

Smileright Dencare Limited

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Inspection Report

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Date of inspection visit: 13 September 2017
Date of publication: 05/10/2017

Overall summary

We carried out this announced inspection on 13 September 2017 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 provider 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 always ask the following five 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:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

We found that this practice was providing well-led care in accordance with the relevant regulations.

Background

Smileright Dencare Limited is in Waterloo, in the London Borough of Southwark. It provides private treatment to patients of all ages.

There is level access for people who use wheelchairs and those with pushchairs. Restricted car parking spaces are available near the practice.

The dental team includes five dentists, two trainee dental nurses, an acting practice manager, an operations manager, a finance/human resources director, a clinical lead, and a receptionist. The practice has three treatment rooms.

Summary of findings

The practice is owned by a company and as a condition of registration must have a person registered with the CQC as the registered manager. The registered manager has legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated guidelines about how the practice is run. The registered manager's application was in progress at the time of the inspection. There was a nominated individual in place. The nominated individual was responsible for supervising the management of the practice's regulated activities.

On the day of inspection we collected feedback from five patients. This information gave us a positive view of the practice.

During the inspection we spoke with a dentist, two trainee dental nurses, the clinical lead, the acting practice manager, the finance/human resources director and the receptionist. We checked practice policies and procedures and other records about how the service is managed.

The practice is open at the following times:

Monday - Wednesday: 9:30am to 6.30pm

Thursday: 10am to 7pm

Friday: 8:15am to 5.15pm

Saturday: 9am to 3pm

Our key findings were:

- The practice had systems to help them manage risk.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.
- The practice was clean and the premises were well maintained.
- The practice had effective leadership. Staff felt involved and supported and worked well as a team.
- The practice had infection control procedures which reflected published guidance.
- The practice had safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- Staff knew how to deal with emergencies. Some life-saving equipment was not available; however, the practice told us these had been ordered shortly after the inspection.
- The clinical staff provided patients' care and treatment in line with current guidelines in most cases; improvements could be made to ensure all dental care records included the necessary information.
- The practice had staff recruitment procedures. Improvements could be made to ensure Disclosure and Barring Service (DBS) checks were made prior to staff commencing employment at the practice.
- There was evidence of staff training; however, evidence of key training for several staff was not in place. Shortly after the inspection the practice sent us evidence of training for some staff and ensured others completed outstanding training.

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

- Review the practice's protocols for the completion of dental care records, taking into account guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.
- Review the training, learning and development needs of individual staff members at appropriate intervals and ensure an effective process is established for the on-going assessment, and supervision of all staff.
- Review practice's recruitment procedures to ensure that appropriate background checks are completed prior to new staff commencing employment at the practice.
- Review the practice's responsibilities to respond to the needs of patients with a disability, and the requirements of the Equality Act 2010.

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?

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

The practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

We saw that some staff had received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns. The practice sent us evidence that all outstanding safeguarding training had been completed by shortly after the inspection.

Staff were qualified for their roles. Improvements could be made to the practice's recruitment process, by ensuring essential Disclosure and Barring Service (DBS) checks were completed for all new staff prior to them commencing employment at the practice. Shortly after the inspection the practice carried out these checks.

The premises and equipment were clean and properly maintained.

The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had arrangements for dealing with medical and other emergencies. Some emergency equipment was not available; however, the practice told us they had ordered them shortly after the inspection.

No action



Are services effective?

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

The dentists assessed patients' needs. Improvements could be made to ensure the necessary information about patients' care and treatment was recorded in all dental care records.

The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The practice supported staff to complete training relevant to their roles. Improvements could be made to ensure there was an effective system in place to help them monitor this. The practice sent us outstanding training records shortly after the inspection.

No action



Are services caring?

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

We received feedback about the practice from five people. Patients were positive about all aspects of the service the practice provided. They told us staff were caring and professional and treated them with dignity and respect.

No action



Summary of findings

We saw that staff protected patients' privacy and were aware of the importance of confidentiality.

Are services responsive to people's needs?

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if they were in pain.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. Improvements could be made to ensure patients had access to telephone interpreter services and to implement arrangements to better support patients with hearing loss.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

No action



Are services well-led?

We found that this practice was providing well-led care in accordance with the relevant regulations.

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

The practice asked for and listened to the views of patients and staff.

The practice team kept patient dental care records. Improvements could be made to ensure all records contained the necessary information, as per national guidelines, about patients' care and treatment.

No action



Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. The majority of staff knew about these and understood their role in the process.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff, acted on and stored for future reference.

Reliable safety systems and processes (including safeguarding)

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. Staff we spoke with knew about the signs and symptoms of abuse and neglect and how to report concerns.

We saw evidence that some staff received safeguarding adults and children training; however, safeguarding training records were not in place for several staff. Shortly after the inspection the practice ensured all outstanding safeguarding training was completed.

The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The practice followed relevant safety laws when using needles and other sharp dental items. The practice had not carried out a sharps risk assessment in line with current guidance; however, they ensured this was completed shortly after the inspection.

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice had a business continuity plan describing how the practice would deal with events which could disrupt the normal running of the practice.

Medical emergencies

Staff knew what to do in a medical emergency. We saw that staff completed training in emergency resuscitation and basic life support.

Medicines were available as described in recognised guidance. Equipment such as an ambulatory bag, automated electronic defibrillator, portable suction and child-sized face mask were not available in accordance with current recommendations; however, shortly after the inspection the practice told us these had been ordered.

Staff kept records of their checks to make sure these were available, within their expiry date, and in working order.

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We checked two staff recruitment records. These showed improvements were required to ensure effective recruitment procedures were followed at all times. For example, the practice had not carried out Disclosure and Barring Service (DBS) checks for these staff prior to them commencing employment at the practice. Shortly after the inspection the practice ensured these checks were made.

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

Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics. The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

A dental nurse worked with the dentists, dental hygienists and dental therapists when they treated patients.

Infection control

Are services safe?

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health.

Evidence of infection prevention and control training was not in place for some staff; however, the practice ensured outstanding training was completed shortly after the inspection.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

The practice had carried out one infection prevention and control audit in February 2017, and another audit had not been completed when due in August 2017. The February audit showed the practice was not meeting the required standards and some resultant actions had not been addressed. Shortly after the inspection the practice carried out a new infection control audit and ensured outstanding actions from the previous audit were completed.

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

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed this was usual.

Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations.

The practice had suitable systems for storing medicines.

Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.

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

Clinical staff completed continuous professional development in respect of dental radiography.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance, though improvements could be made to ensure the necessary information, as per national guidelines, was recorded in all cases.

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information.

Health promotion & prevention

The practice told us they promoted preventative care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them.

A dentist we spoke with told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments. The practice provided health promotion leaflets to help patients with their oral health.

Staffing

Dental nurses and non-clinical staff new to the practice had a period of induction based on a structured induction programme. Shortly after the inspection the practice created an induction document for dentists which included two introduction days, working in the practice team, health and safety, first aid, administration, infection control, patient care, dental records, ethics and etiquette, and dental health and terminology.

During the inspection we could not confirm whether all clinical staff were up to date with their continuous professional development required for their registration with the General Dental Council, as evidence of some training was not in place. However, outstanding training records were sent to us shortly after the inspection.

The practice told us that due to a recent turnover of staff they would complete appraisals for new staff once they had been working at the practice for a period of a year.

Working with other services

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by the National Institute for Health and Clinical Excellence (NICE) in 2005 to help make sure patients were seen quickly by a specialist.

The practice told us they monitored urgent referrals to make sure they were dealt with promptly, though improvements could be made to ensure there was a formal system in place for this.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions.

The policy also referred to Gillick competence; a member of clinical staff was not aware of the need to consider this when treating young people under 16. Shortly after the inspection the practice provided evidence that all dentists had been updated on their responsibilities with regard to Gillick competence.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

Patients commented positively that staff were helpful and friendly, and treated them with dignity and respect. We saw that staff treated patients with courtesy and they were friendly towards patients at the reception desk and over the telephone.

Staff were aware of the importance of privacy and confidentiality. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Involvement in decisions about care and treatment

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

The practice's website provided patients with information about the range of treatments available at the practice. These included general dentistry, treatments for gum disease and more complex treatment.

Each treatment room had a screen so the dentists could show patients photographs, videos and X-ray images when they discussed treatment options. Staff also used visual aids to explain treatment options to patients needing more complex treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Patients described high levels of satisfaction with the responsive service provided by the practice.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Staff told us that they currently had no patients for whom they needed to make adjustments to enable them to receive treatment.

The practice made adjustments for patients with disabilities. These included step free access and accessible toilet with hand rails and a call bell.

Staff said they could provide information in different formats to meet individual patients' needs. The practice did not have access to interpreter/translation services, British Sign Language or braille. They had considered the risks associated with the lack of these services by carrying out a disability access audit. Improvements could be made to ensure resulting actions recommended to meet the needs of patients who would require these services were promptly addressed.

Access to the service

The practice displayed its opening hours in the premises and on their website. We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day and kept appointments free for same day appointments. They took part in an emergency on-call arrangement with some other local practices. The website and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Concerns & complaints Update complaints policy

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. The acting practice manager was responsible for dealing with these. Staff told us they would tell the acting practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The acting practice manager told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received in the last 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Governance arrangements

The nominated individual had overall responsibility for the management and clinical leadership of the practice. The clinical lead was responsible for the day to day running of the service. Staff knew the management arrangements and the majority knew their roles and responsibilities.

A clinical member of staff did not demonstrate a good understanding of the Control of Substances Hazardous to Health Regulations 2002 (COSHH), the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013, or Gillick competence. Shortly after the inspection the practice sent us evidence showing it had updated all relevant staff on the aforementioned subjects

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements.

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

Leadership, openness and transparency

All but one clinical member of staff were aware of the Duty of Candour requirements to be open, honest and to offer an apology to patients if anything went wrong. Shortly after the inspection the practice sent us evidence showing it had updated all relevant staff on this.

Staff told us there was an open, no blame culture at the practice. They said the clinical lead encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the clinical lead was approachable, would listen to their concerns and act appropriately. The clinical lead discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held meetings where staff could raise any concerns and discuss clinical and non-clinical updates. They told us immediate discussions were arranged to share urgent information.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. They had clear records of the results of these audits and the resulting action plans. Improvements could be made to ensure actions from audits such as the infection control audit were promptly addressed; however, these were addressed shortly after the inspection.

The nominated individual showed a commitment to learning and improvement; they were pro-active at addressing the issues we highlighted. They told us they valued the contributions made to the team by individual members of staff.

The practice told us they had recently experienced a period of high staff turnover, and that staff appraisals would be completed once staff had been working at the practice for a year. They told us they discussed learning needs, general wellbeing and aims for future professional development informally.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year, and that the practice provided support and encouragement for them to do complete continuous professional development in line with requirements of the General Dental Council. Shortly after the inspection the practice ensured outstanding training was completed.

Practice seeks and acts on feedback from its patients, the public and staff

The practice used patient surveys and verbal comments to obtain staff and patients' views about the service.