

Ascot Aesthetic Suite Limited

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Inspection report

Ascot Dental Clinic
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Overall summary

We carried out this unannounced focused inspection on 4 March 2022 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 adviser.

To get to the heart of patients' experiences of care and treatment, we usually ask five key questions, however due to the ongoing COVID-19 pandemic and to reduce time spent on site, only the following three questions were asked:

- 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:

- The practice appeared to be clean and well-maintained.
- The provider's infection control procedures were not operated effectively
- Appropriate life-saving equipment was not available.
- The provider did not operate effective systems to help them manage risk to patients and staff.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider's staff recruitment procedures were not operated effectively.
- The clinician provided patients' care and treatment in line with current guidelines.

Summary of findings

- Staff provided preventive care and supported patients to ensure better oral health.
- The provider did not have a culture of continuous improvement.
- The provider's information governance arrangements were not operated effectively.

Background

There is level 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 dental team includes four dentists, one specialist dentist, one dental nurse who is also the practice manager and two trainee dental nurses. The practice has two treatment rooms of which one was in use.

During the inspection we spoke with the principal dentist, one dental nurse 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 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

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.
- Ensure persons employed in the provision of the regulated activity receive the appropriate training necessary to enable them to carry out the duties.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed and specified information is available regarding each person employed.

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




- Implement protocols regarding the prescribing and recording of antibiotic medicines taking into account guidance provided by the Faculty of General Dental Practice in respect of antimicrobial prescribing.
- Implement a system to ensure patient referrals to other dental or health care professionals are centrally monitored to ensure they are received in a timely manner and not lost.

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 safe?	No action	
Are services effective?	Requirements notice	
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)

The practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.

The practice did not have infection control procedures which reflected current published guidance. Specifically:

- Surgery one floor to wall seals were incomplete in places.
- The handwashing sink in the decontamination room was used to wash staff cutlery and cups. We have been advised this shortfall is being addressed.
- The patient treatment chair in surgery one was torn in two places. We have been sent evidence to confirm this shortfall has been addressed.
- Used instruments waiting for decontamination were not sprayed or soaked.

Not all staff had completed training in infection prevention and control as recommended.

Records were not available to demonstrate that the equipment used by staff for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

Evidence was not available to demonstrate the autoclave machine and ultrasonic bath had been serviced.

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

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately but improvements were needed to ensure the clinical waste bin in the decontamination room was foot operated.

We saw the practice was visibly clean and there was an effective cleaning schedule to ensure the practice was kept clean. However, cleaning equipment was not stored appropriately. We have been sent evidence to confirm this shortfall has been addressed.

Recruitment checks to help the practice employ suitable staff had not been carried out, in accordance with relevant legislation

We looked at eight staff recruitment folders and found that:

- Three did not have evidence of eligibility to work in the UK.
- Four did not have evidence of photographic identity.
- Four did not have evidence of a health assessment.
- Four did not have evidence of a Disclosure and Barring Service (DBS) check.
- Four did not have evidence of their employment history.
- Three did not have evidence of employment references.
- One did not have evidence of professional indemnity cover.
- One did not have evidence of their registration with the General Dental Council and had professional indemnity cover.

The practice did not ensure the facilities were maintained in accordance with regulations.

Specifically:

- The fire risk assessment action plan had not been fully addressed.

Are services safe?

- There were no smoke detectors present in the practice.
- Emergency lighting testing was not effective. We have been sent evidence to confirm this shortfall has been addressed.
- Emergency lighting was not routinely discharged and serviced.
- Emergency fire escape directional signage was either incorrect or missing in places.
- Air conditioning units were not serviced.
- Radiation warning signs were missing from the rooms containing X-ray equipment.
- An oxygen warning sign was missing from the room containing the oxygen cylinder.
- Waste paper bins at the rear of the building were not protected from unauthorised interference and potential arson. We have been sent evidence to confirm this shortfall has been addressed.

The practice had the required radiation protection information available.

- We saw a disused Orthopantomogram (OPG) machine in a cupboard which was used to store materials and cleaning products and equipment. This machine was not disconnected from the electrical supply. We have been sent evidence to confirm this shortfall has been addressed.
- Rectangular collimators were not available. We have been sent evidence to confirm this shortfall has been addressed.

Risks to patients

The practice had not implemented systems to assess, monitor and manage risks to patient and staff safety. In particular risk assessments relating to health and safety and sepsis awareness were not carried out.

The practice did not have information available to staff in relation to Sepsis management.

Emergency equipment and medicines were not checked effectively in accordance with national guidance. In particular:

- The fridge used to store glucagon was above the recommended temperature. Staff were unaware what action was required as a result.
- Buccal midazolam was not available. We have been sent evidence to confirm this shortfall has been addressed.

The practice was unable to provide evidence that basic life support training had been completed for six staff.

The practice did not have adequate systems to minimise the risk that could be caused from substances that are hazardous to health. In particular:

- The practice had not carried out risk assessments in relation to the safe storage and handling of substances hazardous to health.

Substances subject to COSHH regulations were not stored in a secure manner. We have been sent evidence to confirm this shortfall has been addressed.

Information to deliver safe care and treatment

Dental care records we saw were kept securely and complied with General Data Protection Regulation requirements.

Staff did not demonstrate an awareness of the importance of protecting patients' personal information. In particular:

- Closed circuit television (CCTV) was present in every room of the surgery. A privacy impact assessment had not been carried out.
- CCTV signage was only present at the front of the building.
- The reception computer was not locked when staff were away from the desk.
- The practice reception was not secure when the dentist and nurse were in the treatment room.

The practice did not have a system in place for referring patients to secondary care services with suspected oral cancer under the national two-week wait arrangements.

Are services safe?

The practice did not have adequate monitoring systems to ensure the referrals were followed up to ensure patients received care in a timely manner.

The practice did not have up to date information available to staff in relation to Sepsis detection and management.

Reasonable adjustments were not made when providing equipment to meet the needs of disabled people in line with requirements of the Equality Act 2010. Specifically:

- A hearing loop was not available.
- Vision aids (magnifying glass/reading glasses) were not available.
- A Disability Access audit was not carried out.

We have been sent evidence to confirm these shortfalls have been addressed.

Safe and appropriate use of medicines

Antimicrobial prescribing audits were not carried out. Since our visit the practice has sent us a completed audit but it was not complete as it did not include reflections or actions points.

Track record on safety, and lessons learned and improvements

The practice had implemented systems for reviewing and investigating when things went wrong. The provider did not have a system for receiving and acting on safety alerts. We have been sent evidence to confirm this shortfall has been addressed.

Are services effective?

(for example, treatment is effective)

Our findings

We found this practice was not providing effective 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.

Effective needs assessment, care and treatment

The practice had systems to keep dental professionals up to date with current evidence-based practice.

Helping patients to live healthier lives

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

Consent to care and treatment

Staff obtained patients' consent to care and treatment in line with legislation and guidance.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA).

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

There were inconsistencies in the information recorded within the dental care records we looked at. For example, we reviewed a sample of records for each clinician and found at least one omission for each.

Evidence was not available to demonstrate the practice had carried out dental care record audits. We have been sent evidence to confirm this shortfall has been addressed.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty.

Evidence was not available to demonstrate the practice had carried out radiography audits six-monthly following current guidance and legislation.

Effective staffing

Evidence was not available to demonstrate all staff had the skills, knowledge and experience to carry out their roles. In particular:

- Training was not kept in an ordered way or monitored to ensure relevant staff had carried out training at required intervals.
- There was no evidence available to confirm staff received formal fire safety training.
- Records showed that two out of eight staff had carried out the appropriate level of safeguarding children and vulnerable adults training.
- There was no evidence available to confirm all clinicians had carried out five hours of IRMER (Radiography) training in the previous five years.
- Records showed that two out of eight staff had carried out infection prevention and control training.

The practice did not carry out a structured induction for all newly appointed staff.

Co-ordinating care and treatment

Are services effective?

(for example, treatment is effective)

The dentist 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

There was a lack of oversight at the practice. The practice manager told us they were also the lead nurse which took them away from their management duties.

Systems and processes were not embedded among staff. For example, the trainee dental nurse was unaware what to do if the emergency medicines fridge exceeded the required temperature.

The inspection highlighted issues which included, health and safety, fire, infection control, sepsis management, staff recruitment and training.

Culture

There were no opportunities for staff to discuss learning needs, general wellbeing and aims for future professional development.

We saw no evidence of completed staff appraisals.

Governance and management

The provider did not have effective governance and management arrangements. In particular, there was no evidence the policies, protocols and procedures were reviewed on a regular basis.

Appropriate and accurate information

The practice had ineffective information governance arrangements.

Staff did not demonstrate an awareness of the importance of protecting patients' personal information. In particular:

- Closed circuit television (CCTV) was present in every room of the surgery. A privacy impact assessment had not been carried out.
- CCTV signage was only present at the front of the building.
- The reception computer was not locked when staff were away from the desk.
- The practice reception was not secure when the dentist and nurse were in the treatment room.

Engagement with patients, the public, staff and external partners

Staff gathered feedback from patients.

There was no evidence the practice gathered feedback from staff through meetings, surveys, and informal discussions.

Continuous improvement and innovation

The practice did not have systems and processes in place for learning, continuous improvement and innovation.

There was no evidence the practice carried out audits of disability access, and radiographs in accordance with current guidance and legislation.

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>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> <p>Infection Control</p> <ul style="list-style-type: none">• Surgery one floor to wall seals were incomplete in places.• The handwashing sink in the decontamination room was used to wash staff cutlery and cups.• The patient treatment chair in surgery one was torn in two places.• Used instruments waiting for decontamination were not sprayed or soaked.• Evidence was not available to demonstrate appropriate staff had completed training in infection control.• Evidence was not available to demonstrate the autoclave machine and ultrasonic bath had been serviced.• The clinical waste bin in the decontamination room was not foot operated. <p>Fire Safety</p> <ul style="list-style-type: none">• The fire risk assessment action plan had not been addressed.• There were no smoke detectors present in the practice.• Emergency lighting testing was not effective.• Emergency lighting was not routinely discharged and serviced.

Requirement notices

- Emergency fire escape directional signage was either incorrect or missing in places.
- Air conditioning units were not serviced.
- Radiation warning signs were missing from the rooms containing X-ray equipment.
- An oxygen warning sign was missing from the room containing the oxygen cylinder.
- Waste paper bins at the rear of the building were not protected from unauthorised interference and potential arson.

Emergency Medicines and Equipment

- The fridge used to store glucagon was above the recommended temperature. Staff were unaware what action was required as a result.
- Buccal midazolam was not available.

COSHH

- The practice had not carried out risk assessments in relation to the safe storage and handling of substances hazardous to health.
- Substances subject to COSHH regulations were not stored in a secure manner.

Equality Act

- A hearing loop was not available.
- Vision aids (magnifying glass/reading glasses) were not available.
- A Disability Access audit was not carried out.

Data Protection

- Closed circuit television (CCTV) was present in every room of the surgery. A privacy impact assessment had not been carried out.
- CCTV signage was only present at the front of the building.
- The reception computer was not locked when staff were away from the desk.
- The practice reception was not secure when the dentist and nurse were in the treatment room.

Requirement notices

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Surgical procedures

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The registered person did not ensure persons employed in the provision of the regulated activity received the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.

In particular:

- Training was not kept in an ordered way or monitored to ensure relevant staff had carried out training at required intervals.
- There was no evidence available to confirm staff received formal fire safety training.
- Records showed that two out of eight staff had carried out the appropriate level of safeguarding children and vulnerable adults training.
- There was no evidence available to confirm all clinicians had carried out five hours of IRMER (Radiography) training in the previous five years.
- Records showed that two out of eight staff had carried out infection prevention and control training.
- The practice did not carry out a structured induction for all newly appointed staff.
- There was no evidence available to confirm staff appraisals were carried out.

Regulated activity

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Surgical procedures

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The registered person did not ensure that recruitment procedures were operated effectively to ensure only fit and proper persons are employed and specified information is available regarding each person employed.

In particular:

Recruitment checks were not monitored to ensure they were completed or stored appropriately.

We looked at eight staff recruitment folders and found that:

- Three did not have evidence of eligibility to work in the UK.

This section is primarily information for the provider

Requirement notices

- Four did not have evidence of photographic identity.
- Four did not have evidence of a health assessment.
- Four did not have evidence of a Disclosure and Barring Service (DBS) check.
- Four did not have evidence of their employment history.
- Three did not have evidence of employment references.
- One did not have evidence of professional indemnity cover.
- One did not have evidence of their registration with the General Dental Council and had professional indemnity cover.