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ACE Dental - Wanstead

Inspection report

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Overall summary

We carried out this announced inspection on 18 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 usually ask five key questions. However, due to the ongoing pandemic and to reduce time spent on site, only the following three questions were asked:

• Is it safe?

• Is it effective?

• Is it well-led?

These are three of the five questions that 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

Ace Dental is located in Wanstead in the London Borough of Redbridge and provides NHS and private dental treatment to patients of all ages. They provide; general dentistry, cosmetic dentistry and specialist dental treatment to adults and children. The practice is easily accessible by Transport for London underground and bus services. The location, a shop front building is based along the village high street which has access to various amenities. Paid parking spaces are available near the practice including for blue badge holders. The constraints of building does not allow for wheelchair access.

The practice is owned by the principal dentist who is the responsible individual and has a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. They are registered to provide the regulated activities of treatment of disease, disorder or injury, surgical procedures and diagnostic and screening procedures from three locations.

The dental team includes three dentists, two trainee dental nurses and one receptionist who were supported by a business manager and a practice manager. The practice has two treatment rooms.

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

The practice is open:

Monday: 09.00am- 6.00pm

Tuesday: 09.00am- 7.00pm

Wednesday: 09.30am- 7.00pm

Thursday: 09.00am- 5.30pm

Friday: 08:30am- 5.00pm

Saturday: 10.00am- 2.00pm

Outside of these advertised hours, patients are advised to contact a dedicated telephone number to access emergency care.

Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- There were procedures for assessing, monitoring and managing risks to patient and staff safety.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- 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.

Summary of findings

- The clinical staff provided patients' care and treatment in line with current guidelines.
- Internal survey data showed that staff treated patients with dignity and respect.
- Staff provided preventive care and supported patients to ensure better oral health.
- The provider had effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked as a team.
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There were areas where the provider could make improvements. They should:

- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the College of General Dentistry.
- Improve the security of NHS prescription pads in the practice and ensure there are systems in place to track and monitor their use.

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. 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 also had a process 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.

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. Additional standard operating procedures had been implemented to protect patients and staff from Coronavirus. Appropriate personal protective equipment (PPE) was in use and staff had been fit tested.

The principal dentist was a fit tester for respiratory protective equipment (RPE) and who ensured all staff had received fit testing. The provider had systems in place to ensure appropriate fallow period was in place. Fallow in dentistry referred to post aerosol generating procedure downtime, designed to allow droplets to settle and be removed from the air following treatments involving the use of aerosol generating dental handpiece equipment.

The provider had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. Service 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 observed the process staff took to disinfect impressions, prosthesis work and other patient-specific dental appliances. Staff ensured they 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.

When we inspected, we saw the practice was visibly clean and well maintained. We saw effective daily cleaning schedules and monthly check lists to ensure the practice was kept clean. The practice manager was responsible for carrying out spontaneous spot checking and records of these were kept.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. When we inspected, we observed that clinical waste awaiting collection was securely stored.

Are services safe?

The practice manager who was a qualified dental nurse was the infection prevention and control (IPC) lead. There was an IPC protocol and staff had received up to date training. Bi-annual IPC audits were undertaken, and we saw evidence that action was taken to address any issues identified as a result. The most recent audit completed June 2021 had an overall score of 96%

showed the practice was meeting the required standards. This was supported by an audit completed by the North East London infection control team.

The practice had a whistleblowing policy and staff we spoke with 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. In instances where dental dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, we saw this was documented in the dental care record and a risk assessment completed.

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 reviewed four personnel files, including the most recently recruited staff and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. 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. A fire risk assessment dated February 2018 was carried out in line with the legal requirements. We saw there were fire extinguishers which received annual servicing and fire detection systems throughout the building and fire exits were kept clear. The practice maintained a fire safety record which included daily checks, monthly smoke detector records and quarterly evacuation procedure record. We also saw records which confirmed the fire alarm call point was checked weekly. At the time of the inspection, there were extensive refurbishment works ongoing, the provider showed us evidence that a new fire risk assessment would be undertaken to reflect changes made to the premises.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. Clinical staff completed continuing professional development in respect of dental radiography. 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. The most recent X-ray audit showed that the overall quality of radiographs were good, however, it was highlighted that dentists needed to provide clearer reporting as well as justification.

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. 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 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 demonstrated good understanding of Sepsis and information was available. This helped ensure staff made triage appointments effectively to manage patients who present with dental infection and where necessary refer 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 equipment and medicines were available as described in recognised guidance. We found staff kept records of their checks of these to make sure they were available, within their expiry date, and in working order.

The provider had risk assessments to minimise the risk that can be caused from substances that are hazardous to health and data sheets were available.

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 some systems for appropriate and safe handling of medicines.

Blank prescription forms and pads were securely stored, however on the day of inspection, we found that they did not have system in place to monitor their movement and usage. The dentists were aware of current guidance with regards to prescribing medicines, however they did not undertake antimicrobial prescribing audits. The clinical staff we spoke to understood the importance of antimicrobial stewardship and we saw evidence of responsible prescribing.

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 no safety incidents. Staff told us that any safety incidents would be 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.

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 clinicians where applicable, recorded smoking status, alcohol consumption and diet with patients during appointments. We saw instances where the dentists prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

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The dentists 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 clinicians gave examples of when they needed to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity. The dentist 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.

The practice's consent policy included information about the Mental Capacity Act 2005. The team hadn't received training in mental capacity; however, they 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. Staff kept records of the results of these audits, the resulting action plans and improvements. The most recent audit had sampled 20 treatment records for each clinician for treatment undertaken between June and July 2021. We saw scores of 96.8%, 96.4% and 94% demonstrated record keeping supported patient safety and quality of care.

Effective staffing

Are services effective?

(for example, treatment is effective)

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

Staff new to the practice 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 care and treatment. Patients requiring complex treatments such as dental implants were referred to the sister practice in Central London.

The dentists confirmed they referred patients to a range of specialists in primary and secondary services for treatment the practice did not provide. The system in place for monitoring referrals was informal in that they had no failsafe to ensure referrals sent were received, followed up and monitored. We raised this with the provider on the day who told us this would be actioned as a matter of urgency. Following the inspection, they promptly provided us with a referral protocol and a tracking log.

Are services well-led?

Our findings

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

Leadership capacity and capability

We found the principal dentist, business manager and the practice manager had the qualifications, capacity and commitment to deliver quality and sustainable care and treatment. Although the principal dentist did not undertake clinical duties at this site, we found that they were closely involved in how the service operated. Management worked collaboratively to achieve the objectives of the business.

The management team were knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them, for example, the principal described how they were reducing the number of locations to ensure they could focus on delivering high class and quality care and treatment to service users.

The practice approach was underpinned by visible leadership. On the day of the inspection, staff we spoke with, told us management staff were approachable and that they worked closely with them to make sure they prioritised inclusive and fair leadership.

We saw the provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice, for instance, the practice manager started as a dental nurse and worked their way up to present role. They told us they were supported by the principal dentist and business manager.

The provider had a strategy for delivering care and treatment which was in line with health and social priorities not just locally, but nationally. They spoke about the difficulties faced by external factors in delivering services during the pandemic and gave examples of how they have responded to ensure they remained safe and effective. The management team demonstrated they understood the needs of their practice population so any improvements, were planned with this in mind.

Culture

The practice had a mission statement which was to provide the highest quality dentistry to NHS and private patients. The practice had a culture of high-quality sustainable care.

Staff stated they felt respected, supported and valued and told us they were proud to work in the practice. Staff discussed their training needs at an annual appraisal and during clinical supervision. 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 by offering individualised care and offering late evening and Saturday appointments for those who found it difficult to attend during normal opening hours.

We saw the provider had policies and processes in place to deal with staff behaviour not consistent with the values of the practice.

The practice had a system for handling complaints and concerns; Their complaints policy and procedures were in line with recognised guidance. Staff told us complaints received were dealt with honesty and transparency to ensure compliance with the requirements of the Duty of Candour.

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

Governance and management

Are services well-led?

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

The principal dentist had overall responsibility for the clinical leadership of the practice. They were supported by the business manager who had the responsibility of human resources matters and compliance whilst the practice manager was responsible for the day to day running of the service. There was a clear organisational structure and staff knew these arrangements and their roles and responsibilities.

The provider had a suite 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.

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

Staff acted on appropriate and accurate information which were underpinned by data protection and information security policies.

The provider had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information; we saw evidence staff had completed training in information governance.

Engagement with patients, the public, staff and external partners

The provider used patient surveys and encouraged verbal comments to obtain staff and patients' views about the service. The provider had implemented quarterly patient surveys; however, this was put on hold due to the ongoing Covid-19 pandemic. Data obtained from the practice showed that over 95% of the patients who took part in the last survey felt they were treated with dignity, gentleness and care and 95% stated that their opinion was always considered when discussing treatment options. Results of surveys were analysed, summarised and used to drive improvements.

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 staff were involved in quality improvement initiatives including peer to peer learning as part of their approach in providing high quality care; this was evidenced when we looked at the clinical record audits.

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs, disability access and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. Staff had access to e-learning platforms which facilitated learning and development.