The Smile Centre (London) Limited

Surbiton Smile Centre

Inspection Report

148 Ewell Road
Surbiton
Surrey
KT6 6HE
Tel: 020 8339 9333
Website: www.surbitonsmile.co.uk

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Overall summary

We carried out an announced comprehensive inspection on 25 November 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

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 not providing well-led care in accordance with the relevant regulations.

Background

The Surbiton Smile Centre is located in the London Borough of Kingston-upon-Thames. The premises are situated in a high-street location. There are two treatment rooms, a decontamination room with an area for X-rays, a reception room with waiting area, an office, and a patient toilet. These are situated on the ground floor of the building.

The practice provides private services to adults and children. The practice offers a range of dental services including routine examinations and treatment, veneers and crowns and bridges. The practice also offers specialist treatments such as implants, orthodontics and periodontics. The practice was in the process of making arrangements for carrying out conscious sedation at the time of the inspection.

The staff structure of the practice consists of a principal dentist, an orthodontist, an associate dentist, a dental nurse and a trainee dental nurse who also works as a receptionist.

The practice opening hours are Monday and Wednesday from 9.00am to 5.30pm, Tuesday from 8.00am to 4.30pm, Thursday from 9.00am to 7.30pm and Friday from 8.00am to 5.30pm. The practice is also open on alternate Saturdays from 8.30am to 3.00pm.

The principal dentist is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

The inspection took place over one day and was carried out by a CQC inspector and a dental specialist advisor.

Thirty-seven people provided feedback about the service. Patients were positive about the care they received from the practice. They were complimentary about the friendly and caring attitude of the dental staff.

Our key findings were:

- Patients' needs were assessed and care was planned in line with current guidance such as from the National Institute for Health and Care Excellence (NICE).
- There were effective systems in place to reduce and minimise the risk and spread of infection.
- The practice had not ensured that all staff maintained the necessary skills and competence to support the needs of patients. For example, staff were not up to date with training in managing emergencies, or safeguarding vulnerable adults and children, at the time of the inspection.
- There practice had some arrangements in place for managing medical emergencies.. However the practice did not have access to an automated external defibrillator (AED) on site. There was no written, risk assessment for accessing a nearby AED, which we were told was available at a local shopping outlet, at the time of the inspection.
- Equipment, such as the air compressor, autoclave (steriliser), and X-ray equipment had all been checked for effectiveness and had been regularly serviced. However, the fire extinguishers had not been serviced within the past year.
- Staff reported incidents and kept records of these which the practice used for shared learning.
- The practice had safeguarding processes in place and staff understood their responsibilities for safeguarding adults and children living in vulnerable circumstances.
- Patients indicated that they felt they were listened to and that they received good care from a helpful and caring practice team.
- The practice had implemented clear procedures for managing comments, concerns or complaints.
- The provider had a clear vision for the practice and staff told us they were well supported by the management team.
- The practice had some governance arrangements and systems to monitor the quality and safety of the service. However, the practice had not effectively monitored and mitigated the risks associated with carrying out the regulated activities.

We identified regulations that were not being met and the provider must**:**

- Ensure staff training and availability of medicines and equipment to manage medical emergencies giving due regard to guidelines issued by the British National Formulary, the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
- Ensure staff are up to date with their mandatory training and their Continuing Professional Development.
- Ensure an effective system is established to assess, monitor and mitigate the various risks arising from undertaking of the regulated activities.
- Ensure systems are in place to assess, monitor and improve the quality of the service such as undertaking regular infection control audits and also ensuring that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.

You can see full details of the regulations not being met at the end of this report.

There were areas where the provider could make improvements and should:

- Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies such as, Public Health England (PHE).
- Review the practice's safeguarding training; ensuring it covers both children and adults and all staff are trained to an appropriate level for their role and aware of their responsibilities.

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- Review the practice's infection prevention and control measures and ensure a Legionella risk assessment is undertaken and the required actions implemented taking into account guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'
- Review the practice's sharps procedures giving due regard to the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Review the practice's protocols for recording in the patients' dental care records or elsewhere the reason for taking the X-ray and quality of the X-ray giving due regard to the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000.
- Review the practice's protocols for completion of dental records giving due regard to guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.
- Review the practice's protocols for completion of dental records giving due regard to guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.

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

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

The practice had policies and protocols related to the safe running of the service. Staff were aware of these and were following them. The practice had effective systems for the management of dental radiography. Equipment was well maintained and checked for effectiveness.

However, we found that the practice did not have suitable arrangements for managing medical emergencies as they did not have access to an Automated External Defibrillator (AED), in line with current guidance, at the time of the inspection.

The practice had not mitigated other risks related to the safe running of the practice. For example, the practice had not made suitable arrangements in relation to fire safety or Legionella risk.

There were safeguarding policies in place which staff members understood. Improvements were required to ensure all staff were up to date with their safeguarding training.

The principal dentist was responsive to our feedback and sent us evidence, after the inspection to show that action was being taken to improve. For example, the practice had placed an order for the purchase of an AED, staff had completed safeguarding training and external contractors had been booked to complete a Legionella risk assessment and service fire safety equipment.

Are services effective?

No action

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

The practice provided evidence-based care in accordance with relevant, published guidance, for example, from the General Dental Council (GDC). The practice monitored patients' oral health and gave appropriate health promotion advice. Staff explained treatment options to ensure that patients could make informed decisions about any treatment. The practice worked well with other providers and followed up on the outcomes of referrals made to other providers.

Staff told us they were well supported and supervised by the principal dentist. Staff engaged in continuous professional development (CPD) and were working towards meeting all of the training requirements of the General Dental Council (GDC). However, improvements were required in monitoring staff training to ensure that key topics were regularly updated.

Summary of findings

Are services caring?

No action

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

We received positive feedback from patients through comment cards and by speaking with patients on the day of the inspection. Patients felt that the staff were kind and caring; they told us that they were treated with dignity and respect at all times. We found that dental care records were stored securely and patient confidentiality was well maintained.

Are services responsive to people's needs?

No action

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

Patients generally had good access to appointments, including emergency appointments, which were available on the same day.

The culture of the practice promoted equality of access for all. The practice was wheelchair accessible as the treatment rooms were situated on the ground floor. The practice used a portable ramp to allow access over low steps inside the practice.

There was a complaints policy in place and the practice staff were aware of the complaints procedures and assured us that they would act promptly to respond to any complaints that were received. We saw that one complaint had been received in the past year; this had been managed in line with the practice policy.

Are services well-led?

Requirements notice

We found that 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 at the end of this report).

Staff described an open and transparent culture where they were comfortable raising and discussing concerns with each other.

The practice had some clinical governance and risk management structures in place. However, the practice did not use audits and risk assessments effectively to monitor and improve performance. For example, audits in relation to infection control, X-ray quality and dental record keeping had all been completed but had failed to identify concerns raised during the inspection. Risk assessments in relation to general health and safety, Legionella, fire safety, and managing medical emergencies were not available at the time of the inspection. Some fire safety equipment had not been regularly checked for effectiveness. There were also gaps in staff training that had not been identified by the registered manager.

The practice was responsive to our feedback and sent us evidence immediately after the inspection to show that they were working to improve these areas.

Surbiton Smile Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We carried out an announced, comprehensive inspection on 25 November 2016. The inspection took place over one day and was carried out by a CQC inspector and a dental specialist advisor.

We reviewed information received from the provider prior to the inspection. During our inspection we reviewed policy documents and spoke with four members of staff. We conducted a tour of the practice and looked at the storage arrangements for emergency medicines and equipment. The dental nurse demonstrated how they carried out decontamination procedures of dental instruments.

Thirty-seven people provided feedback about the service. Patients were positive about the care they received from the practice. They were complimentary about the friendly and caring attitude of the dental staff.

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 therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

There was an system in place for reporting and learning from incidents and accidents. There was an incident reporting policy and an accidents reporting book. Staff understood the process for accident reporting, including the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). There had not been any such incidents in the past 12 months.

The practice had a written policy describing the Duty of Candour. The principal dentist told us they were committed to operating in an open and transparent manner; they would always inform patients if anything had gone wrong and offer an apology in relation to this. [Duty of candour is a requirement under The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 on a registered person who must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity].

Reliable safety systems and processes (including safeguarding)

The practice had a safeguarding policy which referred to national guidance. The principal dentist told us they were the practice lead for child and adult safeguarding. Information about the local authority contacts for safeguarding concerns was displayed in a safeguarding policy folder.

Staff were able to describe the types of behaviour a child might display that would alert them to possible signs of abuse or neglect. They also had a good awareness of the issues around vulnerable elderly patients who presented with dementia. However, staff had not all completed formal training in safeguarding adults and children, to an appropriate level, at the time of the inspection. The practice sent us evidence via email two days after the inspection to show that relevant training had now been completed.

The practice had implemented some policies and protocols with a view to keeping staff and patients safe. For example, we asked staff about the prevention of needle stick injuries. Following administration of a local anaesthetic to a patient, needles were not resheathed using the hands and a rubber needle guard was used instead, which was in line with current guidelines. The staff we spoke with demonstrated a clear understanding of the practice protocol with respect to handling sharps and needle stick injuries. There had been no sharps injuries recorded in the past year. The practice had a written risk assessment, and associated risk-reduction protocol, describing the rationale for recapping local anaesthetic syringes during patient treatment in line with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.

The practice followed other national guidelines on patient safety. For example, the practice used rubber dam for root canal treatments in line with guidance from the British Endodontic Society. (A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth. Rubber dam should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use rubber dam the reasons should be recorded in patients' dental care records giving details as to how the patient's safety was assured).

Medical emergencies

The practice had some arrangements in place to deal with medical emergencies.

The practice held emergency medicines in line with guidance issued by the British National Formulary for dealing with common medical emergencies in a dental practice. The emergency medicines were all in date and stored securely. We noted that midazolam was not available on the day of the inspection, but it had already been orderd by the practice. [Buccal (oromucosal) midazolam is a medicine used to stop prolonged epileptic seizures and is given into the buccal cavity (the side of the mouth between the cheek and the gum)].

The practice had oxygen and other related items, such as manual breathing aids and portable suction, in line with the Resuscitation Council UK guidelines.

However, staff did not have access to an automated external defibrillator (AED), in line with current guidance, and had not undertaken and documented a risk assessment as regards its absence. [An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm].

Are services safe?

We also noted that although there was an oxygen cylinder available, it was not regularly checked for effectiveness. Items of equipment that would be needed in an emergency were located in different areas throughout the practice. The practice had not carried out practice scenarios to ensure that staff could promptly locate and use the equipment available in the event of an emergency.

We raised this issue with the principal dentist who sent us confirmation via email, two days after the inspection, that an AED had been ordered for the practice.

Staff had not all received annual training in using the emergency equipment at the time of the inspection. The practice sent us evidence, two days after the inspection, confirming that such a training course had now been booked for all members of staff.

Staff recruitment

The staff structure of the practice consists of a principal dentist, an orthodontist, an associate dentist, a dental nurse and a trainee dental nurse, who also works as a receptionist. At the time of the inspection, the practice was in the process of making arrangements for carrying out conscious sedation, using an external provider. [Sedation/ Conscious sedation is a process in which a combination of medicines is used to help a patient to relax (a sedative) and to block pain (an anaesthetic) during a medical or dental procedure. The patient remains awake during the whole procedure].

There was a recruitment policy in place which stated that all relevant checks would be carried out to confirm that any person being recruited was suitable for the role. This included the use of an application form, interview, review of employment history, evidence of relevant qualifications, the checking of references and a check of registration with the General Dental Council. Clinical staff were asked to provide information about their immune status in relation to Hepatitis B. There had not been any new staff recruited with the past two years.

It was practice policy to carry out a Disclosure and Barring Service (DBS) check for all members of staff prior to employment and periodically thereafter. We saw evidence that all members of staff had a DBS check prior to employment. (The DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The staff records held information related to the outcome of the DBS checks. There was one member of staff who worked at the practice who did not have a DBS check; this member of staff was resident abroad and so it was not possible to carry out this check. However, no other risk assessment had been carried out by this practice in relation to this issue.

Monitoring health & safety and responding to risks

There were some arrangements in place to deal with foreseeable emergencies, although we noted areas which needed improvement during the inspection.

There was an arrangement in place to refer patients to another, local provider for emergency appointments in the event that the practice's own premises became unfit for use.

There were arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. There was a COSHH file where risks to patients, staff and visitors associated with hazardous substances were identified. Actions were described to minimise identified risks. COSHH products were securely stored. Staff were aware of the COSHH file and of the strategies in place to minimise the risks associated with these products.

However, the practice had not been assessed for risk of fire within the past year. The fire extinguishers had not been serviced since 2013. The practice sent us evidence, two days after the inspection, to show that a risk assessment had been carried out and servicing for fire equipment had been booked.

The practice did not have a system in place to respond to Medicines and Healthcare products Regulatory Agency (MHRA) advice, or alerts from other agencies such as Public Health England, at the time of the inspection. The practice susbsequently sent us evidence to confirm that they were now receiving these alerts.

Infection control

There was an infection control policy which included the decontamination of dental instruments, hand hygiene, use of protective equipment, and the segregation and disposal of clinical waste.

We observed that the premises appeared clean and tidy. Clear zoning demarked clean from dirty areas in all of the treatment rooms. Hand-washing facilities were available,

including wall-mounted liquid soap, hand gels and paper towels in the treatment rooms, decontamination area and toilets. Hand-washing protocols were also displayed appropriately in various areas of the practice. However, the decontamination area did not have a separate, hand-washing sink. We observed the dental nurse washing their hands in the same sink as the instruments were cleaned. The principal dentist told us that a separate bowl was available for handwashing and confirmed that they would check that the nurse was using this, in line with the practice protocol.

We checked the contents of the drawers in the treatment rooms. These were well stocked, clean, ordered and free from clutter. All of the instruments were pouched..

The treatment rooms had the appropriate personal protective equipment, such as gloves and aprons, available for staff and patient use. We observed that these were regularly in use throughout the day.

We asked the dental nurse to demonstrate the end-to-end process of infection control procedures at the practice. They explained the decontamination of the general treatment room environment following the treatment of a patient.

We saw that there were written guidelines for staff to follow for ensuring that the working surfaces, dental unit and dental chair were decontaminated. This included the treatment of the dental water lines. The water lines were being flushed at the start of each session, but were not regularly flushed between patients.

We also noted that a Legionella risk assessment had not been carried out. (Legionella is a term for particular bacteria which can contaminate water systems in buildings).The practice was not following recommendations to reduce the risk of Legionella, for example, through the regular testing of the water temperatures at the time of the inspection. The practice sent us evidence, two days after the inspection, confirming that an external contractor had been booked to carry out a Legionella risk assessment.

The practice used a decontamination room for instrument processing. In accordance with guidance on decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 - Decontamination in primary care dental practices (HTM 01-05), an instrument transportation system had been implemented to ensure the safe movement of instruments between treatment room and the decontamination area which ensured the risk of infection spread was minimised. The process of cleaning, inspection, sterilisation, packaging and storage of instruments followed a well-defined system of zoning from dirty through to clean.

Instruments were manually cleaned and then placed in an ultrasonic bath. All items were inspected under a light magnification device. Items were then pouched and then placed in an autoclave (steriliser) and stored appropriately, until required. All of the pouches we checked had a sterilisation expiry date. However, the manual cleaning protocol could be improved to ensure it was in accordance with the recommended national guidance. Items were cleaned above the water and rinsed under a running tap which increased the risk of aerosol contamination. The dental nurse work disposable gloves, but not thick, heavy duty gloves which should be used to reduce the risk of a sharps injury. The dental nurse noted that she required extra small thick gloves, but that these were not available.

We saw that there were systems in place to ensure that the autoclave and ultrasonic bath were working effectively. These included, for example, the automatic control test and steam penetration test for the autoclave, and the protein test for the ultrasonic bath. It was observed that the data sheets used to record the essential daily validation checks of the sterilisation cycles were complete and up to date.

The segregation and storage of dental waste was in line with current guidelines laid down by the Department of Health. We observed that sharps containers, clinical waste bags and municipal waste were properly segregated. The practice used a contractor to remove dental waste from the practice. Waste was stored in a separate, locked location prior to collection by the contractor. Waste consignment notices were available for inspection.

Environmental cleaning was carried out using a system which ensured that separate areas were cleaned with different equipment to avoid cross-contamination. There was a cleaning schedule for staff to follow which described daily, weekly and monthly tasks.

Staff files showed that staff regularly attended training courses in infection control. Clinical staff were also required to produce evidence to show that they had been effectively

vaccinated against Hepatitis B to prevent the spread of infection between staff and patients. (People who are likely to come into contact with blood products, or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of blood borne infections.)

The practice had carried out a practice-wide infection control audit on an annual basis. HTM01-05 recommends that an audit be carried out every six months. We noted that the audit system had not identified the issues related to infection control that were identified during the inspection.

Equipment and medicines

We found that equipment including air compressor, autocolave, ultrasonic bath and X-ray equipment had all been regularly inspected and serviced.

Portable appliance testing (PAT) had been completed in accordance with good practice guidance in September 2016. PAT is the name of a process during which electrical appliances are routinely checked for safety.

However, the fire extinguishers had not been inspected on an annual basis. The last inspection had taken place in 2013. The practice sent us evidence, two days after the inspection, confirming that an external contractor had been booked to service the fire equipment.

The practice did not dispense any medicines. The principal dentist demonstrated that they correctly wrote out private prescriptions for their patients, where necessary.

Radiography (X-rays)

There was a well-maintained radiation protection file in line with the Ionising Radiation Regulations (IRR) 1999 and Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER).This file contained the names of the Radiation Protection Advisor and the Radiation Protection Supervisor as well as the necessary documentation pertaining to the maintenance of the X-ray equipment. Included in the file were the critical examination packs for the X-ray set along with the three-yearly maintenance logs and a copy of the local rules.

We saw evidence in the staff records which showed they had completed radiography and radiation protection training.

Audits on X-ray quality were undertaken at regular intervals. However, we noted that improvements were needed as regards the recording of the grading and justification of X-rays in dental care records or elsewhere. The principal dentist was responsive to our feedback in this area and confirmed that they were working on a new record keeping template to improve consistency.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The dentists carried out consultations, assessments and treatment in line with recognised general professional guidelines. The principal dentist described to us how they carried out their assessment. The assessment began with the patient completing a medical history questionnaire covering any health conditions, medicines being taken and any allergies suffered. We saw evidence that the medical history was updated at subsequent visits. This was followed by an examination covering the condition of a patient's teeth, gums and soft tissues and the signs of mouth cancer. Patients were made aware of the condition of their oral health and whether it had changed since the last appointment.

The patient's dental care record was updated with the proposed treatment after discussing options with the patient. A treatment plan was then given to each patient and this included details of the costs involved. The dentist provided each patient with the opportunity to further discuss their plan prior to proceeding with any treatments. Patients were monitored through follow-up appointments and these were scheduled in line with their individual requirements.

We checked a sample of dental care records to confirm the findings. These showed that improvements could be made to ensure the findings of the assessment were always recorded appropriately. However, we were satisfied that the dentist carried out the full range of expected assessments. For example, the dentists checked details of the condition of the gums using the basic periodontal examination (BPE) scores and checked the soft tissues lining the mouth. (The BPE is a simple and rapid screening tool that is used to indicate the level of examination needed and to provide basic guidance on treatment need). These were carried out, where appropriate, during a dental health assessment.

Health promotion & prevention

The practice promoted the maintenance of good oral health through the use of health promotion and disease prevention strategies.

The principal dentist was aware of the need to discuss a general preventive agenda with their patients and referred to the advice supplied in the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'. (This is an evidence-based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting).

They told us they held discussions with their patients, where appropriate, around effective tooth brushing, smoking cessation, sensible alcohol use and diet. The dentists also carried out examinations to check for the early signs of oral cancer.

There was a hygienist working at the practice. Where required, the dentists referred patients to the hygienist to further address oral hygiene concerns.

We observed that there were health promotion materials available for staff. These could be used to support patient's understanding of how to prevent gum disease and how to maintain their teeth in good condition.

Staffing

Staff told us they received appropriate professional development and training. We checked all of the staffs' records and noted that not all of the mandatory training requirements for registration issued by the General Dental Council had been regularly updated. All of the dentists had completed radiography and radiation protection training. However, not all staff had completed appropriate training in responding to emergencies or safeguarding vulnerable adults and children at the time of the inspection. The principal dentist sent us evidence, via email, after the inspection confirming that such training had now either been completed or booked.

There was an induction programme for new staff to follow to ensure that they understood the protocols and systems in place at the practice.

Staff told us that they were well supervised and that the practice supported their career development and aspirations. Longer-standing members of staff had been engaged in an appraisal process within the past year.

Working with other services

The practice had suitable arrangements in place for working with other health professionals to ensure quality of care for their patients.

Are services effective?

(for example, treatment is effective)

The principal dentist explained that the majority of treatments could be offered in house, but that they worked with other services, when required. The dentist was able to refer patients to a range of specialists in primary and secondary care if the treatment required was not provided by the practice..

We reviewed the systems for referring patients to specialist consultants in secondary care. A referral letter was prepared and sent to the hospital with full details of the dentist's findings and a copy was stored on the practices' records system. When the patient had received their treatment they were discharged back to the practice. Their treatment was then monitored after being referred back to the practice to ensure patients had received a satisfactory outcome and all necessary post-procedure care. A copy of the referral letter was always available to the patient if they wanted this for their records.

Consent to care and treatment

The practice ensured valid consent was obtained for all care and treatment. We spoke with the principal dentist and hygienist about their understanding of consent. They explained that individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. They stressed the importance of communication skills when explaining care and treatment to patients to help ensure they had an understanding of their treatment options. Patients were asked to sign fee estimate documents which also gave details of the treatments to be provided.

All of the staff we spoke with were aware of the Mental Capacity Act 2005. (The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves).

The staff we spoke with could describe scenarios for how they would manage a patient who lacked the capacity to consent to dental treatment. They noted that they would involve the patient's family, along with social workers and other professionals involved in the care of the patient, to ensure that the best interests of the patient were met.

However, we found that staff were not aware of the Gillick competency test and how this related to working with younger patients who wished to access services. The practice sent us evidence, two days after the inspection, confirming that a written policy had been put in place in relation to this topic and that this had been reviewed by all staff.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The comments cards we received, and the patients we spoke with, all made positive remarks about the staff's caring and helpful attitude. Patients indicated that they felt comfortable and relaxed with their dentist and that they were made to feel at ease during consultations and treatments. Patients who were nervous about dental treatment indicated that their dentist was calm, worked with them, listened to their concerns, and gave them reassurance throughout the processes of the dental treatments. We also observed staff were welcoming and helpful when patients arrived for their appointment or made enquiries over the phone.

Staff were aware of the importance of protecting patients' privacy and dignity. The treatment rooms were situated away from the main waiting area and we saw that the doors were closed at all times when patients were having treatment. Conversations between patients and the dentist could not be heard from outside the rooms, which protected patient's privacy.

Staff understood the importance of data protection and confidentiality and had received training in information governance. Patients' dental care records were stored in an electronic format. Records stored on the computer were password protected and regularly backed up.

Involvement in decisions about care and treatment

The practice gave individual cost quotes to patients depending on the type of treatment that was recommended. Reception staff told us that they gave patients a clear indication of fees related to regular check ups over the phone, and prior to an appointment. Patients confirmed that they received good information about the costs of care.

Staff told us they worked towards providing clear explanations about treatment and prevention strategies. We saw evidence in the records that the dentist recorded the information they had provided to patients about their treatment options.

The patient feedback we received via comments cards, and through speaking with patients on the day of the inspection, confirmed that patients felt appropriately involved in the planning of their treatment and were satisfied with the descriptions given by staff.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice had a system in place to schedule enough time to assess and meet patients' dental needs. The dentists or hygienists could decide on the length of time needed for their patient's consultation and treatment. The feedback we received from patients indicated that they felt they had enough time with the staff and were not rushed.

Staff told usthat patients could book an appointment in good time to see the dentist. The feedback we received from patients confirmed that they could get an appointment when they needed one, and that this included good access to emergency appointments on the day that they needed to be seen.

During our inspection we looked at examples of information available to people. We saw that the practice waiting area displayed a variety of information including opening hours and practice policy documents. The practice had a website which reinforced this information. New patients were given a practice leaflet which included advice about appointments, opening hours and the types of services that were on offer.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its service. Staff told us they treated everybody equally and welcomed patients from a range of different backgrounds, cultures and religions. There was an equality and diversity policy which staff were following.

Staff spoke a range of different languages, which supported some patients to access the service. The practice had access to a telephone interpretation service, when required.

The practice was wheelchair accessible as the treatment rooms were on the ground floor of the building. The practice used portable ramps to enable access over the front step and short flight of steps inside the practice.

Access to the service

The practice opening hours are Monday and Wednesday from 9.00am to 5.30pm, Tuesday from 8.00am to 4.30pm, Thursday from 9.00am to 7.30pm and Friday from 8.00am to 5.30pm. The practice is also open on alternate Saturdays from 8.30am to 3.00pm.

We asked the reception staff about access to the service in an emergency or outside of normal opening hours. Calls from patients were redirected to a member of staff's mobile phone so that they could assess the urgency of need. The principal dentist then contacted the patient directly to discuss their concerns. The dentist saw the patient on the same day, if necessary, or gave further information on how to access out-of-hours emergency treatment.

Concerns & complaints

There was a complaints policy which described how the practice handled formal and informal complaints from patients. Information about how to make a complaint was provided by the reception staff, upon request. The staff we spoke with were aware of the contents of the complaints policy. One complaint had been received in the past year; this had been appropriately managed in line with the practice's policy.

The practice collated patient feedback from online reviews directly to their own website and through other internet sources. The principal dentist and practice staff periodically reviewed the feedback received from these sources. They posted their own responses online to the positive and negative feedback that they received. We reviewed the feedback that the practice had received. The majority of the feedback demonstrated a high level of satisfaction with the quality of the care.

Are services well-led?

Our findings

Governance arrangements

The practice had some governance arrangements and a management structure. There were relevant policies and procedures in place. Staff were aware of these policies and procedures.

We reviewed notes from staff meetings that were called to discuss governance concerns. These were arranged, when needed. We saw examples of minutes from meetinsg within the past year where some governance concerns, for example, in relation to staff performance and safeguarding had been reviewed.

However, there were limited arrangements for identifying, recording and managing risks through the use of risk assessments, audits, and monitoring tools. Not all of the expected assessments and audits had been carried out. For example, a Legionella risk assessment had not been carried out, at the time of the inspection. Fire safety had not been reviewed within the past year, and fire equipment had not been serviced within the past three years. The arrangements for responding to medical emergencies were incomplete and did not mitigate risks to staff and patients as much as possible. The practice did not have a system in place for responding to medicines and healthcare products alerts. The principal dentist was responsive to our feedback and took action to address these issues immediately after the inspection.

Leadership, openness and transparency

The staff we spoke with described a transparent culture which encouraged candour, openness and honesty. There was a Duty of Candour policy in place. The principal dentist and hygienist told us they were committed to operating in an open and transparent manner.

Staff told us they were comfortable about raising concerns with the dentist. They felt they were listened to and responded to when they did so. Staff told us they enjoyed their work and were well supported by the management team.

We found staff to be hard working, caring and committed to their work and overall there was a strong sense that staff worked together as a team. Staff told us they were well supported by the principal dentist in relation to career and training goals.

Learning and improvement

The practice had a programme of clinical audit with a view to establishing a process for learning and improvement. These included audits for infection control, dental care record keeping and X-ray quality.

However, we found that the auditing system had not been used effectively to improve the quality of care. For example, the infection control audit had not identified concerns about a lack of handwashing facilities, lack of Legionella risk assessment, and staff following incorrect cleaning protocols.

Similarly, the X-ray and dental care record keeping audits did not identify concerns with grading and justification of X-rays in patients records, or incomplete records of other assessments.

We saw evidence that staff were working towards completing the required number of CPD hours to maintain their professional development in line with requirements set by the General Dental Council (GDC). However, there were gaps in training at the time of the inspection. Staff had not completed annual medical emergency training and had not completed formal safeguarding training to an appropriate level, at the time of the inspection.

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

The practice gathered feedback from patients via online forms and review websites. We saw that the principal dentist regularly reviewed and responded to this information.

Staff told us that the principal dentist was open to feedback regarding the quality of the care. The staff meetings provided appropriate forums for staff to give their feedback.

This section is primarily information for the provider

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered person did not have effective systems in place to ensure that the regulated activities at Surbiton Smile Centre were compliant with the requirements of Regulations 4 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. How the regulation was not being met: • The provider had not ensured that their audit and governance systems were effective. • The provider did not have systems to enable them to continually monitor risks, and to take appropriate action to mitigate risks, relating to the health, safety and welfare of patients and staff. Regulation 17 (1)