

Bespoke Smile Limited

Bespoke Smile

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 10 January 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 adviser.

To get to the heart of patients' experiences of care and treatment, we ask five key questions:

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

These questions form the framework for the areas we look at during the inspection.

Our findings were:

- The dental practice was visibly clean.
- Patients were treated with dignity and respect and staff took care to protect their personal information.
- Staff knew how to deal with medical emergencies.
- The provider did not operate effective systems to help them manage risk to patients and staff. Improvements were needed to the management of fire safety, infection control, COSHH and legionella.
- Staff felt involved and supported and worked as a team.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Staff recruitment procedures were not operated effectively.

Summary of findings

- The appointment system took account of patients' needs.
- Staff provided preventive care and supported patients to ensure better oral health.
- Staff training was not monitored effectively.
- Complaints were dealt with positively and efficiently.

Background

Bespoke Smile Marlow is in Marlow and provides private dental care and treatment for adults and children.

The practice is based on the first floor. New patients are advised of this when they contact the practice.

Car parking spaces, including dedicated parking for disabled people, are available near the practice.

The dental team includes 4 dentists, 1 dental specialist, 4 dental nurses, 1 student dental nurse, 1 dental therapist, 1 treatment coordinator, a receptionist and a business director.

The practice has 2 treatment rooms and a consultation room.

During the inspection we spoke with 2 dentists, 2 dental nurses, an administrator and a receptionist. We also spoke to one of the practice partners by teleconference.

We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

- Monday 9am to 5pm
- Tuesday 8am to 5pm
- Wednesday 9am to 5pm
- Thursday 9am to 5pm
- Friday 9am to 5pm
- Saturday by appointment

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 recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed and specific information is available regarding each person employed.

Full details of the regulations the provider was not meeting are at the end of this report.

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

- 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.

Summary of findings

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 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 introduced additional procedures in relation to COVID-19 in accordance with 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 but these were not operated effectively.

In particular:

- Actions resulting from a legionella risk assessment had not been completed.
- Water temperature monitoring was not carried out for cold water temperatures for a number of months.
- The legionella lead had not received training for this role.
- Water temperature monitoring for the previous 2 months showed the hot water did not reach the recommended level of 55o C. Evidence of any action taken was not available.
- Weekly Monday morning flushing of lines was not completed for the previous two weeks. We were told the person responsible for this job was away from work. We have since received evidence to confirm this shortfall has been addressed.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately. We noted the storage cupboard which housed the waste could not be secured (no locking facility). We have since received evidence to confirm this shortfall has been addressed.

We saw the practice was visibly clean.

Improvements were required to the management of the external cleaners. Specifically:

- Cleaning schedules were in place to ensure the practice was kept clean, but these were not completed by the external cleaning company.
- Cleaning equipment storage did not follow national standards.

We have since received evidence to confirm these shortfalls have been addressed.

Clinical staff were qualified, registered with the General Dental Council.

Recruitment procedures were not operated effectively to ensure only fit and proper persons were employed and specified information was available regarding each person employed. We looked at 10 staff recruitment records. Evidence presented to us confirmed that:

- Four out of 10 had two references (in line their own internal recruitment policy).
- Four out of 10 had one reference.
- Two out of 10 had no references.
- Four out of 10 had a Bespoke Dental DBS carried out (in line with their own internal recruitment policy)
- Four out of 10 had a historical DBS from a previous employer.
- Two out of 10 did not have evidence to confirm a DBS had been carried out.

Are services safe?

The provider did not operate an effective system to ensure clinical staff were vaccinated against the Hepatitis B virus. The effectiveness of the vaccination was not checked for 4 of the 10 clinical staff working at the practice. We have since received evidence to confirm this shortfall has been addressed.

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

The decontamination room lighting was not working which meant staff had light from a small window and an instrument magnifying light as their means of lighting the room. We have since received evidence to confirm this shortfall has been addressed.

The management of fire safety at the practice was not effective. In particular:

- Emergency lights were not tested appropriately.
- The practice could not assure themselves that the fire safety management of the common areas of the building was effective. This included the effective provision of fire alarms, emergency lighting and firefighting equipment.
- Fire escape route signage in some areas of the practice did not have sufficient emergency lighting provision in place to illuminate should the practice experience a power outage. We have since received evidence to confirm this shortfall has been addressed.
- A fire risk assessment was carried out in 2020. Annual reviews were carried out by someone who could not demonstrate competence in fire safety management.

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available.

The practice had a Dental Cone Beam Computed Tomography (CBCT) machine. We noted that monthly quality assurance tests were not carried out. We have since received 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:

Emergency equipment and medicines were checked in accordance with national guidance but facemasks sizes 0-4 were not available. We have since received evidence to confirm this shortfall has been addressed.

Control of Substances Hazardous to Health (COSHH) identified products were not stored securely or labelled appropriately. We have since received evidence to confirm this shortfall has been addressed.

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health. Safety data sheets were not available for all the COSHH identified product risk assessments. We have since received evidence to confirm this shortfall has been addressed.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Immediate Life Support training with airway management for staff providing treatment to patients under sedation was also available.

Information to deliver safe care and treatment

Dental care records we saw were legible, were 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

Are services safe?

The practice had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were carried out.

Track record on safety, and lessons learned and improvements

The practice had implemented systems for reviewing and investigating 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 two clinicians we interviewed were aware of the British Society for Periodontology 2017 Classification of Periodontal Diseases, but were not using it to record their patients' periodontal condition in their clinical records

Sedation

The practice offered conscious sedation for patients.

Sedation was performed by an external specialist sedation company. The company's systems included checks before and after treatment, emergency equipment requirements, medicines management and sedation equipment checks.

The visiting sedationist used a combination of intravenous drugs. This technique is associated with a higher risk of complications than does the use of a single drug.

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.

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.

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 dental care records in line with recognised guidance.

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

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

Effective staffing

Newly appointed clinicians had a structured induction.

We looked at 9 clinical staff training records. Evidence presented to us confirmed that:

- 7 out of 9 completed Fire Safety training.
- 7 out of 9 completed learning disability and autism training.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

Are services effective?

(for example, treatment is effective)

The dentists confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide but referrals were not centrally monitored to ensure they were received in a timely manner. We have since received evidence to confirm this shortfall has been addressed.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff were aware of their responsibility to respect people's diversity and human rights.

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. A privacy impact assessment was available.

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.

Staff 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 described to us the methods they used to help patients understand treatment options discussed. These included 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. It took account of patient needs and preferences.

Staff were clear about the importance of emotional support needed by patients when delivering care.

Staff had carried out a disability access audit.

Timely access to services

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.

Listening and learning from concerns and complaints

The practice responded to concerns and complaints appropriately and discussed outcomes with staff 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 by the provider.

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.

Nursing and administration 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 staff training was up-to-date and reviewed at the required intervals, but improvements were needed to the oversight of this.

Governance and management

The provider had a system of clinical governance in place which included policies, protocols and procedures but systems were not followed.

The management of fire safety, recruitment, COSHH, infection control and training required improvement.

Appropriate and accurate information

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

Staff gathered feedback from patients, the public and external partners and a demonstrated commitment to acting on feedback.

The practice gathered feedback from staff 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.

Continuous improvement and innovation

The practice had systems and processes for learning, continuous improvement and innovation.

The practice 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. Improvements were needed to ensure actions plans were completed.

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>Regulation 17</p> <p>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>Legionella</p> <ul style="list-style-type: none">• Actions resulting from a legionella risk assessment had not been completed.• Water temperature monitoring was not carried out for cold water temperatures for a number of months.• The legionella lead had not received training for this role.• Water temperature monitoring for the previous 2 months showed the hot water did not reach the recommended level of 55o C. Evidence of any action taken was not available.• Weekly Monday morning flushing of lines was not completed for the previous two weeks. We were told the person responsible for this job was away from work. <p>Infection Control</p> <ul style="list-style-type: none">• Cleaning schedules were in place to ensure the practice was kept clean, but these were not completed by the external cleaning company.• Cleaning equipment storage did not follow national standards.

Requirement notices

Premises & Equipment

- The decontamination room lighting was not working which meant staff had light from a small window and an instrument magnifying light as their means of lighting the room.

Fire Safety

- Emergency lights were not tested appropriately.
- The practice could not assure themselves that the fire safety management of the common areas of the building was effective. This included the effective provision of fire alarms, emergency lighting and firefighting equipment.
- Fire escape route signage in some areas of the practice did not have sufficient emergency lighting provision in place to illuminate should the practice experience a power outage.
- A fire risk assessment was carried out in 2020. Annual reviews were carried out by someone who could not demonstrate fire safety management competence.

Radiography Cone Beam Computed Tomography (CBCT)

- Monthly quality assurance tests were not carried out.

Emergency Medicines and Equipment

- Oxygen facemasks sizes 0-4 were not available.

Hepatitis B

- The effectiveness of the vaccination was not checked for 4 of the 11 clinical staff working at the practice.

COSHH

- Control of Substances Hazardous to Health (COSHH) identified products were not stored securely or labelled appropriately.
- The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health. Safety data sheets were not available for all the COSHH identified product risk assessments.

Requirement notices

Training

We looked at 9 clinical staff training records. Evidence presented to us confirmed that:

- 7 out of 9 completed Fire Safety training.
- 7 out of 9 completed learning disability and autism training.

Regulated activity

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

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 10 staff recruitment records.

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Evidence presented to us confirmed that:

- Four out of 10 had two references (in line their own internal recruitment policy).
- Four out of 10 had one reference.
- Two out of 10 had no references.
- Four out of 10 had a Bespoke Dental DBS carried out (in line with their own internal recruitment policy
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