

Aspire Dental Care Limited

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Inspection report

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Overall summary

We carried out this announced comprehensive on 26 March 2024 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. The majority of appropriate medicines and life-saving equipment were available.
- The practice had some systems to manage risks for patients, staff, equipment and the premises.
- Systems to help staff manage legionella, fire, emergency lighting and clinical waste risk were not effective.
- Evidence of up-to-date staff training was not available.

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 reflected current legislation. However, staff recruitment records could not be located.
- 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 ineffective leadership and a culture of continuous improvement. Improvement was needed to ensure effective leadership, oversight and management.
- Staff felt involved, supported and worked as a team.
- Patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The practice had information governance arrangements.

Background

Aspire Dental Care Limited is part of a corporate group Aspire Dental Health Ltd, a dental group provider.

Aspire Dental Care Limited is in Dagenham and provides NHS 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 2 dentists, 1 qualified dental nurse, 2 trainee dental nurses, 1 practice manager and 2 receptionists. The practice has 2 treatment rooms.

During the inspection we spoke with 1 dental nurse, 1 receptionist, the group's clinical director and the registered manager who is also the group's business 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 5:30pm

Saturday from 9am to 2:30pm

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure the practice's risk management systems is effective for monitoring and mitigating the various risks arising from the carrying on of the regulated activities. In particular, take action to mitigate risks to Legionella, emergency lighting and fire.

Summary of findings

- Take action to ensure that all the staff have received up to date training.
- Improve the practice's recruitment policy and procedures to ensure accurate, complete and detailed records are maintained for all staff.

Full details of the regulation/s the provider was/is not meeting are at the end of this report.

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

- Take action to ensure audits have documented learning points and the resulting improvements can be demonstrated.
- Implement an effective system for monitoring and recording the fridge temperature to ensure that medicines and dental care products are being stored in line with the manufacturer's guidance.
- Implement an effective system of checks of medical emergency equipment and medicines taking into account the guidelines issued by the Resuscitation Council (UK).

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. However, not all staff were up to date with safeguarding training.

The practice had infection control procedures which reflected published guidance. However, staff were unsure how often training needed to be refreshed. We reviewed completed infection control audits and its resulting action plan. It was hard to determine whether these actions had been completed. We raised this with the provider and was assured this would be improved.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment. Staff showed us logs of hot and cold water temperatures. We saw several entries for the hot water temperatures that were below the required 55 degrees. There was no evidence this had been escalated.

The practice did not ensure clinical waste was segregated and stored appropriately in line with guidance. For example, the clinical waste bins kept at the rear of the practice were not secure and 1 bin was unlocked. Following the inspection, the provider confirmed this had been addressed.

The practice appeared clean. However, there was not an effective schedule in place. Following the inspection, we saw evidence of a cleaning schedule.

The practice had a recruitment policy and procedure to help them employ suitable staff, including for agency or locum staff. These reflected the relevant legislation. We reviewed staff records; the majority of documents such as qualification certificates and job history could not be located. A Disclosure and Barring Service check certificate for one member of staff could not be located. New starter induction checklists could not be located. The practice must improve their systems to ensure accurate, complete and detailed records are maintained for all staff.

Clinical staff were qualified, registered with the General Dental Council and had professional indemnity cover.

We review staff training records; the majority of training certificates could not be located. Following the inspection, the provider submitted staff training certificates, however, we noted training had not been refreshed regularly. For example, one staff had completed safeguarding training in 2019, disability and autism training in 2020 and infection control training in 2022. There was no evidence to show that they had completed refresher training since these dates and we could not be assured that staff had the most up to date knowledge.

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 not always effective. Staff training certificates for fire could not be located for the majority of staff. The fire logbook could not be located. There was a fire marshall in place, however they had not completed refresher fire training since February 2020. Monthly testing of emergency lighting had not been completed. Fire drills were carried out regularly, however results of the fire drill were not comprehensively recorded. It did not document the details of the evacuation and note any issues that arose or inappropriate behaviours that were observed.

The practice's electrical fixed wire safety report carried out in February 2024 and had one urgent action that had not been completed in a timely manner. However, we saw evidence of discussion about quotes and following the inspection, the provider confirmed this had been completed.

Are services safe?

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

Risks to patients

The practice generally had systems to assess, monitor and manage risks to patient and staff safety. Staff training certificates for sepsis could not be located and some staff were not aware of the signs and symptoms of sepsis. Sharps risk assessments stated that dentists dispose of sharps in the surgery. However, we noted in the decontamination room there was a full sharps bin which suggested that dental nurses were disposing of sharps. In addition to this, dental nurses were scrubbing dirty instruments despite having an ultrasonic bath. This increased the risk of a sharp's injury.

Lone worker risk assessments had not been completed for staff working alone.

The majority of emergency equipment and medicines were available and checked in accordance with national guidance. However, the aspirin was not dispersible and there was not a child size self-inflating bag with reservoir. Medical emergency scenarios had not been carried out. Emergency drugs were checked monthly and not weekly. Staff had not checked and recorded the minimum and maximum fridge temperatures. Following the inspection, the provider confirmed the child size self-inflating bag with reservoir had been ordered.

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

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.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health.

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 six-monthly following current guidance.

Effective staffing

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

Newly appointed staff and agency did not have a structured induction.

We could not be assured clinical staff completed continuing professional development required for their registration with the General Dental Council as the majority of training certificates could not be located.

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.

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.

Patients said staff were compassionate and understanding when they were in pain, distress or discomfort.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

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 and information leaflet provided patients with information about the range of treatments available at the practice.

The dentists explained the methods they used to help patients understand their treatment options; these included for example 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 wheelchair access, 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.

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.

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. We have told the provider to take action (see full details of this action in the Requirement Notices 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.

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.

The information and evidence presented during the inspection process was not clear and well documented. Documents could not be located.

Systems and processes were not embedded. There were gaps in the governance systems and the inspection highlighted a number of omissions.

Culture

Staff could not show how they ensured high-quality sustainable services or demonstrate improvements over time.

We could not see evidence that staff discussed their training and learning needs, general wellbeing and aims for future professional development.

The practice did not have arrangements to ensure staff training was up-to-date and reviewed at the required intervals.

Governance and management

Staff did not have clear responsibilities, roles and systems of accountability to support good governance and management.

The practice had a governance system which included policies, protocols and procedures that were accessible to all members of staff but were not reviewed on a regular basis.

Processes for managing risks, issues and performance required improvement.

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.

Feedback from staff was obtained through informal discussions. We could not see evidence that staff discussed their training and learning needs, general wellbeing and aims for future professional development.

Continuous improvement and innovation

Are services well-led?

The practice generally had systems and processes for learning, quality assurance, continuous improvement. These included audits of antimicrobial prescribing and infection prevention and control. However, the practice must ensure their risk management systems is effective for monitoring and mitigating the various risks arising from the carrying on of the regulated activities. Improvements were needed to the practice's arrangements for ensuring good governance and leadership are sustained in the longer term.

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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>Regulation 17 Good governance</p> <p>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.</p> <p>How the Regulation was not being met</p> <p>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none">• Systems for fire safety and ongoing fire safety management were ineffective.• Risk management systems were ineffective for monitoring and mitigating the various risks arising from fire, emergency lighting and Legionella.• Systems to ensure staff ensure staff training was up-to-date and reviewed at the required intervals were ineffective.• Systems for recruitment to ensure accurate, complete and detailed records are maintained for all staff were ineffective.