

Eye Smile Limited

Eye Smile

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 6 October 2022 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 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:

- The dental clinic was visibly 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 which reflected current legislation.

Summary of findings

- The clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect and staff took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- There was effective leadership and a culture of continuous improvement.
- Staff felt involved and 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 dental clinic had information governance arrangements.
- The practice did not have effective systems to help them manage risk to patients and staff.
- There were ineffective systems to ensure that staff were up to date with their training.

Background

The provider has 2 practices and this report is about Eye Smile which is in the London Borough of Richmond upon Thames and provides private dental care and treatment for adults and children.

There is level 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 dental team includes 7 dentists, a specialist orthodontist, a qualified dental nurse, 3 trainee dental nurses, 3 dental hygienists, a practice manager, a compliance consultant and 3 receptionists. The practice has 4 treatment rooms and shares the premises with an optician and a tenant who lives upstairs.

During the inspection we spoke with the principal dentist, 2 associate dentists, 2 dental nurses, a receptionist, the compliance consultant and the practice manager. In addition, we spoke to the optician who was a business partner and dealt with the building maintenance. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday and Wednesday 9am to 7pm

Tuesday and Thursday 9am to 5.30pm

Friday 9am to 6pm

Saturday 9am to 5pm

We noted innovative approaches to providing person centred care. For example, the practice sends videos and customised information to patients explaining dental disease and preventative measures.

The practice had taken steps to improve environmental sustainability. For example, patients and staff were encouraged to recycle used toothpaste tubes at a recycling point in the practice.

We identified regulations the provider was not complying with. They must:

Summary of findings

- 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 is at the end of this report.

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

- Implement practice protocols and procedures to ensure staff are up to date with their mandatory training and their continuing professional development.
- Take action to ensure the clinicians take into account the guidance provided by the College of General Dentistry when completing dental care records.
- Take action to ensure audits of and infection prevention and control are undertaken at regular intervals to improve the quality of the service.
- Improve the practice's systems for checking and monitoring equipment taking into account relevant guidance and ensure that all equipment is well maintained. In particular, annual electro-mechanical servicing of the X-ray equipment as recommended by the Radiation Protection Advisor (RPA) for the practice.

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 did not have adequate procedures to reduce the risk of legionella or other bacteria developing in water systems. Recommendations made in the legionella risk assessment had not been actioned. In particular, some corroded braided hoses and a tap in one treatment room had not been replaced. A scheme of control had not been implemented and records were not available to demonstrate that water testing was carried out. Following our inspection, we were sent evidence that the provider had taken immediate action to rectify this.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

We saw the practice was visibly clean and there was an effective cleaning schedule to ensure the practice was kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation.

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

The practice ensured equipment was safe to use and maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations.

The provider did not have effective fire safety management procedures. In particular, the fire risk assessment had not been carried out by a person who was competent to do so, and it had not identified that the fire alarms or emergency lighting were not being tested at recommended intervals. Evacuation instructions were not evident to staff, patients or residential occupants. The provider took immediate action and we have seen that a fire risk assessment and fire safety training took place following our inspection.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. Improvements were required to ensure the X-ray equipment was serviced and maintained annually according to the Radiation Protection Advisor's recommendations.

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety, sepsis awareness and lone working.

Emergency equipment and medicines were available and checked in accordance with national guidance.

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.

Are services safe?

Information to deliver safe care and treatment

Dental care records we saw were complete, 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

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 practice had systems to keep dental professionals up to date with current evidence-based practice.

The orthodontist carried out a patient assessment in line with recognised guidance from the British Orthodontic Society.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health. They raised further awareness promoting oral hygiene to the public during open days and a televisual display shared educational resources to patients in the waiting area.

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

Improvements were needed to ensure all clinicians kept detailed dental care records in line with recognised guidance. In particular, we noted that radiographs were not always reported on and some records omitted Basic Periodontal Examination (BPE) scores.

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 that most dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits six-monthly following current guidance and legislation.

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 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.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

The practice had installed closed-circuit television, to improve security for patients and staff. Relevant policies and protocols were in place.

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 for example photographs, study models, videos, X-ray images and an intra-oral camera. The practice was proud of its patient communications, and we were shown examples of videos and their use of social media to promote oral health.

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.

The practice had made reasonable adjustments for patients with disabilities. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

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 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

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

There had been a lack of leadership and oversight at the practice. This had been recognised and steps taken to address this during 2022 to create strong leadership. There was a strong emphasis on continually striving to improve.

The information and evidence presented during the inspection process was clear and well documented.

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

Culture

The practice 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, one to one meetings, and during clinical supervision. 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. For example, not all clinicians were up to date with recommended continuous professional development (CPD) which is a requirement of the General Dental Council.

Governance and management

Staff had clear responsibilities roles and systems of accountability to support good governance and management.

The practice had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

The practice did not have clear and effective processes for managing risks. For example, the legionella risk assessment had not been clearly understood or acted upon, and the provider had not recognised that the fire risk assessment was inadequate.

We saw there were clear and effective processes for managing issues and performance.

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 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. As a response to patient feedback, the practice recruited an extra receptionist enabling queries and requests to be handled more swiftly.

Are services well-led?

The practice gathered feedback from staff through meetings, a suggestion box, surveys, 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 good quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, disability access, and radiographs and infection prevention and control. Improvements were required to ensure the infection and control audits were carried out at six-monthly intervals in line with guidance.

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> <p>Fire Safety Management was ineffective:</p> <ul style="list-style-type: none">• The fire risk assessment had not been carried out by a person competent to do so.• There was no record of periodic in-house testing of the fire safety equipment, including the fire alarm system, smoke alarms or extinguishers.• The fire extinguishers did not have clear instructions displayed which was not in accordance with the available fire policy.• Evacuation procedures were not clearly displayed. <p>The risks associated with water systems and dental unit water lines (DUWLs) were not regularly reviewed and mitigated.</p> <ul style="list-style-type: none">• A written scheme of control had not been devised.• Monthly water temperature testing was not being carried out.

This section is primarily information for the provider

Requirement notices

- Recommendations identified within the legionella risk assessment had not been actioned.

Regulation17 (1)