

Mr. Giles Saxon

Aspire Dental

Inspection report

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Overall summary

We undertook a follow up desk-based inspection of Aspire Dental on 14 July 2020. 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 remotely a specialist dental adviser.

We undertook a comprehensive inspection of Aspire Dental on 7 October 2019 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 well led care and was in breach of 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 on our website .

As part of this inspection we asked:

- 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.

This desk-based inspection was undertaken during the Covid 19 pandemic. Due to the demands and constraints

in place because of Covid 19 we reviewed the action plan and asked the provider to confirm compliance after a reasonable interval, focusing on the area where improvement was required.

Our findings were:

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 7 October 2019.

Background

Aspire Dental Practice is in Chesterfield, a short walk from the town centre and provides private dental treatment to adults and children.

The dental team includes one dentist, three part-time dental hygienists, two dental nurses who also have reception duties, one clinical dental technician and a practice manager. The practice has two treatment rooms and an instrument decontamination room. One of the treatment rooms is located on the ground floor. There is stepped access into the practice which would make it difficult for people who use wheelchairs and those with pushchairs. The practice does not have a ramp to overcome the steps. There are pay and display car parks close by for the use of patients.

Summary of findings

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.

The practice is open:

Monday and Tuesday: 9am to 6pm

Wednesday: 8.30am to 2pm

Thursday: 8.30am to 6pm

Friday: 9am to 6pm

Our key findings were :

- Staff files now held all of the information required by Schedule 3 of the Health and Social Care Act 2008 Regulations.
- Staff had received training in fire safety and regular fire drills were now held at the practice.
- Local rules relating to the X-ray equipment had been re-written and were now surgery specific.
- The infection control policy and procedure had been re-written and manual cleaning of dental instruments had been removed from the process. The practice had an ultrasonic cleaner as a back-up.
- A new Legionella risk assessment had been completed on 11 March 2020, and the actions from this risk assessment were being actioned following the resumption of dental activity after the Covid-19 lockdown.
- A template had been introduced for dental care records to ensure that all information was recorded.
- A referral log and tracking system had been introduced.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services well-led?

No action



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 7 October 2019 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 14 July 2020 we found the practice had made the following improvements to comply with the regulations:

- Systems and processes relating to staff personnel files had been updated to ensure they held all of the information required by Schedule 3 of the Health and Social Care Act 2008 Regulations. At our inspection on 7 October 2019 we had identified that not all staff had photographic identification. We were given assurances that all staff now had this in place in their personnel file.
- During our inspection in October 2019 we identified that no staff had received fire safety awareness training, and fire drills were not being held. We received evidence that fire drills had been held on 18 November 2019 and 9 March 2020 with the next fire drill planned for September 2020. We were sent copies of training certificates. These demonstrated staff had now received the necessary fire awareness training.
- In October 2019 we noted the local rules relating to the X-ray equipment were generic and not specific to each machine or room. The local rules had also failed to identify who the Radiation Protection Advisor (RPA) was. Following that inspection, we received copies of updated local rules which identified the RPA, and which were specific to each machine and location.
- During our inspection in October 2019 we saw manual cleaning of dental instruments being carried out. The infection control policy and procedures did not give directions or guidance to staff in relation to manual cleaning. Following that inspection in October 2019 the systems and processes relating to infection control had been re-written and manual cleaning of dental instruments had been removed from the process. The washer disinfectant was identified as the means of cleaning dental instruments in the practice. An ultrasonic cleaner was available as a back-up should the washer disinfectant fail.
- We were sent photographic evidence a damaged stool in the upstairs surgery had been repaired.
- A new Legionella risk assessment had been completed on 11 March 2020 by an external company. The actions identified within this risk assessment were being actioned following the resumption of dental activity after the Covid-19 lockdown.
- The practice had also made further improvements:
- At our inspection in October 2019 we identified that options, risks and benefits were not always recorded. Following the inspection, a template had been introduced for dental care records to ensure that all information was recorded. This included options, risk and benefits discussed with patients prior to commencing treatment.