

Dr Qaisar Jaffri

Signature Smiles - Warrington

Inspection Report

Talking Teeth t/a Signature Smiles
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Overall summary

We undertook a follow-up focused inspection of Signature Smiles – Warrington on 23 October 2018. This inspection was carried out to review in detail the actions taken by the provider to improve the quality of care, and to confirm that they were now meeting legal requirements.

The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We undertook a comprehensive inspection of Signature Smiles - Warrington on 28 June 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. At a comprehensive inspection we always ask the following five questions to get to the heart of patients' experiences of care and treatment:

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

We found the provider was not providing well-led care, and was in breach of the Health and Social Care Act 2008

(Regulated Activities) Regulations 2014. You can read our report of that inspection by selecting the 'all reports' link for Signature Smiles - Warrington on our website www.cqc.org.uk.

When one or more of the five questions are not met we require the provider to make improvements. We then inspect again after a reasonable interval, focusing on the areas in which improvement was necessary.

As part of this inspection we asked:

- Is it well-led?

Our findings were:

Are services well-led?

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

The provider had made improvements in relation to the regulatory breaches we identified at our inspection on 28 June 2018.

Background

Signature Smiles - Warrington is in the centre of Warrington and provides NHS and private dental care for adults and children.

Summary of findings

There are steps at the entrance to the practice. Access can therefore be difficult for people who use wheelchairs and for those with pushchairs. Car parking spaces are available near the practice.

The dental team includes three dentists, one of whom is the principal dentist, two dental nurses, and one receptionist. The team is supported by a practice manager / compliance manager who is also a qualified dental nurse, and an area manager. The practice has two treatment rooms.

The practice is owned by an individual who is the principal dentist. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

During the inspection we spoke to two dentists, a dental nurse, and the area manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Friday 8.30am to 5.00pm.

Our key findings were:

- The provider had medical emergency medicines and equipment available which reflected recognised guidance.
- The provider had improved their systems for assessing, monitoring and reducing risks at the practice.
- The provider had improved their recruitment procedures and completed the necessary employment checks on staff, including Disclosure and Barring Service checks where appropriate.

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

- Review the practice's complaint handling procedures to ensure all the necessary information is available for patients to enable them to complain to other organisations should they wish to do so.
- Review the system for checking the expiry dates of all the medical emergency medicines in the practice taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services well-led?

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

The provider had prioritised the areas of concern to ensure that the appropriate action was taken to address these. Improvements included obtaining the recommended medical emergency equipment, carrying out the necessary employment checks on staff, and further reducing the risks associated with the use of X-rays.

The provider had also made improvements to the management of the service. They had improved their systems and processes to prevent the re-occurrence of the concerns.

These improvements showed the provider had acted to improve the quality and safety of the service for patients and to comply with the regulations.

The provider had not acted to ensure the practice's complaint handling procedures displayed for patients contained all the necessary information about independent organisations they could complain to.

The provider's system for carrying out checks on the expiry dates of medical emergency medicines had not identified that additional supplies of one of the emergency medicines were past their expiry date.

No action



Are services well-led?

Our findings

At our previous inspection on 28 June 2018 we judged the provider was not providing well-led care and told the provider to take action as described in our enforcement action. At the inspection on 23 October 2018 we found the provider had made the following improvements to comply with the regulations and ensure care and treatment was provided safely.

- The provider had obtained the medical emergency equipment as recommended in the Resuscitation UK guidance, namely a child sized self-inflating bag, oropharyngeal airways, and masks for the self-inflating bags. We saw the emergency glucagon was stored appropriately.
- The provider had carried out Disclosure and Barring Service checks for all staff and had the associated information available.
- The provider had put new measures in place to reduce radiation risks, for example, the display of appropriate warning signage, and the amendment of local rules to reflect the working instructions specific to the area in which the X-ray unit was situated. We saw that during the taking of X-rays the patient could not be appropriately monitored. The provider assured us this would be addressed.
- The provider had checked the result of the Hepatitis B vaccination for all members of clinical staff. We saw that risk assessments were in place where appropriate

We found that the provider had made the following improvements to comply with the regulations and ensure systems and processes were operated effectively.

- The provider had put processes in place for reporting, investigating and recording accidents and significant events, to encourage learning and prevent recurrence.
- We found the provider had improved their system for checking that medical emergency equipment was available as recommended in the Resuscitation UK guidance and that checks were carried out at the recommended time intervals. We saw that additional supplies of one of the emergency medicines were past their expiry date. The provider assured us this would be addressed. We were not sent evidence of this.
- The provider had improved their systems for checking the effectiveness of the Hepatitis B vaccination in staff,

- and for identifying when to carry out Disclosure and Barring checks, where relevant, for new staff, and had introduced a checklist to be included in each employee's record to confirm this had been carried out.
- The provider told us the induction programme had been extended to ensure newly recruited clinicians were also included.
- The provider had carried out further assessment and monitoring of the risks in relation to radiation protection. The provider had arranged for the Radiation Protection Adviser to visit the practice to assess the risks appropriately.
- We found that not all reasonably practicable measures had been put in place to reduce the risks from sharps. For example, the provider had not made details as to action to take in the event of a sharps injury readily available for staff. The provider immediately addressed this.
- We found that the provider and staff were adhering to the practice's policies and risk assessments more closely.
- The provider was now auditing processes and procedures to evaluate and improve their practice. We reviewed audits of record-keeping, infection control, hand hygiene and X-rays. These included learning points and action plans where necessary. The provider had additionally obtained and acted on advice and guidance from NHS England clinical advisers.

The provider had also acted on the following:

- The provider was in the process of implementing a more effective system to ensure staff were up to date with their essential training and their continuing professional development.
- The provider had displayed information as to the use of closed circuit television on the premises to ensure staff and patients were fully informed as to its purpose and their right to access footage.

We saw that the provider had displayed their complaint handling procedure in the waiting room for patients. We observed it did not contain sufficient information to enable people to complain to other organisations should they wish to.

These improvements showed the provider had acted to improve the quality of services for patients and to comply with the regulations.