

Ascot Aesthetic Suite Limited

Ascot Aesthetic Suite

Inspection report

Ascot Dental Clinic
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Overall summary

We undertook a follow up focused inspection of Ascot Aesthetic Suite on 4 October 2022.

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 carried out by a Care Quality Commission, (CQC) inspector who was supported by a specialist dental adviser.

At our inspection on 4 March 2022 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 Ascot Aesthetic Suite on our website www.cqc.org.uk.

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.

Are services well-led?

- We found this practice was not providing well-led care in accordance with the relevant regulations. The provider had made a number of improvements in relation to the regulatory breach we found at our inspection on 4 March 2022, but several improvements remained outstanding.

Background

Summary of findings

Ascot Aesthetic is in Ascot and provides private dental care and treatment for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including parking for disabled people, are available near the practice.

The dental team includes 4 dentists, 1 dental nurse, 1 student dental nurse, 1 receptionist and a practice manager.

The practice has two treatment rooms of which one was in use.

The practice was closed on the day of our visit.

During the inspection we spoke with the practice manager and the nurse.

We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

- Monday 9.00am to 5.30pm
- Tuesday 9.00am to 7.00pm
- Wednesday 9.00am to 5.30pm
- Thursday 9.00am to 5.30pm
- Friday 9.00am to 5.30pm

Our key findings were:

- The provider had quality assurance processes to encourage learning and continuous improvement and whilst improvements had been made, a number remained outstanding.

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.

Where evidence is sent that shows the relevant issues have been acted on, we have stated this in our report but we cannot say that the practice is compliant for that key question as this would not be an accurate reflection of what was found on the day of our inspection.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services well-led?

Requirements notice



Are services well-led?

Our findings

At our previous inspection on 4 March 2022 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 our follow-up inspection on 4 October 2022 we found the practice had made the following improvements to comply with the regulations:

Fire Safety

- The fire risk assessment action plan had been addressed.
- Monthly emergency lighting testing was effective.
- Radiation warning signs were appropriately positioned on treatment room doors.

Infection prevention and Control

- Surgery one floor to wall seals were complete.
- The handwashing sink in the decontamination room was used appropriately.
- The patient treatment chair in surgery one was repaired.
- Evidence was available to demonstrate the autoclave machine had been serviced.
- The clinical waste bin in the decontamination room was foot operated.

Emergency Medicines

- Glucagon was stored in the emergency medicines bag and the expiry date had been altered to reflect these storage arrangements.
- Buccal midazolam was available.

Control of Substances Hazardous to Health (COSHH)

- The practice carried out risk assessments in relation to the safe storage and handling of substances hazardous to health.
- Substances subject to COSHH regulations were stored in a secure manner.

Equality

- A hearing loop was available.
- Vision aids (magnifying glass/reading glasses) were available.
- A Disability Access audit was carried out.

Data Protection

- Closed circuit television (CCTV) signage was appropriately positioned throughout the practice.
- The reception computer was locked when staff were away from the desk.
- CCTV cameras were removed from treatment rooms.
- The practice reception was secure when the dentist and nurse were in the treatment room.

We noted shortfalls that remained outstanding which included:

- Closed circuit television (CCTV) was present in the practice. A privacy impact assessment was not available.
- There were smoke detectors present in the practice, staff were not testing them at appropriate intervals.
- Emergency lights were not serviced, and back-up batteries tested on an annual basis

Are services well-led?

- Emergency fire escape directional signage was present but when illuminated it was confusing as a direction sign had been stuck directly over an existing direction sign.
- Wastepaper bins at the rear of the building were tethered appropriately but not fully protected from unauthorised interference and potential arson as the lock had been removed.
- Evidence was not available to demonstrate all staff had carried out fire safety, infection control, basic life support radiography (IR(ME)R training.
- Conduct in previous employment evidence was not available for a newly recruited clinician.
- A disability access audit did not identify that the mirror and coat hooks in the wheelchair accessible toilet were out of reach to a wheelchair user.

The practice manager started to work at Ascot Aesthetic Suite 6 weeks prior to our follow-up inspection visit. They showed us the improvements they had made and assured us they would address the remaining shortfalls as soon as practicably possible.

Since our inspection we have received evidence to confirm all of the outstanding shortfalls have been addressed.

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 Treatment of disease, disorder or injury Surgical procedures	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</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">• A closed-circuit television (CCTV) privacy impact assessment was not available.• Smoke detectors were not tested appropriately.• Annual emergency light testing and service was not carried out.• Emergency fire escape directional signage was confusing.• Wastepaper bins at the rear of the building were tethered but not locked.• Evidence was not available to demonstrate all staff had carried out fire safety, infection control, radiography (IR(ME)R training.• Conduct in previous employment evidence was not available for a newly recruited clinician.• A disability access audit did not identify that the mirror and coat hooks in the wheelchair accessible toilet were out of reach to a wheelchair user.