and information regarding privacy and data processing.

Continuous improvement and innovation

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

Are services well-led?

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 principal dentist and registered manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The practice manager is part of a regional manager's group. We were told that findings from inspections would be discussed at these meetings and any learning shared within the group.

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