AshTree House Limited

Ash Tree House Dental Surgery

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 22 May 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.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Staff knew how to deal with medical emergencies, but improvement was needed to ensure emergency medicines and equipment were appropriate.

Summary of findings

- The practice had staff recruitment procedures which reflected current legislation.
- Clinical staff provided patients' care and treatment in line with current guidelines.
- Improvements were needed to infection control procedures to ensure they reflected published guidance.
- 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 practice had systems to manage risks for patients, staff, equipment and the premises but improvements were needed to ensure processes were effective.
- The appointment system worked efficiently to respond to patients' needs.
- Staff felt involved, supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The practice had information governance arrangements.
- The practice had quality assurance processes to encourage learning and continuous improvement, but these were not operated effectively.

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 3 dentists, 2 dental nurses, 1 student dental nurse, 1 dental hygienist, 1 receptionist 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)

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.

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 the clinicians take into account the guidance provided by the College of General Dentistry when completing dental care records.
- Improve the practice protocols regarding auditing patient dental care records to check that necessary information is recorded.
- Take action to ensure an automated external defibrillator (AED) is available immediately to manage medical emergencies, taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council, and undertake a risk assessment if a decision is made not to have an AED on site.
- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the College of General Dentistry.

The provider accepted the shortfalls that we raised and took immediate action the day of our inspection to begin to address these.

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, 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, but improvements were needed. Specifically:

- Dirty instruments were neither soaked nor sprayed whilst they waited to be decontaminated.
- The floor to wall seal in the decontamination was not complete in places.
- The worktop covering was damaged in places.
- Instruments were cleaned using manual cleaning and ultrasonic bath techniques. Ratios of cleaning solution to water did not follow the instructions on the cleaning solution.
- The temperature of the ultrasonic bath was not checked to ensure it remained below 45 degrees Celsius.
- Clinical staff's outdoor clothes and clinical uniforms were not stored separately presenting a possible cross-infection risk.
- We found a quantity of endodontic treatment consumables which had past their 'use by' dates.
- A rubber dam kit did not display a 'use by' date which meant the practice was unable to assure themselves it was suitable to use.
- We found a quantity of endodontic clasps which had not been pouched. We could not ascertain if these had been sterilised.
- Weaknesses were repeatedly highlighted in the infection control audits which meant the practice could not demonstrate improvement over time.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment.

- Evidence to confirm that actions from the risk assessment had been completed was not available.
- Water dip slide testing was not carried out.

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. We saw that cleaning schedules were in place to ensure it was kept clean.

There was not an effective cleaning process in place to ensure the practice was kept clean. Specifically:

- Colour coded equipment was not separated which presented a possible cross-infection risk.
- Evidence of oversight of cleaning standard checks was not available.

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.

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

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. However, the effectiveness of the vaccination was not known for 9 clinical staff.

Are services safe?

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.

- Actions resulting from the fire risk assessment remained outstanding.
- Waste bins at the front of the property were not lockable or tethered away from the building which made them at risk of unauthorised interference and potential arson.
- A quantity of paint pots were stored under the stairs.

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 had not effectively implemented systems to assess, monitor and manage risks to patient and staff safety. Specifically:

- Sharps boxes in treatment rooms 1 and 3 were not labelled appropriately.
- A blood spillage kit 'use by' date was June 2013.
- Needle re-sheathing safety devices were not in use, in line with the practice's sharps risk assessment.

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

An automated external defibrillator (AED) was not immediately available to manage medical emergencies, taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.

Emergency equipment and medicines were checked in accordance with national guidance, however we found areas that required attention:

- The quantity of available adrenaline did not follow the recommended standard.
- The quantity of available midazolam did not follow the recommended standard.
- An adult self-inflating bag and mask was beyond its 'use by' date.
- Needs for drawing up liquid medicines were beyond their 'use by' date.
- A child self-inflating bag and mask did not have a 'use by' date.
- Clear facemasks sizes 0-4 were not available.
- Dextrose powder was beyond its 'use by' date.

Window blinds were present at the waiting area window. The operating cords were not secured to the window frame in line with British Safety standards.

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health. Improvements were needed to the storage arrangements. Specifically:

- COSHH risk assessments were not available for control of substances hazardous to health (COSHH) relevant dental substances.
- COSHH safety data sheets were not available for cleaning materials.
- A quantity of COSHH applicable products were not stored securely or labelled appropriately.
- The clinical waste cupboard was not labelled with the appropriate COSHH warning signage.
- Radiation warning signs were not displayed on the treatment rooms that contained radiography equipment.

Information to deliver safe care and treatment

Are services safe?

Patient care records were 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 did not have a system for appropriate and safe handling of prescriptions. Specifically:

- Prescription pads were not logged.
- Labelling of dispensed medicines packaging did not follow the Human Medicines Regulations 2012.
- Antimicrobial prescribing audits were not available for every clinician who prescribed medicines. Audits we reviewed were not fully completed to include analysis, outcomes or plans.

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.

The practice did not have a General Data Protection Regulation (GDPR) compliant accident record book.

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.

Dental implants

We saw the provision of dental implants was in accordance with national guidance.

Helping patients to live healthier lives

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

involvement in local schemes

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.

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

We looked a sample of dental care records and found inconsistencies in the information clinicians recorded. Omissions included:

- Updated medical history
- Basic Periodontal Examination (BPE) screening results
- Justification, grading and reporting of X-rays taken
- Periodontal risk assessment
- Diagnosis
- Verbal consent

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.

Patient dental care record audits were not available for every clinician. Audits we reviewed were not fully completed to include analysis, outcomes or plans.

Radiography audits were not available for every clinician who took x-rays. Audits we reviewed were not fully completed to include analysis, outcomes or plans.

Effective staffing

Evidence was not available to demonstrate all staff had the skills, knowledge and experience to carry out their roles. We looked at 5 staff training files. Evidence presented to us confirmed that:

- 4 out of 5 staff carried out safeguarding children and vulnerable adults training.

Are services effective?

(for example, treatment is effective)

- 4 out of 5 staff carried out infection prevention and control training.
- Evidence to confirm the implantologist's qualification was not available.

We saw evidence that 2 clinicians had completed online basic life support training in the previous 12 months. There was no evidence available to confirm when the staff members had completed hands-on simulation training and assessment as recommended for all clinical staff by the Resuscitation Council.

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.

On the day of inspection, we spoke with 2 patients. They both told us they would recommend the practice to a family member or friend.

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.

The practice had installed closed-circuit television (CCTV) to improve security for patients and staff.
Relevant protocols were not effective. In particular:

- A privacy impact assessment was not available.
- Information for patients was not available to explain the purpose of recording images.
- The name and contact details of those operating the surveillance scheme were not displayed.

Staff password protected patients' electronic care records and backed these up to secure storage.

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 photographs, study models, X-ray images and an intra-oral camera.

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 which included, a ground floor treatment room, wheelchair accessible toilet, step fee access (via a ramp), a hearing loop and vision aids.

Staff had partially carried out a disability access audit. Some of the actions identified from this audit remained outstanding at the time of our inspection.

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 Notice section at the end of this report).

We will be following up on our concerns to ensure they have been put right.

Leadership capacity and capability

We found improvements were needed to ensure the management and oversight of procedures that supported the delivery of care was effective.

Culture

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

Governance and management

The provider had overall responsibility for the clinical leadership of the practice.

The provider had a system of clinical governance in place which included policies, protocols and procedures. These were accessible to all members of staff, but systems were not routinely followed.

We saw there were clear and effective processes for managing risks, issues and performance but these were not followed which resulted in poor risk management at the practice.

The management of radiography, fire safety, COSHH, infection control, emergency medicines and equipment, training and legionella 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 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

The provider had quality assurance processes to encourage learning and continuous improvement, but these were not operated effectively.

- Infection control audit action plans were not actioned effectively. Weaknesses were repeatedly highlighted in audits which meant the practice could not demonstrate improvement over time.
- Radiography, antimicrobial and patient care record audits were not carried out for every appropriate clinician.

Are services well-led?

- Audits we reviewed did not routinely have documented learning points so any resulting improvements could be demonstrated.

This section is primarily information for the provider

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Regulation 17** **Good governance** 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. 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: **Infection Control** • Dirty instruments were neither soaked nor sprayed whilst they waited to be decontaminated. • The floor to wall seal in the decontamination was not complete in places. • The worktop covering was damaged in places. • Instruments were cleaned using manual cleaning and ultrasonic bath techniques. Ratios of cleaning solution to water did not follow the instructions on the cleaning solution. • The temperature of the ultrasonic bath was not checked to ensure it remained below 45 degrees Celsius. • Clinical staff's outdoor clothes and clinical uniforms were not stored separately presenting a possible cross-infection risk. • We found a quantity of endodontic treatment consumables which had past their 'use by' dates.

This section is primarily information for the provider

Requirement notices

- A rubber dam lit did not display a 'use by' date which meant the practice was unable to assure themselves it was suitable to use.
- We found a quantity of endodontic clasps which had not been pouched. We could not ascertain if these had been sterilised.
- The latest infection control audit highlighted the same shortfalls as a previous audit which meant improvements could not be demonstrated.

Legionella

- Evidence to confirm that actions from the risk assessment had been completed was not available.
- Water dip slide testing was not carried out.

Cleaning

- Colour coded equipment was not separated which presented a possible cross-infection risk.
- Evidence of oversight of cleaning standard checks was not available.

Fire Safety

- Actions resulting from the fire risk assessment remained outstanding.
- Waste bins at the front of the property were not lockable or tethered away from the building which made them at risk of unauthorised interference and potential arson.
- A quantity of paint pots were stored under the stairs.

Radiography

- Radiography audits were not available for every clinician who took x-rays. Audits we reviewed were not fully completed to include analysis, outcomes or plans.

Sharps

- . A sharps boxes in treatment rooms 1 and 3 were not labelled appropriately.
- A blood spillage kit 'use by' date was June 2013.
- Needle re-sheathing safety devices were not in use, in line with the practice's sharps risk assessment.

Medical Emergencies

This section is primarily information for the provider

Requirement notices

- The quantity of available adrenaline did not follow the recommended standard.
- The quantity of available midazolam did not follow the recommended standard.
- An adult self-inflating bag and mask was beyond its 'use by' date.
- Needs for drawing up liquid medicines were beyond their 'use by' date.
- A child self-inflating bag and mask did not have a 'use by' date.
- Clear facemasks sizes 0-4 were not available.
- Dextrose powder was beyond its 'use by' date.

Health and Safety

- Window blinds were present at the waiting area window. The operating cords were not secured to the window frame in line with British Safety standards.

COSHH

- COSHH risk assessments were not available for control of substances hazardous to health (COSHH) relevant dental substances.
- COSHH safety data sheets were not available for cleaning materials.
- A quantity of COSHH applicable products were not stored securely or labelled appropriately.
- The clinical waste cupboard was not labelled with the appropriate COSHH warning signage.
- Radiation warning signs were not displayed on the treatment rooms that contained radiography equipment.

Medicines

- Prescription pads were not logged.
- Labelling of dispensed medicines packaging did not follow the Human Medicines Regulations 2012.
- Antimicrobial prescribing audits were not available for every clinician who prescribed medicines. Audits we reviewed were not fully completed to include analysis, outcomes or plans.

Data protection

This section is primarily information for the provider

Requirement notices

- The practice did not have a General Data Protection Regulation (GDPR) compliant accident record book.

Staff Training

We looked at 5 staff training files. Evidence presented to us confirmed that:

- 4 out of 5 staff carried out safeguarding children and vulnerable adults training.
- 4 out of 5 staff carried out infection prevention and control training.
- Evidence to confirm the implantologist's qualification was not available.

CCTV

- A privacy impact assessment was not available.
- Information for patients was not available to explain the purpose of recording images.
- The name and contact details of those operating the surveillance scheme were not displayed.

Equality Act

- Staff had partially carried out a disability access audit. Some of the actions identified from this audit remained outstanding at the time of our inspection.

Regulation 17(1)