Facial Enhancement Suite Limited

Bespoke Dental & Implant Centre

Inspection report

482-484 Liverpool Road
Eccles
Manchester
M30 7HZ
Tel: 07793237586

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Overall summary

We carried out this announced comprehensive inspection on 30 August 2023 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 practice 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 advisor.

To get to the heart of patients' experiences of care and treatment, we always ask the following 5 questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

- The dental clinic appeared clean and well-maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to manage risks for patients, staff, equipment and the premises.

Summary of findings

- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which did not reflect current legislation.
- Clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect. Staff took care to protect patients' privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system worked efficiently to respond to patients' needs.
- The frequency of appointments was agreed between the dentist and the patient, giving due regard to National Institute of Health and Care Excellence (NICE) guidelines.
- There was effective leadership and a culture of continuous improvement.
- Staff felt involved, supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The practice had information governance arrangements.

Background

Bespoke Dental and Implant Centre is in Eccles, Greater Manchester and provides private dental care and treatment for adults and children.

There is step free access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for disabled people, are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 5 dentists, 1 sedationist, 3 qualified dental nurses, 2 trainee dental nurses, 2 receptionists, 2 treatment coordinators, 2 administrators and a practice manager. The practice has 2 treatment rooms.

During the inspection we spoke with 1 dentist, 2 qualified dental nurses, 1 trainee dental nurse, and the practice manager. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday to Friday from 8am to 10pm

Saturday from 9am to 11pm

Sunday from 9am to 8pm

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

- 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 always ask the following five questions of services.

Are services safe?	**No action** ✓
Are services effective?	**No action** ✓
Are services caring?	**No action** ✓
Are services responsive to people's needs?	**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)

The practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children. The practice had appointed a safeguarding lead to oversee safeguarding awareness and training. We noted not all staff had completed training to the required level for their role.

The practice had infection control procedures which reflected published guidance. We noted clinical waste sacks did not have the practice details on them and the clinical waste bin was broken and could not be locked. Following the inspection, the practice manager ordered a new clinical waste bin. The practice had appointed an infection prevention and control lead to oversee and maintain standards.

The practice had procedures to reduce the risk of legionella, or other bacteria, developing in water systems, in line with a risk assessment. Monthly hot and cold-water temperature checks were completed and logged. Those seen were within the required temperature ranges.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The practice appeared clean and there was an effective schedule in place to ensure it was kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff, including for agency or locum staff. The policy reflected the relevant legislation. However, we found the practice were not following their own policy. There was a lack of documentation for staff including references and photo identification. On the day of inspection, appropriate Disclosure and Barring Service (DBS) checks were not available for clinicians and there were limited records of staff training and qualifications. Following the inspection, we were provided with evidence of the appropriate recruitment documentation for most clinical staff and evidence that DBS checks had been started for those that required them.

On the day of inspection, no evidence was available to show clinical staff members had professional indemnity cover. Following the inspection, evidence to show all clinical staff members have professional indemnity cover was submitted by the practice manager.

Clinical staff were qualified, registered with the General Dental Council.

The practice ensured equipment was safe to use, maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations.

A fire safety risk assessment was carried out in line with the legal requirements. The management of fire safety was effective however we noted a fire drill had not taken place at the practice since it opened in July 2020. Following our inspection, a fire drill was carried out on 1 September 2023, all staff names and an evacuation time was recorded. Fire detection systems were in place and tested weekly. Fire extinguishers were in place and serviced annually. Most staff completed fire safety awareness training.

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available. This included cone-beam computed tomography (CBCT).

Risks to patients

Are services safe?

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety, sepsis awareness and lone working.

Most emergency equipment and most medicines were available and checked in accordance with national guidance. Dispersible aspirin and a spacer for the inhaler was missing from the medical emergency kit. Following the inspection, the practice manager submitted evidence that these items had been delivered to the practice and checking processes had been updated.

Staff knew how to respond to a medical emergency and most had completed training in emergency resuscitation and basic life support every year. We highlighted where staff were not up to date with this training? Immediate life support training had been completed by staff providing treatment to patients under sedation, however this was due for renewal.

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

Information to deliver safe care and treatment

Patient care records were complete, legible, kept securely and complied with General Data Protection Regulation requirements.

The practice had systems for referring patients with suspected oral cancer under the national two-week wait arrangements.

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were carried out.

Track record on safety, and lessons learned and improvements

The practice had systems to review and investigate incidents and accidents. The practice had a system for receiving and acting on safety alerts.

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.

Sedation bit

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. Oral health care products were on sale. Information leaflets were available to patients as recommended by the dentist or upon request.

Consent to care and treatment

Staff obtained patients' consent to care and treatment in line with legislation and guidance. They understood their responsibilities under the Mental Capacity Act 2005.

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 patient care records in line with recognised guidance.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients living with dementia or adults and children with a learning disability.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits annually, current guidance requires six-monthly.

Effective staffing

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

Newly appointed staff had a structured induction. Staff told us they had enough time for their role and did not feel rushed in their work.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The dentist confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide.

Are services caring?

Our findings

We found this practice was providing caring services in accordance with the relevant regulations.

Kindness, respect and compassion

Staff were aware of their responsibility to respect people's diversity and human rights.

Patient feedback provided a positive view of the dental team and care provided by the practice. Patient comments included that staff were welcoming and attentive, and showed compassion and understanding when they were in pain, distress or discomfort.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

The practice had installed closed-circuit television to improve security for patients and staff. Relevant policies and protocols were in place. We saw no evidence that a data protection impact assessment has been carried out.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and gave patients clear information to help them make informed choices about their treatment.

The practice's website provided patients with information about the range of treatments available at the practice.

The dentist explained the methods they used to help patients understand their treatment options. These included photographs and X-ray images.

Are services responsive to people's needs?

Our findings

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs and preferences.

Staff were clear about the importance of providing emotional support to patients when delivering care.

The practice had made reasonable adjustments, including having step free access, a downstairs surgery and an accessible toilet for patients with access requirements. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients. The practice had a hearing loop available.

Timely access to services

The practice displayed its opening hours and provided information on their website and patient information leaflet.

Patients could access care and treatment from the practice within an acceptable timescale for their needs. The practice had an appointment system to respond to patients' needs. The frequency of appointments was agreed between the dentist and the patient, giving due regard to NICE guidelines. Patients had enough time during their appointment and did not feel rushed.

The practice's website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Staff took part in an emergency on-call arrangement and had their own out of hours service.

Patients who needed an urgent appointment were offered one in a timely manner. When the practice was unable to offer an urgent appointment, they worked with partner organisations to support urgent access for patients. Patients with the most urgent needs had their care and treatment prioritised.

Listening and learning from concerns and complaints

The practice responded to concerns and complaints appropriately. Staff discussed outcomes to share learning and improve the service.

Are services well-led?

Our findings

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

Leadership capacity and capability

The practice staff demonstrated a transparent and open culture in relation to people's safety.

There was strong leadership with emphasis on peoples' safety and continually striving to improve.

Systems and processes were generally embedded, and staff worked well together. Most of the information and evidence presented during the inspection process was clear and well documented. However, there were some gaps in the governance systems and the inspection highlighted a number of omissions. All the issues we highlighted during the inspection had already been identified by the newly appointed practice manager and were being addressed. These new systems had yet to be embedded. We noted action must be taken to the oversight of the leadership to ensure that the practice's systems and processes were consistently followed.

The information and evidence presented during the inspection process was clear and well documented.

We saw the practice had effective processes to support and develop staff with additional roles and responsibilities.

Culture

Staff could show how they ensured high-quality sustainable services and demonstrated improvements over time.

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

We saw no evidence of completed staff appraisals.

The practice did not have arrangements to ensure staff training was up-to-date and reviewed at the required intervals. We looked at staff training records which showed not all staff had received training in safeguarding level 2, basic life support and fire safety.

Governance and management

Staff had clear responsibilities, roles and systems of accountability to support good governance and management. The practice used an on-line dental compliance tool to assist in the management of the service.

The practice had a governance system 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 and issues but not for staff recruitment, the medical emergency kit checking processes or training.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

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

Engagement with patients, the public, staff and external partners

Staff gathered feedback from patients, the public and external partners and demonstrated a commitment to acting on feedback.

Are services well-led?

Feedback from staff was obtained through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on where appropriate.

Continuous improvement and innovation

The practice had systems and processes for learning, quality assurance, continuous improvement. These included audits of patient care records, disability access, radiographs, antimicrobial prescribing, and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements. We highlighted that radiography audits could be improved by ensuring these are undertaken on a 6 monthly basis.

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 • The systems in place to ensure recruitment procedures complied with the requirements of the regulation were not effective. The provider was unable to demonstrate that all documents required under Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were obtained and available for all staff. • The service provider had failed to ensure that persons employed at the practice received appropriate training. In particular, we looked at staff training records which showed not all staff had received training in the level of safeguarding appropriate to their role, dealing with medical emergencies and fire safety.