

Smile Care Swindon Limited

Smile Dental Care Pinetrees

Inspection Report

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Overall summary

We carried out a focused inspection of Smile Dental Care Pinetrees on 11 January 2018.

We carried out the inspection to follow up concerns we originally identified during a comprehensive inspection at this practice on 20 February 2017 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 to people's needs?
- Is it well-led?

When one or more of the five questions is not met we require the service to make improvements and send us an action plan. We then inspect again after a reasonable interval, focusing on the area(s) where improvement was required.

At the previous comprehensive inspection we found the registered provider was providing safe, effective, caring and responsive care in accordance with relevant regulations. We judged the practice was not providing well-led care in accordance with Regulation 17 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 Smile Dental Care Pinetrees on our website www.cqc.org.uk.

We also reviewed the key question of safe as we had made recommendations for the provider relating to this key question. We noted that some improvements had been made.

Our findings were:

Are services well-led?

We found this practice was not providing well-led care in accordance with the relevant regulations.

The provider had made some improvements to put right the shortfalls and deal with the regulatory breaches we found at our inspection on 20 February 2017. However there were still significant areas that had not been addressed.

We identified regulations the provider was not meeting. They must:

- Ensure systems and processes in place for good governance are operated effectively in accordance with the fundamental standards of care. This includes

Summary of findings

- Ensure all premises and equipment used by the service provider is fit for use and properly maintained. For example ensure decontamination equipment is serviced in a timely way.
- Ensure activities at the practice are assessed, monitored and the information obtained used to mitigate risks and improve the service. For example monitoring of staff training and taking action following audit analysis to improve the service.
- Ensure persons employed in the provision of the regulated activities receive the appropriate support,

training, professional development, supervision and appraisal necessary to enable them to carry out the duties. For example managing poor performance in staff.

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:

- Adequately address through policy and training the correct fire procedures and checks.

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 well-led?

The provider had made some improvements to the management of the service.

This included the appointment of a new practice manager in July 2017. The practice has been without a Registered Manager since January 2016. The newly appointed manager has responsibility for two practices a few miles apart.

They demonstrated a good understanding of the role of practice manager and systems and process they had put in place since the last inspection. They told us they had not had opportunity to implement all the systems and processes necessary for good governance of the practice.

The practice had a clearly defined management structure. Premises and equipment were clean and mostly properly maintained. There was no system or process for ensuring decontamination equipment was serviced in a timely manner. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

There were not wholly clear lines of responsibility within the practice for the fire alarm, equipment checks and fire awareness training.

The practice had suitable arrangements for dealing with medical and other emergencies but the operational policy had not been developed.

There were limited systems and processes in place for the monitoring of staff by way of supervision and appraisal. Training records were incomplete and not monitored. There was no system for managing poor performance.

Policies had been reviewed and staff made aware of them. All required recruitment checks had been obtained and a patient feedback system had been implemented.

There were limited systems and processes to assess, monitor and improve the service. For example the radiography audit had been analysed but the results not discussed with staff or an action plan formulated to achieve improvement.

The improvements demonstrated some progress towards the on going development of effective governance arrangements at the practice. However the breach identified at the last inspection had not been sufficiently rectified to achieve compliance.

Requirements notice



Are services well-led?

Our findings

At our inspection on 20 February 2017 we judged it was not providing well led care and told the provider to take action as described in our requirement notice. At the inspection on 11 January 2018 we noted the practice had made some improvements to meet the requirement notice:

- The practice had appointed a new practice manager since the last inspection. They were in the process of applying to be the Registered Manager of the practice. Staff spoken with told us the practice was much improved under the leadership of the new manager with better communication and support. We were told they had regular staff meetings and minutes seen corroborated this.
- There were some systems and processes in place to manage the regulated activities but these were not wholly sufficient to ensure the practice was compliant with the requirements of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.
 - The practice manager told us there was no system in place to ensure decontamination equipment was serviced in a timely manner. They told us they waited for the manufacturer to contact them.
 - The practice manager showed us the practice risk assessment they had completed in September 2017 in relation to health and safety in the practice. We were shown a generic risk assessment folder and were told the intention was to develop the risk assessment policies to cater for the individual needs of this practice. Currently the risk assessments were generic and did not wholly address the specific risk in this practice.
 - The fire risk assessment seen did not cover all aspects of the practice and actions taken to minimise the risks. The practice manager told us the Parish Council is the landlord of the building of which the dental practice is a small area on the ground floor area. The fire alarm is for the whole building in which the dental practice rents a small area and the parish council (building owners) were responsible for checks. The practice manager told us they did not know that ensuring fire checks for the dental area were undertaken was their responsibility.
- They did not have a written agreement with the Parish Council regarding fire responsibility for the dental area. In discussion with the manager they were not sure if the alarm point in the dental area had been tested. They told us the fire log books were at the main reception for the building and we were shown these. We reviewed the fire log books and saw testing had not always been regularly undertaken, weekly. In staff folders there was no evidence of fire awareness training for staff.
- There were limited systems in place to monitor and improve the service. We were told the practice had identified a lead professional for infection control since the last inspection. We saw an infection control audit had also been completed and an action plan drawn up to address the shortfalls identified. We saw these actions had been completed. The practice did not have an annual infection control statement. The practice manager and staff spoken with told us they were not aware of this requirement.
- A radiography audit had been completed in November 2017 and showed a significant number of X rays were below the clinically acceptable standard. We asked the manager if these findings had been discussed with the dentists and an action plan formulated to address the issues. The manager and staff told us they had not discussed the audit findings or taken any action to minimise the number of poor quality x rays.
- The practice had identified a safeguarding lead professional since the last inspection and had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. Records seen showed some staff had not completed safeguarding training for more than three years. Staff spoken with demonstrated they had limited knowledge about the signs and symptoms of abuse and neglect and how to report concerns. The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns with the practice manager without fear of recrimination.
- The practice had not reviewed the need for a documented operational policy and procedure for managing medical emergencies as identified at the last inspection.

Are services well-led?

- We asked the practice manager to show us the system they had for monitoring staff training, supervision and appraisal. They told us they had not yet implemented a system to monitor training. When looking at individual training records we saw one member of staff had not undertaken safeguarding training since 2012. We asked to see the training records for the radiation protection supervisor and found they indicated the individual had not completed the required five hours of radiography training in the last five years. The practice manager told us staff were undertaking training but did not print their certificates for their files in the practice. They told us they planned to implement a system to monitor training in the near future.
- In discussion with the practice manager we ascertained there was no system or process for managing poor performance. We asked the practice manager if trainee staff were supported by the practice through observations by a qualified professional. We were told they were not and there was no system in place to supervise staff. The practice manager told us they were beginning to implement a system for appraisal. We saw

they had a system for induction of new staff which had been partially completed by ticking the boxes but the documentation had not been dated or signed by the people involved.

- The practice had established a system to enable them to seek patient feedback. Staff told us they had a patient feedback book at reception in which patients could write their comments. The practice manager told us the comments were discussed at practice meetings. Minutes of practice meetings seen did not corroborate this and staff told us they could not remember any comments being discussed. The practice did not have a system to provide feedback to patients in response their comments. We saw the practice was rated with 3.5 stars on the NHS Choices website and from the Friends and Family test 85% would recommend the practice.

These improvements showed the provider had taken some action to address the shortfalls we found when we inspected on 20 February 2017. The provider remains in breach of Regulation 17.

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>The provider did not have effective systems in place to ensure that the regulated activities at Smile Dental Care Pinetrees were compliant with the requirements of Regulations 4 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• The systems in place for assessing, monitoring and mitigating risk were limited. Actions to mitigate identified risks had not been fully implemented.• The systems in place were not operated effectively to assess monitor and improve the quality and safety of the services provided.• Systems and processes in place for the monitoring of staff by way of supervision were not operated effectively and the training records were incomplete and not monitored.• The practice had limited systems that were not operated effectively for staff appraisal and professional development to enable them to carry out their duties.• The provider did not have an effectively operated system for monitoring staff training to ensure all continuing professional development was completed to ensure clinicians were able to meet the registration requirements of their profession. <p>Regulation 17.1</p>