

Mr. Alex Manuelsson

# Affinity Dental Clinic

## Inspection report

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### Overall summary

We carried out this announced comprehensive inspection on 6 March 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. Improvements were needed to ensure that medicines and equipment were stored in accordance with the manufacturer's instructions and relevant guidelines.
- The practice had systems to manage risks for patients, staff, equipment and the premises. Improvements were needed to ensure these systems were followed consistently to effectively assess and manage risks.

# 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. Improvements were needed to the induction arrangements for staff when they commenced employment at the practice.
- 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.
- Staff felt involved, supported and worked as a team. Improvements were needed to the systems for monitoring staff training.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The practice had information governance arrangements.
- While some areas for improvement were needed, there was effective leadership and a culture of continuous improvement.

## Background

Affinity Dental Clinic is in Basildon, Essex and provides NHS and 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 3 dentists, 3 dental nurses, 1 trainee dental nurse, 2 dental hygienists, and 1 receptionist. The practice has 4 treatment rooms.

During the inspection we spoke with the principal dentist, 2 dental nurses, and the receptionist. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open between 9am and 5pm on Mondays to Fridays.

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.

<b>Are services safe?</b>	<b>No action</b> ✓
<b>Are services effective?</b>	<b>No action</b> ✓
<b>Are services caring?</b>	<b>No action</b> ✓
<b>Are services responsive to people's needs?</b>	<b>No action</b> ✓
<b>Are services well-led?</b>	<b>Requirements notice</b> ✗

# 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 infection control procedures which reflected published guidance.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment. A recently completed Legionella risk assessment identified some minor areas for improvements. There was an action plan to address these issues.

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. These reflected the relevant legislation. Improvements were needed to the arrangements for staff induction so that it covered all relevant areas to help new staff familiarise themselves with the practice's policies and procedures.

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

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.

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). Appropriate quality assurance checks were carried out in accordance with the manufacturer's instructions and related guidelines.

### **Risks to patients**

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. Improvements were needed to the systems to assess and mitigate risks related to the handling and disposal of dental sharps. A risk assessment was in place. However, actions to minimise risks of sharps injuries were not consistently followed and the assessment did not consider the risks associated with items such as matrix bands.

Improvements were needed so that risks where staff worked without chairside support (lone working) were assessed and arrangements implemented to minimise these risks.

Improvements were required to the arrangements for dealing with medical emergencies. Emergency equipment and medicines were available in accordance with national guidance. However the Glucagon (a medicine used to treat low blood glucose) was not stored in accordance with the manufacturer's instructions and was past its expiry date.

Improvements were required so that the Automated External defibrillator (AED) was stored so as to be easily accessible in the event of a medical emergency. This equipment was stored in a box and the battery pack was detached from the defibrillator. There were no child-size adhesive pads for use with the defibrillator.

# Are services safe?

Improvements were needed so that staff completed training in emergency resuscitation and basic life support every year. Staff had not completed hands on training in emergency procedures since 2019. Certificates in respect of this training did not provide assurance that the training covered areas such as use of the AED.

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. Some improvements were needed so that all dental professionals were up to date with changes guidance, for example in relation to antibiotic prescribing.

We saw the provision of dental implants was in accordance with national guidance. There were arrangements to audit the effectiveness of dental implant treatments.

### **Helping patients to live healthier lives**

The practice provided preventive care and supported patients to ensure better oral health. The dentists and dental hygienists provided advice around maintenance of good oral hygiene, sugar, alcohol and tobacco consumption.

### **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 had a structured induction and clinical staff completed 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 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. The arrangements for monitoring referrals to ensure they are received in a timely manner and not lost.

# 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. During the inspection, we observed staff were helpful, courteous and kind when dealing with patients in person and on the telephone.

The practice obtained and reviewed patient feedback.

Patients said staff were helpful, professional and kind.

### **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 leaflet 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 for example photographs, videos 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 is located within an office building. There is lift access and accessible toilet facilities for people with wheelchairs, and bay changing facilities. 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 information.

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. Routine and emergency NHS appointments were available at the practice.

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 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 provider demonstrated strong leadership and a transparent and open culture in relation to people's safety. However, there were some areas where safety procedures had not been implemented effectively.

Systems and processes were generally embedded. However the inspection highlighted some significant issues or omissions.

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

### **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.

Staff discussed their training needs during appraisals. Improvements were needed so that appraisals were carried out annually and used to monitor staff training and development needs.

Improvements were needed to the practice arrangements to ensure staff training was up-to-date and reviewed at the required intervals.

### **Governance and management**

Staff had 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 and were reviewed on a regular basis.

Some improvements were needed to the processes for managing risks, issues and performance.

### **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 meetings, 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.

## 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>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 operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <ul style="list-style-type: none"><li>• The sharps risk assessment had not considered all potential risks such as handling and disposal of matrix bands and dental files. The provider could not be assured that staff followed procedures to minimise sharps injuries.</li><li>• Medicine used to treat low blood glucose was not stored according to the manufacturer's instructions and was past its expiry date.</li><li>• The AED was not set up ready for use and there were no child-size adhesive pads available.</li></ul> <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"><li>• There were ineffective systems to monitor staff training and to ensure that staff undertook periodic training updates in accordance with relevant legislation and guidelines.</li></ul>

## Requirement notices

- Staff induction records did not include relevant information to help new staff familiarise themselves with the practice's policies and procedures.
- Records showed that staff had completed a number of training updates shortly before the inspection visits. There were minimal records available to provide assurance that staff completed periodic updates.
- Training records indicated that staff had last completed hands-on training in basic life support procedures in 2019 / 2020. The training certificate in respect of this training referred to first aid procedures. It was not evident that this training included elements required for basic life support including use of an AED.
- Staff appraisals were not carried out annually as part of a system to monitor staff training and development needs.

Regulation 17 (1)