

The Smile Studios Limited

The Smile Studios: Richmond

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 31 August 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.
- 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.
- Patients were treated with dignity and respect.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system worked efficiently to respond to patients' needs.

Summary of findings

- 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 and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- Improvements were needed to the Information Governance policy to take account the General Data Protection Regulation (GDPR) 2018 requirements.
- There were ineffective systems to support continuous improvement.
- Improvements were needed to ensure that clinical staff kept up to date with current guidelines, and information related to patient care was suitably recorded within the dental care records.
- The leadership and oversight for the day-to-day management of the service needed improvements.

Background

The provider has 4 practices, and this report is about The Smile Studios: Richmond.

The Smile Studios: Richmond is in the London Borough of Richmond upon Thames and provides private dental care and treatment for adults and children.

There are 5 steps leading to the entrance of the practice so it is unsuitable for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for disabled people, are available near the practice. The premises are within a listed building so the provider is unable to make substantial adjustments.

The dental team includes the principal dentist, 2 associate dentists, 1 specialist orthodontist, 3 dental nurses, 1 dental hygienist, 1 practice manager and 3 receptionists. Treatment under conscious sedation is provided occasionally by visiting sedationists. The practice has 4 treatment rooms.

During the inspection we spoke with the principal dentist, 1 dental nurse, 1 receptionist and the practice manager. Following the inspection we also spoke with a dentist who visited the practice to provide conscious sedation. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday, Wednesday & Friday from 8.30am to 6pm

Tuesday & Thursday from 8.30am to 7pm

Saturday from 8.30am to 4pm

Sunday from 9.30am to 6pm

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

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

- Implement protocols for the use of closed circuit television cameras taking into account the guidelines published by the Information Commissioner's Office.
- Improve the practice protocols regarding auditing patient dental care records to check that necessary information is recorded.

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 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.

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.

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

The practice ensured most equipment was safe to use, maintained and serviced according to manufacturers' instructions. Improvements could be made to ensure the X-ray equipment was serviced according to manufacturer's recommendations. The practice ensured the facilities were maintained in accordance with regulations with the exception of fire detecting equipment.

A fire safety risk assessment was carried out in line with the legal requirements, but improvements could be made regarding the fire detection equipment maintenance and testing. We were shown evidence that an engineer serviced the fire alarm system in March 2022 and had recommended that the system should be replaced as soon as possible because it was 8 years out of date. The recommendation was not implemented until August 2023 when the weekly tests carried out by the practice manager detected faults. An engineer attended the location on the day of the inspection and a new fire detection and alarm system was installed. The practice had emergency lighting, but this was not tested monthly or serviced in line with guidance. Staff did not know how to conduct these tests. We have been sent evidence that servicing of the emergency lighting system has been scheduled.

The practice had some arrangements to ensure the safety of the X-ray equipment. Improvements were required to ensure the X-ray and cone-beam computer tomography (CBCT) equipment received electro-mechanical servicing following the manufacturer's recommendations. In addition, the routine performance tests for the CBCT machine were only carried out at 3 yearly intervals, instead of annually according to the Radiation Protection Advisor's recommendation and published guidance. We noted that the Local Rules had not been updated to reflect the requirements of Ionising Radiation Regulations 2017 (IRR17). Following our inspection, the provider arranged for appropriate servicing of all X-ray generating equipment to be carried out on 11 September 2023.

Risks to patients

The practice had implemented some systems to assess, monitor and manage risks to patient and staff safety. This included sepsis awareness and lone working. Improvements were required to the safe use of sharps as we were unable to locate needle re-sheathing devices, contrary to the sharps policy. The practice advised us that needle guards have been purchased and their use implemented following our feedback.

Are services safe?

Emergency equipment and medicines were available and checked in accordance with national guidance.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. We were not assured that Immediate Life Support training (or basic life support training plus patient assessment, airway management techniques and automated external defibrillator training) was completed by all staff providing treatment to patients under sedation. Following our inspection, we received evidence that the relevant staff had attended an appropriate course on 6 September 2023.

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 not completed in line with current guidelines. In particular we observed that treatment options and dosage of local anaesthetic were not always recorded. The justification and reporting of radiographs, including for CBCT images, were not always recorded which is a requirement of the Ionising Radiation (Medical Exposure) Regulations 2017 (IRMER17).

Patient care records were, however, 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 undertaken. There was lack of an adequate analysis and subsequent action plans and the audits did not identify when guidance provided by the College of General Dentistry (CGDent) was not being followed. For example, we noted that 7-day courses of antibiotics, and erythromycin had been dispensed contrary to current guidance. The practice advised us that following our feedback, correct guidance had now been distributed to all staff.

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 some systems to keep dental professionals up to date with current evidence-based practice. We were not assured that clinicians had received training appropriate to their level in the use of CBCT imagery. Following our inspection, we were sent evidence that suitable courses had now been booked.

The practice offered conscious sedation for patients. The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management and sedation equipment checks. We were shown evidence that the visiting sedationists had received the appropriate levels of training; however not all team members involved in the provision of conscious sedation had taken appropriate life support training as recommended in the Standards for Conscious Sedation in the Provision of Dental Care published by the Advisory Committee for Sedation in Dentistry (IASCD). We also noted that a patient who was assessed as ASA grade III - severe systemic disease as per the American Society of Anesthesiologists physical status classification system was treated using conscious sedation in this primary care setting contrary to the current guidelines. We contacted the company through which the sedationist was booked and were told as they were a booking service for practices they had no control over the selection of patients the individual sedationists treat. We also spoke with the visiting sedationist who had delivered conscious sedation for the patient. They assured us they made the necessary checks as regard ASA status, staff training and medical emergency preparedness. They also assured us that going forward they would seek further assurances from the provider for evidence of appropriate team training. At the inspection we were told that the sedationist brought their own additional oxygen and that a second dental nurse with appropriate life support training was present. The sedationist stated that this was not the case.

The specialist orthodontist carried out a patient assessment in line with recognised guidance from the British Orthodontic Society.

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.

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

Improvements were needed to ensure all clinicians kept detailed dental care records in line with recognised guidance. On the day of inspection, we checked 11 dental records and identified some shortcomings. In particular, we noted that radiographs and CBCT images were not always justified or reported on in compliance with the Ionising Radiation (Medical Exposure) Regulations 2017. In addition 1 record omitted treatment options and we observed that dosages of local anaesthetics were not recorded in 2 records. We were shown a record keeping audit, but this did not contain enough detail or analysis to identify the shortfalls or where improvements could be made.

Are services effective?

(for example, treatment is effective)

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. At the time of inspection, not all staff had completed training in autism and learning disability awareness as required by the Health and Social Care Act 2022. Following our inspection, we were sent evidence showing that all staff had completed training appropriate to their level.

Evidence was not available to demonstrate that all the dentists justified and reported on the radiographs they took. The practice carried out radiography audits six-monthly following current guidance. Improvements were required to ensure these audits used a suitable sample size, the current radiographic grading system and contained analyses and action plans.

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 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. Both patients we spoke with told us that they were happy with the service which was clean, and staff acted professionally.

Patients said staff were compassionate, friendly 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 to improve security for patients and staff. Relevant policies and protocols were in place. The practice did not have the relevant protocols and procedures in place to ensure its appropriate use. A privacy impact assessment had not been undertaken. Following our feedback, the provider consulted the Information Commissioner's Office (ICO) and updated the CCTV policy and undertook a Data Protection Impact Assessment.

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 and information 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, study models, 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 had made reasonable adjustments, including the addition of an induction hearing loop to assist patients who wore hearing aids. 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, patient information leaflet, social media page.

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 as the practice was open 7 days a week. 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

We found the provider had the values and skills to deliver high-quality, sustainable care although improvements were required to improve oversight at the practice. We found that all staff members worked well together. The inspection highlighted issues and omissions relating to equipment and facilities maintenance, staff training and governance. Staff working at the practice, especially the practice manager were engaged with the process and were committed to making improvements. Following our inspection feedback, the provider immediately initiated action towards addressing the shortcomings.

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

We saw the practice had effective processes to support and develop staff with additional roles and responsibilities.

Culture

Staff could show how they ensured high-quality sustainable services and demonstrated improvements over time.

Staff we spoke with stated they enjoyed working at the practice and were comfortable raising concerns with the practice manager.

Staff discussed their training needs during annual appraisals. They also discussed learning needs, general wellbeing and aims for future professional development.

The practice had arrangements to ensure most 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 required improvements. We noted inaccuracies within the practice leaflet, business continuity plan, Local Rules, whistleblowing policy and sharps policy. Following the inspection, policies were reviewed and corrected to reflect the procedures within the practice.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

The practice had information governance arrangements which required improvements. In particular the practice had installed closed circuit television (CCTV) and no Data Protection Impact Assessment had been carried out.

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

Are services well-led?

The practice had some systems and processes for learning, quality assurance, continuous improvement that required improvements. 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. However, action plans and improvements were not recorded or implemented so continuous improvement could not be assessed or monitored.

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 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">• Risks relating to fire safety, staff training, radiation generating equipment and provision of dental care and treatment under conscious sedation had not been suitably identified and mitigated. <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 improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none">• Radiographic audits were not completed correctly and did not use data from a suitable sample size.• The practice policies and procedures were not reviewed or monitored effectively to ensure that they reflected current guidance and legislation.

Requirement notices

The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to ensure that accurate, complete and contemporaneous records were being maintained securely in respect of each service user. In particular:

- The recording of the justification and reporting of radiographs including CBCT images was not always present.
- Dental care records were missing details such as local anaesthetic dosages administered and patient options.

Regulation 17 (1)