

Jaydip Limited

Perfect Smile Dental – Becmead Avenue

Inspection report

11 Becmead Avenue
Streatham
London
SW16 1UN
Tel: 02087691920

Date of inspection visit: 04/08/2023
Date of publication: 11/09/2023

Overall summary

We carried out this announced comprehensive inspection on 4 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.
- Clinical staff provided patients' care and treatment in line with current guidelines.
- 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.

Summary of findings

- The appointment system worked efficiently to respond to patients' needs.
- 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, 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.
- Staff knew how to deal with medical emergencies. However, not all life-saving equipment was available as per national guidelines.
- Staff knew their responsibilities for safeguarding vulnerable adults and children. Improvements were required to ensure all staff completed safeguarding training at a level appropriate to their role.
- There were ineffective systems to ensure that staff were up to date with their training.
- Improvements were needed to the systems to help the provider manage risk to patients and staff.
- The practice had staff recruitment procedures which required improvements to comply with current legislation.
- Staff generally worked as a team. Improvements were needed to ensure that they were supported and involved in the delivery of care and treatment.

Background

The provider has 3 practices, and this report is about Perfect Smile Dental – Becmead Avenue also known as Streatham Dental Care.

Perfect Smile Dental – Becmead Avenue is in the London Borough of Lambeth and provides NHS and private dental care and treatment for adults and children.

There is step free 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 practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 3 dentists, 2 dental nurses, 4 dental hygienists, 1 practice manager who is also the CQC registered manager and 1 receptionist. The practice has 4 treatment rooms.

During the inspection we spoke with the principal dentist, an associate dentist, the 2 dental nurses, the 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 and Wednesday from 9am to 5.30pm

Tuesday from 9am to 7pm

Thursday from 8am to 6pm

Friday from 8am to 2pm

Alternate Saturdays from 9am to 1pm

Summary of findings

The practice had taken steps to improve environmental sustainability. For example, energy efficiency improvements had been made to the property by the installation of double glazing and insulation within the floors between each storey. There was an emphasis on recycling.

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.

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

- Implement an effective recruitment procedure to ensure that appropriate checks are completed prior to new staff commencing employment at the practice.
- Implement an effective system for monitoring and recording the fridge temperature to ensure that medicines and dental care products are being stored in line with the manufacturer's guidance.
- Implement practice protocols and procedures to ensure staff are up to date with their mandatory training and their continuing professional development.
- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the College of General Dentistry.

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. Improvements were required to ensure up to date details of the local authority safeguarding teams were available to all staff. Staff we spoke with on the day of inspection had awareness of and were able to describe signs of abuse and neglect and how to report concerns. However, on the day of inspection the provider could not demonstrate that staff, including the safeguarding lead, had received training at a suitable level for their role. Following the inspection, we were sent evidence that all staff now had completed training.

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. These largely reflected the relevant legislation. Improvements could be made, for example, ensuring that all staff have appropriate Disclosure Barring Service (DBS) checks carried out at the time of employment. In addition, there was a lack of satisfactory evidence of conduct in previous employment (references) for 3 members of staff who were recruited through an agency.

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

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 although we saw that the 5-yearly Electrical Installation Condition Report (EICR) (previously undertaken in 2016) was being carried out on the day of inspection. We were sent the EICR following the inspection and the installation had been deemed unsatisfactory. Evidence was sent confirming that remedial works were booked for September 2023.

A fire safety risk assessment was carried out in line with the legal requirements. The practice was uncluttered, and fire-fighting equipment was suitably maintained, as were the alarms and emergency lighting which were tested weekly. The management of fire safety however required some improvements. In particular, not all staff had received training, nor were fire drills carried out as recommended within the risk assessment. Following the inspection, the practice manager told us that an external fire training course would be arranged.

The practice had arrangements to ensure the safety of the X-ray equipment. We noted that the Local Rules needed updating to include the details of the Radiation Protection Supervisor.

Risks to patients

The practice had implemented some systems to assess, monitor and manage risks to patient and staff safety. This included sepsis awareness. We saw a sharps risk assessment which required improvements as it did not detail the rationale for using traditional sharps. It also stated that needle re-sheathing safety devices were provided, but these were not apparent on the day of inspection. Following our visit, the provider obtained appropriate re-sheathing devices to

Are services safe?

protect staff. The practice had not considered the risks of lone workers, or those working with no chairside assistance. In particular, 1 staff member carried out the domestic cleaning alone when the practice was closed, and the dental hygienists worked unchaperoned when treating direct-access patients (patients who are not registered with or known to the practice).

Emergency equipment and medicines were checked monthly which is not in accordance with national guidance that recommends weekly checks are carried out. The registered manager knew that national guidance was provided by the Resuscitation Council UK but the equipment checklist at the practice did not reflect this. As a result, emergency medicines were available but not all the life-saving equipment was present. In particular, there was no spacer device to deliver Salbutamol (a medicine to treat asthma) and no portable suction. In addition, there was no paediatric self-inflating bag and mask and no child oxygen face mask with tubing to deliver oxygen. 2 sizes of oropharyngeal airways were not available. The practice did not have a first aid eye wash facility. The Glucagon (a medicine to treat low blood sugar) was stored in a fridge that was not temperature monitored. Following the inspection, we were sent evidence that all missing items and a fridge thermometer had been ordered.

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

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 complete, 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 2-week wait arrangements. However, the practice did not have adequate monitoring systems to ensure patients received care in a timely manner.

Safe and appropriate use of medicines

Improvements were required to the current system for appropriate and safe handling of medicines. We saw prescriptions were not monitored as described in current guidance produced by NHS counter Fraud Authority to prevent fraudulent misuse. Antimicrobial prescribing audits were not carried out.

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 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. 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

The practice kept detailed patient care records in line with recognised guidance.

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.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits 6-monthly following current guidance.

Effective staffing

Although staff had the skills, knowledge and experience to carry out their roles, we found that the practice did not have systems in place to monitor whether clinical staff had completed Continuing Professional Development (CPD) as required for their registration with the General Dental Council. In particular, despite requests to staff from the registered manager, we did not see evidence on the day of inspection that all clinical staff had completed recent infection control, safeguarding or appropriate radiography training. Improvements were also needed to ensure that staff were trained in fire safety, and autism and learning disability awareness. Following our inspection, the provider submitted evidence that the relevant CPD had now been completed. Newly appointed staff had a structured induction.

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 told us it was easy to make appointments and that the "receptionist was great". They also said communication was good; the clinicians explained things well and they were happy with their treatment.

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.

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 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 for example photographs, study models, X-ray images and intra-oral cameras.

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 a fully enabled toilet with alarm for patients with access requirements. 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.

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 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 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 some issues and omissions relating to premises maintenance, medical emergency equipment, medicines management, and recruitment processes. Following our inspection feedback, the provider initiated action towards addressing the shortcomings.

The information and evidence presented during the inspection process, with the exception of staff training records, was clear and well documented.

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

Culture

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

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

Improvements were required to ensure staff training was up-to-date and reviewed at the required intervals.

Governance and management

The practice's management and governance structure required some improvements.

Improvements were needed to ensure processes for managing risks were effective. The practice did not have adequate systems in place for recognising, assessing and mitigating risks regarding lone working. Some of the fire risk assessment recommendations had not been followed and the sharps risk assessment was not accurately completed to reflect the processes within the practice. In addition, the general Health and Safety risk assessment had stated that all electrical safety checks were carried out at the required intervals, but this was not apparent on the day of inspection.

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 and innovation

Are services well-led?

The practice had systems and processes for learning, quality assurance, and continuous improvement. These included audits of patient 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.

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 sharps usage, fixed electrical wiring and lone working had not been suitably identified and mitigated.• Not all staff had received fire safety training and evacuation drills were not carried out.• The medical emergency equipment checks that staff carried out were not effective.• The provider had no systems to monitor and track NHS prescriptions to prevent fraudulent misuse in line with guidance produced by NHS counter Fraud Authority.• There were no arrangements for monitoring referrals made, including urgent referrals where there were suspicions of oral cancer. <p>Regulation 17 (1)</p>