

Skin & Smiles Ltd

# Skin & Smiles @ Whippendell Dental

## Inspection report

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### Overall summary

We carried out this announced comprehensive inspection on 28 March 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.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures to help them employ suitable staff.

# Summary of findings

- 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.
- 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.
- Shortfalls identified in the assessment and mitigation of risks relating to the undertaking of regulated activities were immediately rectified.

## Background

Skin & Smiles @ Whippendell Dental is in Watford and provides 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, although the treatment rooms are accessed by a flight of stairs. Car parking spaces, including dedicated parking for disabled people, are available near the practice. The practice has made some adjustments to support patients with access requirements.

The dental team includes 1 dentist, 2 dental nurses - one of whom also carries out practice management duties, 1 trainee dental nurse, 1 dental hygienist and an administrator. The practice has 3 treatment rooms.

During the inspection we spoke with the dentist, the trainee dental nurse and the dental nurse/practice manager. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday, Wednesday from 9am to 7pm

Tuesday, Thursday from 9am to 5.45pm

Friday from 9am to 4.30pm

The practice had taken steps to improve environmental sustainability.

This included-

- Becoming virtually paperless and by not making use of plastic, wherever possible.
- Using digital impression equipment to significantly reduce the use of clinical impression materials.
- Using technology for the construction of dental restorations onsite, and hence reducing the need for transporting materials off-site to a dental laboratory.
- Using digital X-ray systems to reduce the amount of radiation released into the environment.

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

# Summary of findings

- Take action to implement any recommendations in the practice's fire safety risk assessment and ensure ongoing fire safety management is effective.
- Improve the practice's processes for the control of substances hazardous to health identified by the Control of Substances Hazardous to Health Regulations 2002 (COSHH), to ensure risk assessments are undertaken and the products are stored securely.
- Take action to ensure audits of radiography, infection prevention and control and record keeping are undertaken at regular intervals to improve the quality of the service. The practice should also ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.
- Improve the practice's systems for assessing, monitoring and mitigating the various risks arising from the undertaking of the regulated activities. In particular, undertake a general health and safety risk assessment for the premises.

# Summary of findings

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

We always ask the following five questions of services.

<b>Are services safe?</b>	<b>No action</b> ✓
<b>Are services effective?</b>	<b>No action</b> ✓
<b>Are services caring?</b>	<b>No action</b> ✓
<b>Are services responsive to people's needs?</b>	<b>No action</b> ✓
<b>Are services well-led?</b>	<b>No action</b> ✓

# 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. All staff had completed training in safeguarding for children and vulnerable adults to a level appropriate for their role. Following our feedback on the day of inspection, immediate improvement was made to the practice's safeguarding policy taking into account vulnerable adults and by including the contact numbers for local safeguarding agencies.

The practice had infection control procedures which reflected published guidance. We saw evidence that equipment used by staff for sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. An infection prevention and control audit had been completed in February 2023 which showed the practice was meeting the required standards. However, there was no evidence that audits had been completed twice a year prior to this, in line with recognised standards.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment. We saw that water quality and temperature checks were undertaken and were in line with guidance. However, the practice was missing records for the water temperature checks for the previous month. This was discussed with the principal dentist who immediately reinstated the checks.

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. We noted that there was scope to improve the storage of cleaning mops to ensure they were able to drain. Immediately after the inspection, we were provided with evidence that this shortfall had been addressed.

The practice had taken the decision not to obtain satisfactory evidence of conduct in previous employment (references) when recruiting new members of staff although this was not reflected in the recruitment policy. Following our discussion, the principal dentist immediately reviewed and updated the policy to reflect the measures that were in place to mitigate this which included having satisfactory enhanced Disclosure and Barring Service checks in place and a trial period of working for staff prior to commencement of employment.

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. We noted that the compressor had not been tested in line with manufacturer's instruction. We were shown evidence that a pressure vessel inspection of the compressor had been arranged for 4 April 2023.

The practice ensured the facilities were maintained in accordance with regulations.

An in-house fire safety risk assessment was completed in 2017, although we did not see any evidence that the staff member who completed this was competent to do so. At the time of the inspection we were not provided with records to show that the fire detection and emergency lighting equipment was serviced or regularly tested. We were told that fire evacuation drills were completed 6-monthly although not recorded. We did see that the fire-fighting equipment was available and had been serviced. A fire risk assessment by a competent person was completed the day after the inspection with the recommendation for regular testing and servicing records to be maintained. We were further assured this would be undertaken.

# Are services safe?

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available. This included cone-beam computed tomography (CBCT). However, although appropriate safety measures were in place, the practice did not have a documented protocol for the use of the laser and had not appointed a laser protection advisor. We were advised that the laser had not been used in the last 12-month period and that following further consideration it was decided it would no longer be used at the practice.

## **Risks to patients**

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety, and sepsis awareness. Improvement was needed to identify and mitigate the risks of lone working for the cleaner. A risk assessment for the cleaner was completed immediately after the inspection.

Emergency equipment and medicines were available and checked in accordance with national guidance. We noted that the paediatric self-inflating bag with reservoir and some smaller sizes of face masks were missing and that only one size of needle to administer emergency medicine was available. The missing items were ordered immediately following our inspection.

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 for dental materials. However, assessments had not been completed for cleaning products used in the practice and improvement was needed for the security of these products so that they could not be accessed by patients. Immediately after the inspection we were provided with evidence that a lock had been fitted to the area where cleaning products were stored, and risk assessments had been completed for the cleaning products used in the practice.

## **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 two-week wait arrangements.

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

The practice had systems for appropriate and safe handling of medicines. An antimicrobial prescribing audit had been completed.

## **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.

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. A range of oral health products were on sale to patients.

### **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.

We saw evidence the dentist justified, graded and reported on the radiographs they took. We noted that a radiography audit had been commenced; the last audit completed prior to this was in 2014 which is not in line with current guidance that recommends six-monthly audits of radiographs.

### **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 dentist 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.

We saw reviews from patients which provided positive feedback about the care they received at the practice.

### **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. Signage was available throughout the practice to inform patients of the use of CCTV. We saw that a privacy impact assessment had not been completed for the capturing of images in clinical areas. Immediately after the inspection we were provided with an updated CCTV policy and privacy impact assessment which had been completed following advice from the Information Commissioners Office.

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 and gave patients clear and detailed information to help them make informed choices about their treatment.

The practice's website 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, videos, X-ray images and an intra-oral camera.



# 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 step free access to the reception and handrails for patients. 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, social media page and outside the practice.

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 providing well-led care in accordance with the relevant regulations.

or which the practice is registered.

### **Leadership capacity and capability**

The provider demonstrated a transparent and open culture in relation to people's safety.

There was strong leadership with emphasis on peoples' safety and to provide high quality patient centred care.

The provider was receptive to the feedback provided during the inspection and demonstrated a willingness to implement changes. Staff worked together in such a way that the areas for improvement were addressed immediately following our feedback.

The information and evidence presented during the inspection process was clear but not always 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 stated they felt respected, supported and valued. They were proud to work in the practice.

Staff discussed their training needs during annual appraisals and 1 to 1 meetings; improvements could be made to have formal records of these discussions. 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.

### **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 were accessible to all members of staff and reviewed on a regular basis. However, some policies did not reflect the latest guidance or reflect the practice's processes. For example, the infection control policy which included information regarding instrument storage was out of date. The practice acted immediately to rectify this.

There were some shortfalls in the processes for identifying and managing risks. In particular, for fire, Control of Substances Hazardous to Health, and lone working. This was addressed immediately following our feedback.

### **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.

# Are services well-led?

Feedback from staff was obtained through meetings, surveys, 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**

The practice had some systems and processes for learning, quality assurance, continuous improvement. These included audits of patient care records, disability access, radiographs, antimicrobial prescribing, and infection prevention and control. These audits could be improved to ensure that infection prevention and control, and radiography audits were carried out at the required frequency. Staff kept records of the results of these audits although there was scope to improve these by including the resulting action plans and opportunities for learning.