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Smile Dental Practice

Inspection Report

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Overall summary

Smile Dental Practice is located in the London Borough of Bromley in south-east London and provides private and NHS dental services. The provider's patient list is made up mostly of private fee-paying patients and a few NHS patients. The provider recently took over this location and was registered with the Care Quality Commission (CQC) on the 17th October 2014 to undertake the regulated activities of Diagnostic and screening procedures; Surgical procedures; and Treatment of disease, disorder or injury.

We carried out an announced comprehensive inspection on 6 January 2015. The inspection took place over one day and was undertaken by a CQC inspector. We looked at policy documents, care records; spoke with patients and staff including the management team.

The practice team included a principal dentist, two part-time associates, dental nurses, and a management team including an area manager, practice manager and admin team. The services provided include general dentistry such as placement of crowns and fillings, as well as other procedures including veneers, implants and invisible braces.

We received three comment cards completed by patients and spoke with two patients on the day of the visit. All the cards, and both the patients rated the practice very highly and described the service as very caring.

We found the practice was well-led and provided a safe, effective and caring service that was responsive to the needs of its patients.

However, there were also areas of practice where the provider should take action to make improvements.

- Ensure staff files are stored in a lockable storage compartment.
- Ensure the temperature of the refrigerator used to store medicines and dental products is monitored and recorded daily.
- Ensure all staff have received training in, and understand the requirements of the Mental Capacity Act 2005 as it relates to dental practice.
- Ensure staff induction check-list includes awareness of infection control procedures.
- Ensure out of date medicines are disposed of promptly and suitably.

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?

We found suitable arrangements were in place for infection control, staff recruitment, and dealing with medical emergencies. There were systems and processes in place, and staff we spoke with understood their responsibilities to raise concerns and report incidents. Staff were trained and aware of their responsibilities for safeguarding vulnerable adults and child protection. The equipment and the environment were well maintained, and staff followed suitable infection prevention and control practices. Medicines were stored suitably and securely, and checked regularly to ensure they were within their expiry dates. However; the provider should make improvements in the storage of cleaning equipment and ensure staff files are stored securely.

Are services effective?

There were suitable systems in place for the assessment of patient needs, and treatment was delivered in line with current legislation and best practice. Audits of various aspects of the service such as on X-rays, clinical records and infection control were undertaken at regular intervals and changes were implemented to help improve the service. Staff were supported in their work and professional development.

Are services caring?

Patients we spoke with were complimentary of the care and service that staff provided and told us they were treated with dignity and respect. Patients told us they felt well informed and involved in decisions about their care. In our observations on the day we found staff treated patients with empathy and respect.

Are services responsive to people's needs?

Patients' needs were suitably assessed and met. There was good access to the service with urgent appointments available the same day. Feedback from patients was obtained and the service acted accordingly. The practice learnt from patients' experiences, concerns and complaints to improve the quality of care.

Are services well-led?

All practice staff we spoke with were aware of their responsibilities to deliver good care and service to patients. The culture within the practice was one of openness, transparency and of learning and improvement. There was a clear leadership structure and staff felt supported by the principal dentist and the managers. Risks to the effective delivery of service were assessed and there were suitable business continuity plans in place. Meetings were undertaken regularly, and staff received suitable training and appraisals.

Smile Dental Practice

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.

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations such as Healthwatch and NHS England to share what they knew.

The inspection visit took place over one day on 6 January 2015 and was undertaken by a CQC inspector. We reviewed information submitted by the provider including their statement of purpose and a record of complaints. We looked at policy documents relating to the management of the service, patient records, spoke with patients and staff including the principal dentist, practice manager, area manager, dental nurse and receptionists .

We received three completed patient comment cards and spoke with two patients using the service.

Are services safe?

Our findings

Learning and improvement from incidents

The principal dentist and the area manager told us of the arrangements they had for receiving and sharing safety alerts from external organisations. The practice had suitable processes around reporting and discussion of incidents. The practice held regular meetings where such incidents, when they arose, were shared and discussed. The management staff were aware of their responsibilities of reporting incidents under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

Reliable safety systems and processes including safeguarding

The practice had policies in place relating to the safeguarding of vulnerable adults and child protection. Clinical and administration staff we spoke with were aware of their duty to report any potential abuse or neglect issues and were aware of actions to take if they identified a case of potential abuse. Staff had undertaken training in safeguarding and all staff employed at the practice were required to have a criminal records (now the Disqualification and Barring Scheme) check.

We also checked five anonymised dental care records and noted that medical history was obtained at the time of the first visit and patients were asked for updates at each subsequent visit. The software used to log patient details enabled collection of detailed relevant medical information and also could be used to flag up alerts such as if the patient was allergic to certain medicines or material such as latex.

The practice followed national guidelines such as use of a rubber dam for root canal treatments. [A rubber dam is a rectangular sheet of latex used by dentists for effective isolation of the root canal and operating field.] Risk assessments had been undertaken for issues affecting the health and safety of staff and patients using the service. This included for example use of radiography equipment, sharps storage and security of the premises.

Infection control

The reception area and treatment rooms were clean and well maintained at the time of our inspection. The practice had suitable infection prevention and control systems and processes in place including an infection control policy, regular checks on equipment, infection control audits and staff training.

The practice had followed national guidance on the essential requirements for infection control as set out in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05;National guidance from the Department of Health for infection prevention control in dental practices) and a separate area was available for decontamination of used instruments. A staff member showed us the steps they would undertake while cleaning and decontaminating instruments. Though the decontamination area was a narrow room, staff were aware of the demarcation of dirty and clean zones and followed recommended guidance of maintaining a clear flow of instruments from the dirty to clean area. The separate areas could though be better demarcated. A separate sink was available for rinsing instruments. An illuminated magnifier to check the effectiveness of the cleaning of instruments was available and staff told us they used it to check the cleaning of instruments. Work surfaces in the treatment rooms and the decontamination area were clean and clutter free. Equipment was well maintained and was clean. The dental nurse showed us the various checks that were undertaken on equipment like the autoclave. Staff followed recommended protocols to manage the dental unit water lines (DUWL). The cleaning equipment was stored in a separate cupboard. However, the cupboard was cluttered and mops and buckets were not stored suitably. Though the provider had arranged for different coloured buckets to be used for different areas such as the clinical rooms, kitchen and toilets, they were kept stacked together and there was no evidence of those items being in use. The provider had audited their infection control practices using the Department of Health audit tool to ensure compliance with HTM 01-05 essential standards. The audits were undertaken at the recommended intervals. A Legionella risk assessment had been completed and was in date (Legionella is a germ found in the environment which can contaminate water systems in buildings).

There were suitable protocols for the safe management, segregation and disposal of clinical, non-clinical and used sharp instrument waste.

Are services safe?

Equipment and medicines

There were appropriate arrangements in place to ensure equipment was properly maintained. These included annual checks of equipment such as portable appliance testing (PAT) and calibrations, where applicable. Pressure vessel regulations requiring annual testing had been undertaken on the relevant equipment within the practice.

Medicines stored in the practice were checked regularly and all the medicines we checked, but one were within their expiry date. The practice manager was aware of the expired medicine which was awaiting disposal and a replacement had been ordered. Medicines requiring refrigeration were stored in a designated fridge; however the fridge did not have a thermometer and there were no logs available of temperature recording.

Monitoring health & safety and responding to risks

There were effective risk assessment processes in place to identify and manage risks to staff and patients from the premises and equipment. This included risk assessments for fire and security. There were contracts with providers of services to maintain and service essential equipment like the IT system and alarms. The most recent tests had been undertaken in September 2014. Business continuity plans were in place and the management team could explain to us the steps they would take in the event of disruption to services resulting from IT failure, telephone lines not working and malfunctioning of equipment such as the autoclave.

Medical emergencies

There were arrangements in place to deal with on-site medical emergencies. All staff received training in basic life support. The practice had an availability of emergency medicines such as adrenaline and equipment such as oxygen, and masks and these were checked regularly. Staff we spoke with were aware of the location of the emergency equipment and were clear of their role in the event of a medical emergency. The practice had recently also procured an AED- automated external defibrillator. [AED is a portable electronic device that analyses the heart's rhythm and if necessary, delivers an electrical shock, known as defibrillation, which helps the heart re-establish an effective rhythm].

Staff recruitment

The practice undertook appropriate checks prior to appointment of staff including obtaining proof of identity, references and undertaking criminal records (now the Disqualification and Barring Scheme (DBS)) checks before employing staff. The provider had undertaken the decision that all staff are required to have a DBS check. We looked at a sample of three staff files and found evidence of appropriate checks having been undertaken as part of the recruitment process. These included proof of identity, and where required suitable qualifications and registration with relevant professional bodies. Staff files were stored in a room that had a locked access. However the room was also used as a staff room and the files could be easily accessed by any staff member. This was brought to the attention of the provider who assured us that they would obtain a lockable storage cupboard to store the files. Procedures were in place to manage planned and unexpected absences.

Radiography

The practice maintained suitable records in the radiation protection file demonstrating the maintenance of the x-ray equipment. Individuals were named as radiation protection advisor (RPA) and radiation protection supervisor (RPS) for the practice. An inventory of X-ray equipment, critical examination packs and a radiation maintenance log was available.

X-ray audits were undertaken at three-monthly intervals. There were systems to peer review the X-rays along with discussions where required. We looked at the last X-ray audit where dentists were required to assess a minimum of 10 X-rays as part of the audit. The current system however, meant the dentists were undertaking the checks on their own X-rays, and a random sample was then peer-reviewed. In our discussions with the provider they agreed the audits could be given more validity if the dentists audited each others' X-ray records rather than their own.

Are services effective?

(for example, treatment is effective)

Our findings

Consent to care and treatment

The dentist we spoke with was aware of their responsibilities to ensure consent was obtained and recorded appropriately. They told us they showed and discussed the X-ray findings and treatment options, risks and benefits with patients who were given time to make an informed decision. This was confirmed by the patients we spoke with. Although staff had not attended a formal training course on the requirements of the Mental Capacity Act 2005, the dentist said they had discussed issues involving safeguarding and consent in their three-monthly meetings that were attended by staff from the sister practices as well.

Monitoring and improving outcomes for people using best practice

Patient's needs were assessed and treatment was planned and delivered in line with their individual treatment plan. We reviewed five clinical records with the principal dentist. We asked them how information on associated medical conditions and relevant aspects of medical and social history such as smoking status, and obesity and eating habits were noted and discussed with patients. Patients we spoke with confirmed they had been asked questions about their medical history prior to commencement of their dental treatment.

The five clinical records we looked at demonstrated a structured approach was taken in examination, assessment and recording of each patient's oral health. Examinations assessed the patients' dentition and gum conditions, and an oral cancer screening was also undertaken. Records showed assessment of the periodontal tissues was undertaken and recorded using the basic periodontal examination (BPE) screening tool. (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).

The dentist told us they also held three-monthly meetings that were attended by clinical and non-clinical staff where new guidelines and relevant updates were presented by designated leads and discussed amongst staff.

Audits on completion of clinical records and X-rays were undertaken at regular intervals to help improve care practices.

Working with other services

Dentists referred patients to other services if they needed specialist treatment. The principal dentist explained that a lot of specialist dental services such as endodontic treatment, periodontics, orthodontics and implants were provided in-house and they had staff with the relevant expertise to manage most conditions. However, where required they would refer patients externally for the necessary support and treatment.

Health promotion & prevention

There was a range of information available to patients on the practice website such as on the treatments available, and there were links to vidoes and articles for maintaining good oral health. Information was available for referring dentists so that they could send in relevant information about the patient they were referring. The principal dentist explained that they undertook oral cancer screening as part of the initial examination and also recorded smoking status and provided smoking cessation advice. Patients were given advice on healthy eating habits and where also encouraged to maintain healthy life styles.

Staffing

We saw an induction checklist that ensured all new staff were introduced to relevant procedures and policies. The practice manager told us that infection control and hand hygiene practices were covered with staff though we could not see infection control included in the formal induction checklist. The practice had identified key training including infection control, safeguarding of vulnerable adults and children and basic life support to be completed by staff. Staff we spoke with confirmed they had received the required training and were aware of their responsibilities.

There were annual appraisal processes and regular meetings. Daily morning meetings had been introduced so staff could catch up on any issues from the previous day. Staff we spoke with told us they were clear about their roles, had access to the practice policies and procedures, and were supported to attend training courses appropriate to the work they performed. The practice manager was about to retire and another staff member who had expressed a desire for further professional development had been given the opportunity to shadow the current manager and was being supported to take on the role in due course.

Are services effective?

(for example, treatment is effective)

The practice also participated in an apprenticeship scheme and supported staff in attending a two-year course in dental nursing which would eventually enable them to qualify and register with the General Dental Council (GDC).

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We spoke with two patients on the day of our visit. They stated that the dentist and all staff were caring, and that they were treated with dignity and respect. Patients had been asked to complete CQC comment cards prior to our visit to provide us with feedback on the practice. We received three completed cards which all had positive comments about the staff and the care people had received. People told us they were very happy with the care and treatment at the practice and that is was much improved over the previous practice.

Staff we spoke with were aware of the need to be respectful of patients' right to privacy and dignity. The practice phone was located and managed at the reception desk. The practice staff told us that they could take calls in another area and speak discreetly to ensure privacy. They said if patients wanted to discuss something in private they could take them to another room.

All consultations and treatments were carried out in the privacy of the treatment rooms and patients' privacy and dignity was maintained during examinations. We noted that treatment room doors were closed during the procedures and that conversations taking place in these rooms could not be overheard.

Involvement in decisions about care and treatment

Patients who attended the practice were provided with appropriate information and support regarding their care and treatment. Both patients we spoke with were happy and satisfied with the information they had been provided in regards to their dental care and the treatment choices. They told us the dentist had explained the findings, they felt involved in their treatment and they had been given time to make an informed choice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice's website provided information ranging from the various treatments available, clinic times and links to articles and videos on topics such as oral hygiene, dental implants and teeth whitening. Staff told us if required they could access translation services for patients who did not have English as a first language.

Patients who needed emergency help could be accommodated on the same day. We saw a patient record of a person who had contacted the practice with an urgent need. They had been reassured, provided with suitable emergency treatment and also a plan for on going, further treatment.

Access to the service

The surgery was open Monday to Friday from 9:00 am to 6:00 pm with a lunch hour between 1:00 pm to 2:00 pm.

The surgery was also open around three Saturdays a month from 9:00 am to 1:00 pm. The practice was located on the ground floor with the reception area and the treatment rooms on the same floor. The doors were wide enough to accommodate wheel-chairs, though there was a small single step at the entrance.

Concerns & complaints

The practice had effective arrangements in place for handling complaints and concerns. The practice had a complaints handling procedure and the practice manager was the designated staff member who managed the complaints.

The practice also had a system in place for analysing and learning from complaints received and discussions were undertaken to detect any emerging themes. We reviewed a sample of complaints and found that actions were taken and learning implemented following the complaints. This helped ensure improvements in the delivery of care.

Are services well-led?

Our findings

Leadership, openness and transparency

The surgery had a statement of purpose which outlined the practice's aims and objectives and laid out patients' responsibilities as well as their rights. All the staff we spoke with described the culture as supportive, open and transparent and demonstrated an awareness of the practice's purpose and were proud of their work and team. Staff felt valued and were signed up to the practice's progress and development.

Governance arrangements

The practice had governance arrangements and an effective management structure. Appropriate policies and procedures were in place, and there was effective monitoring of various aspects of care delivery. The practice had regular meetings involving dentists, managers and receptionists.

The practice had arrangements for identifying, recording and managing risks. There was a culture of learning and auditing and a number of clinical audits such as on records and X-rays had been completed.

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

We found the practice to be involved with their patients and staff. The practice was open to sharing and learning and there was evidence of regular meetings, audits and discussions to ensure patients received safe and effective care. Staff members we spoke with were all clear about their roles and responsibilities. They told us they felt valued, well supported and knew who to go to in the practice with any concerns. Staff had access to the practice policies and procedures, and were supported to attend training courses appropriate to the work they performed.

Management lead through learning & improvement

The practice had systems and processes to ensure all staff and the practice as a whole learnt from incidents and errors, and patient feedback and complaints to ensure improvement. The dentists provided peer support to each other and were open to accessing external support to help improve care delivery.