

AshTree House Limited

Ash Tree House Dental Surgery

Inspection report

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Overall summary

We undertook a follow up focused inspection of Ash Tree House Dental Surgery on 3 October 2023.

This inspection was carried out to review 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 led by a CQC inspector who was supported remotely by a specialist dental advisor.

We had previously undertaken a comprehensive inspection of Ash Tree House Dental Surgery on 22 March 2023 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

We found the registered provider was not providing safe and 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 Ash Tree House Dental Surgery on our website www.cqc.org.uk.

When 1 or more of the 5 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 areas where improvement were required.

As part of this inspection, we asked:

- Is it well-led?

Our findings were:

Summary of findings

Are services well-led?

We found this practice was providing well-led care in accordance with the relevant regulations. The provider had made improvements in relation to the regulatory breach we found at our inspection on 22 March 2023

Background

Ash Tree House Dental Surgery is in Wooburn Green and provides NHS and private dental care and treatment for adults and children.

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

The dental team includes 6 dentists, 1 implant specialist, 2 qualified dental nurses, 3 student dental nurses, 3 dental hygienists, 1 practice manager and treatment coordinator, 1 receptionist.

The practice has 4 treatment rooms.

During the inspection we spoke with the provider 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 8.30am to 6.00pm
- Tuesday 8.30am to 5.00pm
- Wednesday 8.30am to 6.00pm
- Thursday 8.30am to 6.00pm
- Friday 8.30am to 3.00pm
- Saturday 9.00am to 2.00pm (alternate weeks)

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services well-led?

No action



Are services well-led?

Our findings

We found that this practice was providing well-led care and was complying with the relevant regulations.

At the inspection on 3 October 2023, we found the practice had made the following improvements to comply with the regulations:

Infection Control

- Dirty instruments were stored appropriately whilst they waited to be decontaminated.
- The floor to wall seal and worktop in the decontamination was complete.
- Instruments were cleaned using manual cleaning and ultrasonic bath techniques. Ratios of cleaning solution to water followed the instructions on the cleaning solution.
- The temperature of the ultrasonic bath was checked to ensure it remained below 45 degrees Celsius.
- Clinical staff's outdoor clothes and clinical uniforms were stored separately which reduced the risk of cross-infection.
- Infection control audits were completed correctly and could demonstrate improvement over time.

Legionella

- Evidence to confirm that actions from the risk assessment had been completed was available.
- Water dip slide testing was carried out.

Fire Safety

- Actions resulting from the fire risk assessment were completed.
- Waste bins at the front of the property were tethered away from the building which reduced the risk of unauthorised interference and potential arson.
- Paint pots had been removed from under the stairs.

Radiography

- Radiography audits were available for every clinician who took x-rays. Audits we reviewed were complete and included analysis and outcomes.

Sharps

- Sharps boxes in treatment rooms were labelled appropriately.
- A blood spillage kit was available and within its use by date.
- Needle re-sheathing safety devices were in use, in line with the practice's sharps risk assessment.

Medical Emergencies

- Appropriate medical emergency medicines and equipment associated with delivering emergency oxygen were available.
- The practice did not have an automated external defibrillator (AED) available immediately to manage medical emergencies, taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council. The provider told us they would purchase an AED as soon as practicably possible.

Health and Safety

- Window blinds were present at the waiting area window. The operating cords were secured to the window frame in line with British Safety standards.

COSHH

Are services well-led?

- COSHH risk assessments were available for control of substances hazardous to health (COSHH) relevant dental substances.
- COSHH safety data sheets were available for cleaning materials.
- COSHH applicable products were stored securely and labelled appropriately.
- The clinical waste cupboard was labelled with the appropriate COSHH warning signage.
- Radiation warning signs were displayed on the treatment rooms that contained radiography equipment.

Medicines

- Prescription pads were logged.
- Labelling of dispensed medicines packaging followed the Human Medicines Regulations 2012.
- Antimicrobial prescribing audits were available for every clinician who prescribed medicines. Audits we reviewed were fully completed to include analysis, outcomes or plans.

Data protection

- The practice had a General Data Protection Regulation (GDPR) compliant accident record book.

Staff Training

- The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals

CCTV

- A privacy impact assessment was available.
- Information for patients was available to explain the purpose of recording images.
- The name and contact details of those operating the surveillance scheme was available for patients.

Equality Act

- Staff had carried out a disability access audit. The actions identified from this audit were actioned appropriately.

The practice had also made further improvements:

- Risk assessments were carried out for staff who did not have adequate immunity for vaccine preventable infectious diseases.
- Clinicians took into account the guidance provided by the College of General Dentistry when completing dental care records.
- Protocols regarding auditing patient dental care records to check that necessary information was recorded was in place.
- Audits for the prescribing of antibiotic medicines took into account the guidance provided by the College of General Dentistry.

We noted areas that remained outstanding which included:

- Colour coded mop buckets were not separated when stored which increased the risk of cross-infection.
- Evidence of oversight of cleaning standard checks was not available.

The provider immediately began to rectify these shortfalls.