

Mr. Frederick Tomas Allahverdin

Ashley Down Dental Care

Inspection report

382 Gloucester Road
Bristol
BS7 8TR
Tel: 01179247005
www.ashleydowndentalcare.co.uk

Date of inspection visit: 30 June 2021
Date of publication: 31/08/2021

Overall summary

We carried out this announced focused inspection on 30 June 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 always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it well-led?

These questions 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 not providing well-led care in accordance with the relevant regulations.

Summary of findings

Background

Ashley Down Dental Care is in Horfield, Bristol and provides NHS and private dental care and treatment for adults and children.

The treatment rooms are situated on the first and second floor of the practice and only accessible via stairs. The practice is unable to accommodate people who use wheelchairs. There is car parking available near the practice.

The dental team includes four dentists, two qualified dental nurses, two trainee dental nurses, one dental hygienist, practice manager, finance manager and three receptionists. The practice has four treatment rooms (three of which are currently in use).

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

During the inspection we spoke with three dentists including the principal dentist, two qualified dental nurses, two receptionists and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

- Monday 8:30am to 6pm
- Tuesday 8:30am to 6pm
- Wednesday 8:30am to 5:30pm
- Thursday 8:30am to 5:30pm
- Friday 8:30am to 1pm

Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- The provider's infection control protocols reflected published guidance; some improvements were however needed.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The provider had systems to help them manage risk to patients and staff, which could be improved. For example, undertaking an appropriate fire risk assessment to ensure relevant fire risks had been mitigated.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures that reflected current legislation. These were not always followed when staff were recruited.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff provided preventive care and supported patients to ensure better oral health.
- Staff felt involved and supported and worked as a team.
- Staff training was not always monitored to ensure staff were effectively supported to complete their continuing professional development and mandatory training.
- The provider asked staff and patients for feedback about the services they provided.
- The provider had information governance arrangements that reflected current guidance.

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

Summary of findings

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Full details of the regulation the provider is not meeting is at the end of this report.

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

- Take action to ensure that all clinical staff have adequate immunity for vaccine preventable infectious diseases.
- Take action to ensure all clinicians are adequately supported by a trained member of the dental team when treating patients in a dental setting taking into account the guidance issued by the General Dental Council. In particular, ensuring a risk assessment to mitigate any risks is undertaken for clinical staff working on their own.
- Take action to ensure the clinicians take into account guidelines when prescribing antibiotics and implement a full antibiotic prescribing audit taking into account the Faculty of General Dental Practice guidelines.

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?	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)

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.

Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC. We saw evidence that six out of eight staff had received safeguarding training. We noted the provider did not have evidence of staff training certificates for four staff. Following the inspection, the provider informed us they now had evidence of these. The practice manager informed us they planned to change the system of how they reviewed staff training, so it could be effectively monitored by management.

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 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.

The provider had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The 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.

The staff had systems in place to ensure that patient-specific dental appliances 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.

We saw effective cleaning schedules to ensure the practice was kept clean. When we inspected we saw the practice was visibly clean.

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

The provider carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards. There was an action plan in place. However, it had not identified areas for improvement such as; rips in dental chairs in two treatment rooms, rust on hand driers and local anaesthetic cartridges not held within their blister packs.

The provider had a whistle-blowing policy. Staff 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.

Are services safe?

The provider had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. The practice did not use agency or locum staff. We looked at three staff recruitment records. These showed the provider did not always follow their recruitment procedure. This included not always sourcing their own Disclosure and Barring Service (DBS) check when a new member of staff was recruited and where relevant not always attempting to source suitable evidence of conduct in previous employment. The practice manager informed us risk assessments would be completed for these members of staff by 16 July 2021 and new DBS checks sourced for all relevant members of staff.

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. The provider had recently had an electrical installation safety check in June 2021. Recommended actions were being addressed in July 2021.

There were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear. A fire risk assessment had been carried out by the practice manager. However, they could not ascertain whether this was completely in line with legal requirements. The practice manager planned to review whether an external assessment was appropriate.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. We noted that circular collimators were used in two treatment rooms. The provider informed us that following the inspection a rectangular collimator was now used in one treatment room and another one had been ordered.

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.

Clinical staff completed continuing professional development in respect of dental radiography. The provider relied upon verbal confirmation from some clinical staff on whether they were up to date with training. Following the inspection, the provider informed us they now had evidence of training certificates for staff. The practice manager planned to implement a system to effectively monitor staff training.

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. In two out of six records reviewed we found the provider had taken verbal confirmation of hepatitis B immunity status. The practice manager informed us all records would be reviewed to ensure the effectiveness of the vaccination had been checked.

The provider and practice manager had completed sepsis awareness training. Sepsis information for staff was held within treatment room folders. We noted that some clinical staff lacked knowledge in this area and the practice manager informed us they would discuss at the next practice meeting.

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

Are services safe?

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.

A dental nurse worked with the dentists and the dental hygienist when they treated patients in line with General Dental Council Standards for the Dental Team. A risk assessment had not been completed for when the hygienist worked without chairside support to mitigate any risks involved.

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

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 systems for appropriate and safe handling of medicines.

The practice did not hold medicines for prescription onsite. The system for ensuring dental materials were kept in date, needed improvement. We noted that in one treatment room some of the dental materials used, such as composite used for filling teeth and local anaesthetic were found to be out of date.

We saw staff stored and kept records of NHS prescriptions as described in current guidance.

The dentists were not fully aware of current guidance with regards to prescribing medicines. This was discussed with the provider who told us they would ensure clinical staff were aware of and following the guidelines.

A limited antimicrobial prescribing audit had been carried out reviewing a small sample of dental care records. It was unclear if the audit reflected wider prescribing practices due to its limited scope.

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.

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 dentists prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

The dentists discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided leaflets to help patients with their oral health.

Staff were aware of and involved with national oral health campaigns and local schemes which supported patients to live healthier lives, for example, local stop smoking services. They directed patients to these schemes when appropriate.

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 staff were aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who are looked after. The dentists 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. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team 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.

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 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.

Effective staffing

Are services effective?

(for example, treatment is effective)

Staff new to the practice had a structured induction programme. We were unable to confirm that all clinical staff completed all the continuing professional development required for their registration with the General Dental Council. The provider relied upon verbal confirmation from some clinical staff on whether they were up to date with training. The practice manager planned to implement a system to effectively monitor staff training.

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 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 needed to ensure they were consistently following regulations. However, they had the capacity, values and skills to ensure improvements were made.

The provider was knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them. Where there were areas found on the inspection that required improvement, we found the provider took these on board and planned to take swift action to improve the quality of service provided at the practice.

The provider was visible and approachable. Staff told us they worked closely with them to make sure they prioritised compassionate and inclusive leadership.

The provider planned the services to meet the needs of the practice population.

Culture

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

Staff discussed their training needs at annual appraisals. They also discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders. The provider planned to carry out formal appraisals for the other dentists to ensure they got the support they needed.

The staff focused on the needs of patients. Following the COVID-19 pandemic the practice prioritised patient needs for appointments, seeing the most in need first.

We saw the provider had systems in place to deal with staff poor performance.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider and practice manager try to deal with patient complaints or concerns face to face at the practice to help rectify any problems quickly. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

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

Governance and management

Staff had clear responsibilities, roles and systems of accountability to support good governance and management. However, some areas were needed to improve the service.

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The principal dentist and the practice manager were responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The provider had a system 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.

Are services well-led?

We saw there were processes in place for managing risks, issues and performance, although some of these needed to be improved. For example, when recruiting staff, practice policy and legislation must be followed to ensure the safety of patients and ensuring fire safety provisions were in place in accordance with legislative requirements.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

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

Engagement with patients, the public, staff and external partners

Staff involved patients, the public, staff and external partners to support the service.

The provider used patient surveys, encouraged verbal and email comments to obtain staff and patients' views about the service. The provider had delayed their annual patient survey due to the COVID pandemic. They planned to start this again soon.

The NHS Friends and Family Test had been paused but was due to restart again. This is a national programme to allow patients to provide feedback on NHS services they have used. Patients were encouraged to complete these when in place.

The provider gathered feedback from staff 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.

Continuous improvement and innovation

The provider had systems and processes for learning, continuous improvement and innovation.

The provider had quality assurance processes to encourage learning and continuous improvement, which could be improved. These included audits of radiographs and infection prevention and control. We found the infection prevention and control audit did not include all actions that we identified throughout our inspection as areas for improvement. An antimicrobial prescribing audit had been carried out reviewing a small sample of dental care records and was limited in scope.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. For example, the provider had listened to staff and increased dental nurse support at the end of a complex treatment session to reduce pressure on staff.

The provider supported and encouraged staff to complete continuing professional development (CPD). However, the provider did not have a system to monitor all staff training to ensure staff were fully supported to complete their CPD and other mandatory training. We were unable to confirm all staff had complete CPD and mandatory training as required and recommended.

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</p> <p>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>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.</p> <p>In particular:</p> <ul style="list-style-type: none">• The provider must ensure there is a system in place to monitor staff training to ensure they complete appropriate training according to their role.• The provider must have an effective system in place to ensure that appropriate checks are completed prior to new staff commencing employment at the practice, in accordance with their policy and legislative requirements.• Fire safety must be reviewed to ensure it meets current legislation requirements.• Take action to ensure audits of infection prevention and control identify all areas are recognised when improvements are needed. <p>Regulation 17 (1)</p>