

Aspire Dental Clinic Ltd

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Inspection Report

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Overall summary

We carried out this announced follow-up inspection on 15 November 2018. The inspection was led by a Care Quality Commission (CQC) inspector who was supported by a specialist dental adviser.

At the previous comprehensive inspection on 9 May 2018 we found the registered provider was providing safe, effective, caring and responsive care in accordance with relevant regulations. We judged the practice was not providing well-led care in accordance with 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 Aspire Dental Clinic Ltd on our website www.cqc.org.uk.

The provider submitted an action plan to tell us what they would do to make improvements. We undertook this inspection on 15 November 2018 to check that they had followed their plan. We reviewed the key questions of safe and well-led.

Our findings were:

Are services safe?

- We found that this provider was not providing safe care in accordance with the relevant regulations. We found their recruitment procedures were still ineffective.
- We found that this provider had not established systems and processes that operated effectively to prevent abuse of service users.

Are services well-led?

We found that this provider was still not providing well-led care in accordance with the relevant regulations. They demonstrated they had addressed some shortfalls we identified when we previously inspected their practice on 9 May 2018; however, some areas still required improvement. The provider had made the following improvements:

- They ensured a Legionella risk assessment was completed.
- There was evidence the dentists were using rubber dams for root canal treatments.
- They ensured medicines and equipment available were stored and monitored appropriately.
- They ensured medicines and equipment did not pass their use-by-date.
- They improved their processes for receiving, sharing and acting on safety alerts.
- They improved storage of clinical waste and paper records.
- They ensured staff completed key training and that these records were available.

At the time of this inspection on 15 November 2018 we found there were concerns that had not been addressed. The provider did not demonstrate that they were assessing, monitoring and mitigating risks relating to the

Summary of findings

health, safety and welfare of service users, and they did not demonstrate that they had suitably improved the quality and safety of the service. Our findings were as follows:

- The provider had not ensured equipment for use in medical emergencies was available in sufficient quantities.
- The provider had still not carried out a risk assessment regarding the use of radiography equipment on the premises.
- A sharps risk assessment and an infection prevention and control audit the provider completed were not fit for purpose. They had not addressed a risk from their Disability Access Audit.

- The provider had not sought assurances that all clinical staff had achieved a suitable level of immunity to the communicable disease Hepatitis B.

We identified regulations the provider was not meeting. They must:

- Ensure patients are protected from abuse and improper treatment.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.
- Ensure effective systems and processes are in place to ensure good governance in accordance with the fundamental standards of care.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?

We found that this practice was not providing safe care in accordance with the relevant regulations. The impact of our concerns, in terms of the safety of clinical care, is minor for patients using the service. Once the shortcomings have been put right the likelihood of them occurring in the future is low. We have told the provider to take action (see full details of this action in the 'Requirement action' and '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.

We found the provider had not identified, monitored or mitigated risks relating to the lack of a suitable recruitment process.

- They had not sought evidence of satisfactory conduct from past employment for all recently recruited staff.
- They had not obtained up-to-date criminal background checks for all recently recruited staff prior to them commencing employment at the practice.
- The provider had not suitably assessed or mitigated risks relating to a background check that was not satisfactory.
- The provider was not able to demonstrate that registration with the General Dental Council (GDC) was up to date for some staff members of clinical staff.

Enforcement action



Are services well-led?

We found that this provider 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 'Enforcement actions' section at the end of this report).

The provider had made some improvements to address shortfalls we identified during the previous inspection on 9 May 2018. They had made the following improvements relating to Legionella monitoring, the use of rubber dams, the storage and management of equipment and medicines, the storage of clinical waste and paper records, receiving and sharing safety alerts, and staff training.

However, we found the provider had not improved their systems for assessing, monitoring and managing risks. In addition, they did not demonstrate that they had suitably improved the quality and safety of the service.

- They had not made the required improvements to the management of the service.
- The provider had not ensured recommended equipment for use in medical emergencies was available.
- The provider had still not carried out a risk assessment regarding the use of radiography equipment on the premises.

Enforcement action



Summary of findings

- The sharps risk assessment and the infection prevention and control audit the provider completed were not fit for purpose. They had not addressed risks identified from their Disability Access Audit.
- The provider had not sought assurances that all clinical staff had achieved a suitable level of immunity to the communicable disease Hepatitis B.

Are services safe?

Our findings

During this follow-up inspection on 15 November 2018 we found the provider was not providing safe care.

Safety systems and processes (including staff recruitment, Equipment & premises and Radiography (X-rays))

We found the provider had not identified, monitored or mitigated risks relating to the lack of a suitable recruitment process.

They had not sought evidence of satisfactory conduct from past employment for all recently recruited staff.

They had not obtained up-to-date criminal background checks for all recently recruited staff prior to them commencing employment at the practice, and they had not suitably assessed or mitigated risks relating to a background check that was not satisfactory.

They were not able to demonstrate that indemnity cover for all clinical staff was up to date, and failed to ensure this information was available for these members of staff.

In addition, the provider was not able to demonstrate that registration with the General Dental Council (GDC) was up to date for all clinical staff, and failed to ensure this information was available.

The provider had not followed legislation or their own recruitment policy regarding these shortcomings.

Shortly after the inspection the provider sent us evidence showing they had begun to address some of these concerns.

Are services well-led?

Our findings

At the previous inspection on 9 May 2018, we found the practice was not providing well-led care. We issued Requirement Notices and told them to take action.

During this follow-up inspection on 15 November 2018 we found that although the provider had addressed several shortfalls as follows:

- They ensured they had completed a risk assessment to help them monitor risks relating to Legionella.
- There was evidence the dentists were using rubber dams for root canal treatments.
- They ensured medicines and equipment available were stored and monitored appropriately.
- They ensured medicines and equipment did not pass their use-by-date.
- They improved their processes for receiving, sharing and acting on safety alerts.
- They improved storage of clinical waste and paper records.
- They ensured staff completed key training and that these records were available.

However, we found the provider had not made satisfactory improvements to meet the requirements as set out in the Requirement Notices we issued. We found they were not providing well led care.

The provider had still not established processes for assessing, monitoring and mitigating risks related to the health, safety and welfare of people using the service and others who may be at risk. The provider had also failed to assess, monitor and improve the quality and safety of the services provided.

They had still not completed a risk assessment regarding the use of radiography equipment on the premises. This is not in line with essential legal requirements of the Ionising Radiations Regulations 17, which states that before any new activity involving work with radiation can proceed the employer must make an assessment of the risk to employees and others in order to identify the measures to be taken to restrict exposures. A May 2017 radiological survey the provider showed us, and their own policy on the safe use of X-rays, highlighted that the risk assessment needed to be done.

The provider had still not addressed risks we raised during the previous inspection of the practice in May 2018 relating to the lack of sufficient quantities of equipment used to manage medical emergencies. Although details about the lack of equipment was highlighted in their previous inspection report, the provider told us they were not aware this equipment was still not in place.

The provider had still not addressed a risk highlighted in their August 2017 Disability Access Audit relating to an office door that presented a hazard when it opened into a narrow corridor.

The provider failed to obtain confirmation that all staff had achieved suitable levels of immunity to communicable diseases such as Hepatitis B; this information was not in place for a dentist. The Hepatitis B antibody level for a recently recruited dental nurse was below 10mIU/ml. According to the current national guidance as set out in the Green Book (Chapter 18) this is classified as a non-response to Hepatitis B vaccination. The provider had not risk assessed or followed this up.

The sharps risk assessment was not in line with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. It had not identified control measures in place to ensure the safer use of sharps in the practice.

The infection prevention and control audit was not fit for purpose, as it did not reflect what is accurately reflect the practices being undertaken in the practice. Additionally, the results indicated there were several areas of non-compliance but the provider had not put in place any action plan to make the necessary improvements. The provider had not followed up on areas indicating non-compliance with guidance in the Health Technical Memorandum 01-05 (HTM 01-05).

Shortly after the inspection the provider sent us evidence showing they had begun to address some of these concerns.

The provider could make other improvements to ensure there was clarity over lead roles, responsibilities and processes. We found there was a lack of clarity with some staff over the safeguarding lead role at the practice.

Are services well-led?

Additionally there was lack of clarity and underlying documentation such as a policy to help staff's understanding of never events, and similarly the types of incidents that could be recorded, analysed and discussed to help mitigate the risks.

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	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>How the regulation was not being met:</p> <p>The service provider did not have systems and processes in place that operated effectively to prevent abuse of service users. In particular:</p> <ul style="list-style-type: none">· The provider had not suitably assessed or mitigated risks relating to a background check that was not satisfactory. <p>Regulation 13 (1)(2)</p>

Enforcement actions

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	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met:</p> <p>The registered person's recruitment procedures did not ensure that only persons of good character were employed. The registered person employed persons who must be registered with a professional body, where such registration is required by, or under, any enactment in relation to the work that the person is to perform. The registered person had failed to ensure such persons were registered. In particular:</p> <ul style="list-style-type: none">• The provider had not sought evidence of satisfactory conduct from past employment for all job candidates.• The provider had not obtained up-to-date criminal background checks for all recently recruited staff prior to them commencing employment at the practice.• The provider had carried out a criminal background check for recently recruited staff but was not aware of information of concern.• The provider was not able to demonstrate that indemnity cover for all clinical staff was up to date, and failed to ensure this information was available.• The provider was not able to demonstrate that registration with the General Dental Council was up to date for all clinical staff, and failed to ensure this information was available. <p>Regulation 19 (1)(2)(3)(4)</p>

Regulated activity	Regulation
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Enforcement actions

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:

There were no systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. The registered person had systems or processes in place that operated ineffectively in that they failed to enable them to assess, monitor and improve the quality and safety of the services being provided. In particular:

- They had still not completed a risk assessment regarding the use of radiography equipment on the premises.
- They had still not addressed risks we raised during the previous inspection of the practice in May 2018 relating to the lack of sufficient quantities of equipment used to manage medical emergencies.
- They had still not addressed a risk highlighted in their August 2017 Disability Access Audit relating to an office door that presented a hazard when it opened into a narrow corridor.
- They failed to obtain confirmation that all staff had achieved suitable levels of immunity to communicable diseases such as Hepatitis B.
- The sharps risk assessment was not in line with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- The infection prevention and control audit was not fit for purpose.

Regulation 17 (1)