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# iSmile Dental Practice

## Inspection report

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### Overall summary

We undertook a follow up focused inspection iSmile dental Practice on 15 March 2022. This inspection was carried out to review in detail 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 by a specialist dental adviser.

We undertook a comprehensive inspection of iSmile Dental Practice on 05 January 2022 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, effective and well led care and was in breach of regulations 12, 17 and 18 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 iSmile dental practice on our website [www.cqc.org.uk](http://www.cqc.org.uk).

As part of this inspection we asked:

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

When one or more of the five 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 was required.

### Our findings were:

#### Are services safe?

We found this practice was providing safe care in accordance with the relevant regulations.

# Summary of findings

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 05 January 2022

## **Are services effective?**

We found this practice was providing effective care in accordance with the relevant regulations.

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 05 January 2022.

## **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 breaches we found at our inspection on 05 January 2022.

## **Background**

iSmile Dental Practice is in Tunbridge Wells and provides private treatment for adults and children.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces, including some for blue badge holders, are available near the practice.

The dental team includes two dentists, two trainee dental nurses, and a practice manager. The practice has two treatment rooms.

During the inspection we spoke with one dentist, one trainee 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 to Thursday 8.30am to 5.15pm
- Friday – closed
- Saturday 10am to 4.30pm

## **Our key findings were:**

- The practice appeared to be visibly clean and maintained including the decontamination room
- The provider had infection control procedures which reflected published guidance
- Staff knew how to deal with emergencies and all of the required medicines and equipment were available.
- The provider had systems to help them manage risks to patients and staff
- The provider had safeguarding processes and staff were aware of their responsibilities for safeguarding vulnerable adults and children.
- The provider had recruitment procedures which reflected current legislation
- Dental care records had improvements with recording some information, but further improvements were required.

# Summary of findings

- Clinical governance had improved, but further improvements were required in relation to auditing patient dental care records and antimicrobial prescribing.

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

- Take action to ensure the clinicians take into account the guidance provided by the College of General Dentistry when completing dental care records.
- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the College of General Dentistry.
- Improve the practice protocols regarding auditing patient dental care records to check that necessary information is recorded.
- Take action to ensure the suitability of the premises and ensure all areas are fit for the purpose for which they are being used. In particular, ensure a five year electrical safety check is conducted and certificate is obtained.

# Summary of findings

## The five questions we ask about services and what we found

We asked the following question(s).

<b>Are services safe?</b>	<b>No action</b> ✓
<b>Are services effective?</b>	<b>No action</b> ✓
<b>Are services well-led?</b>	<b>No action</b> ✓

# Are services safe?

## Our findings

We found that this practice was providing safe care and was complying with the relevant regulations.

At our previous inspection on 05 January 2022 we judged the practice was not providing safe care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notice.

At the inspection on 15 March 2022 we found the practice had made the following improvements to comply with the regulations:

### **Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)**

- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had infection control procedures which reflected published guidance. The provider had introduced additional procedures in relation to COVID-19 in accordance with published guidance.
- The provider had procedures to reduce the possibility of Legionella or other bacteria developing in water systems, in line with a risk assessment.
- We saw the practice was visibly clean and there was an effective cleaning schedule to ensure the practice was kept clean.
- The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation.
- 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 fire safety and gas appliances. The five year electrical safety check was booked for the 28th March 2022. We asked the practice to send us a copy of the certificate once the checks had been completed.
- The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available.

### **Risks to patients**

- The provider had implemented systems to assess, monitor and manage risks to patient safety. Including: sharps safety and sepsis awareness.
- Emergency equipment and medicines were available and checked as described in recognised guidance.
- Staff knew how to respond to a medical emergency and three had completed training in emergency resuscitation and basic life support every year. Two members of staff were booked to attend training.
- 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**

- Dental care records we saw were improved, legible, were kept securely and complied with General Data Protection Regulation requirements. However, further improvements were required as three of the six records we reviewed did not have any information about examination appointments recently attended.

### **Safe and appropriate use of medicines**

- The provider had systems for appropriate and safe handling of medicines.
- Antimicrobial prescribing audits were not carried out.

### **Track record on safety, and lessons learned and improvements**

# Are services safe?

- The provider had implemented systems for reviewing and investigating when things went wrong.
- The provider had a system for receiving and acting on safety alerts.

# Are services effective?

(for example, treatment is effective)

## Our findings

We found that this practice was providing effective care and was complying with the relevant regulations.

At our previous inspection on 05 January 2022 we judged the practice was not providing effective care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notice.

At the inspection on 15 March 2022 we found the practice had made the following improvements to comply with the regulations:

### **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 consent to care and treatment in line with legislation and guidance.
- Staff understood their responsibilities under the Mental Capacity Act 2005.
- There were omissions in the information recorded within the dental care records we looked at. For example, many improvements had been made, but three of the six records we reviewed did not have any information regarding examination findings.

### **Effective staffing**

- Staff had the skills, knowledge and experience to carry out their roles. Staff had completed key training for Safeguarding vulnerable adults and children, infection control, mental capacity and sepsis. We saw that training for basic life support was booked for two members of staff.

# Are services well-led?

## Our findings

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

At our previous inspection on 05 January 2022 we judged the practice was not providing well led care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notice.

At the inspection on 15 March 2022 we found the practice had made the following improvements to comply with the regulations:

### **Leadership capacity and capability**

- Systems and processes were embedded, and staff worked together in such a way that the inspection did not highlight any issues or omissions. We saw new policies for whistleblowing, consent and safeguarding vulnerable adults and children.
- The information and evidence presented during the inspection process was clear and well documented.

### **Culture**

- Staff discussed their training needs at an annual appraisal. They also discussed learning needs, general wellbeing and aims for future professional development.

### **Governance and management**

- Staff had clear responsibilities roles and systems of accountability to support good governance and management.
- 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

### **Appropriate and accurate information**

- Staff acted on appropriate and accurate information.

### **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. These included audits of dental care records, disability access, radiographs and infection prevention and control.
- Staff kept records of the results of these audits and the resulting action plans and improvements.