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Fresh Smile Clinic

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 21 June 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 providing well-led care in accordance with the relevant regulations.

Background

Fresh Smile Clinic is situated in Brighouse, West Yorkshire. It offers mainly private treatment to patients of all ages but has a small NHS contract. The services include preventative advice and treatment, routine restorative dental care and dental implants.

The practice currently has three surgeries, a waiting area, a reception area and an X-ray room. The reception area, waiting area and two surgeries are on the ground floor of the premises. The other surgery and the X-ray room are on the first floor of the premises.

There are four dentists, two dental hygiene therapists, four dental nurses (including one trainee), a reception manager (who is also a qualified dental nurse) and a practice manager.

The opening hours are Monday from 9-00am to 5-30pm, Tuesday from 9-00am to 7-00pm, Wednesday from 9-00am to 5-00pm, Thursday from 8-30am to 5-00pm and Friday from 8-30am to 4-00pm. They are also open the first Saturday of each month from 9-00am to 1-00pm.

The practice owner is registered with the Care Quality Commission (CQC) as an individual. Like 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.

During the inspection we received feedback from 15 patients. The patients were positive about the care and

Summary of findings

treatment they received at the practice. Comments included that the premises were safe and hygienic and that staff were welcoming, caring and friendly. Patients also commented that the dentists always listened to their concerns and provided detailed advice about treatments.

Our key findings were:

- The practice appeared clean and hygienic.
- The practice had systems in place to assess and manage risks to patients and staff including infection prevention, control and health and safety and the management of medical emergencies.
- Staff were qualified and had received training appropriate to their roles.
- Dental care records were detailed and showed that treatment was planned in line with current best practice guidelines.
- We observed that patients were treated with kindness and respect by staff.
- Patients were able to make routine and emergency appointments when needed.
- The practice had a complaints system in place and there was an openness and transparency in how these were dealt with.
- There were clearly defined leadership roles within the practice and staff told us that they felt supported, appreciated and comfortable to raise concerns or make suggestions.

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

- Review the practice's protocol for completing the X-ray audit.
- Review the Legionella risk assessment and ensure all recommendations are completed.
- Review the availability of a policy for the use of the cone beam computed tomography machine.

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

The practice had a policy in place for reporting of significant events. Staff told us they felt confident about reporting incidents and accidents.

Staff had received training in safeguarding at the appropriate level and knew the signs of abuse and who to report them to.

Staff were suitably qualified for their roles and the practice had undertaken the relevant recruitment checks to ensure patient safety.

Patients' medical histories were obtained before any treatment took place. Staff were trained to deal with medical emergencies. All emergency equipment and medicines were in date and in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines.

The decontamination procedures were effective and the equipment involved in the decontamination process was regularly serviced, validated and checked to ensure it was safe to use.

Are services effective?

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

Patients' dental care records provided comprehensive information about their current dental needs and past treatment. The practice monitored any changes to the patient's oral health and provided treatment when appropriate.

The dentists followed best practice guidelines when delivering dental care. These included Faculty of General Dental Practice (FGDP), National Institute for Health and Care Excellence (NICE) and guidance from the British Society of Periodontology (BSP).

Staff were encouraged to complete training relevant to their roles. The clinical staff were up to date with their continuing professional development (CPD).

Referrals were made to secondary care services if the treatment required was not provided by the practice.

Are services caring?

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

During the inspection we received feedback from 15 patients. Patients commented that staff were welcoming, caring and friendly. Patients also commented that the dentists always listened to their concerns and provided detailed advice about treatments.

We observed the staff to be welcoming and caring towards the patients.

Staff were fully aware of the importance of confidentiality. We observed privacy and confidentiality were maintained for patients using the service on the day of the inspection.

Are services responsive to people's needs?

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

Summary of findings

The practice had an efficient appointment system in place to respond to patients' needs. Patients commented they could access treatment for urgent and emergency care when required. There were clear instructions for patients requiring urgent care when the practice was closed.

There was a procedure in place for responding to patients' complaints. This involved acknowledging, investigating and responding to individual complaints or concerns.

The practice had made reasonable adjustments to enable patients with limited mobility to access treatment.

Are services well-led?

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

There was a clearly defined management structure in place and all staff felt supported and appreciated in their own particular roles. The practice manager was responsible for the day to day running of the practice.

Effective arrangements were in place to share information with staff by means of monthly practice meetings and quarterly dentist meetings.

The practice regularly audited clinical and non-clinical areas as part of a system of continuous improvement and learning.

They conducted patient satisfaction surveys, were currently undertaking the NHS Friends and Family Test (FFT) and there was a comments box in the waiting room for patients to make suggestions to the practice.

Fresh Smile Clinic

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 registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

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

We informed local NHS England area team and Healthwatch that we were inspecting the practice; however we did not receive any information of concern from them.

During the inspection we received feedback from 15 patients. We also spoke with the practice owner, one

dentist, three dental nurses, the reception manager and the practice manager. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

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

The practice had a policy which included clear guidance for staff about how to report incidents and accidents. Staff were familiar with the process for reporting incidents or accidents. Staff described to us of an event which had occurred which had led to a new process being implemented to prevent it happening again.

The practice owner understood the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR).

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) that affected the dental profession. These were actioned if necessary and were stored for future reference.

Reliable safety systems and processes (including safeguarding)

The practice had child and vulnerable adult safeguarding policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. The policies were readily available to staff. Staff had access to contact details for both child protection and adult safeguarding teams. The practice owner was the safeguarding lead for the practice and all staff had undertaken the appropriate level of safeguarding training. Staff were knowledgeable about the signs and symptoms of abuse or neglect and were aware of whom to report them to.

The practice had systems in place to help ensure the safety of staff and patients. These included the use of a safe sharps system and guidelines about responding to a sharps injury (needles and sharp instruments).

Rubber dam (this is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth) was used in root canal treatment in line with guidance from the British Endodontic Society.

We saw that patients' clinical records were computerised and password protected to keep people safe and protect them from abuse. Any paper documentation relating to the dental care records were locked away in secure cabinets when the practice was closed.

Medical emergencies

The practice had procedures in place which provided staff with clear guidance about how to deal with medical emergencies. Staff were knowledgeable about what to do in a medical emergency and had completed training in emergency resuscitation and basic life support within the last 12 months.

The practice kept an emergency resuscitation kit, oxygen and emergency medicines and staff knew where the emergency kits were kept. All emergency equipment and medicines were in date and in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines. Records showed weekly checks were carried out on all emergency equipment and medicines.

The practice had an Automated External Defibrillator (AED) to support staff in a medical emergency. (An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm).

Staff recruitment

The practice had a policy and a set of procedures for the safe recruitment of staff. This included an interview, seeking references, proof of identity, checking relevant qualifications and professional registration. We reviewed a sample of staff files and found the recruitment procedure had been followed. The practice manager told us they carried out Disclosure and Barring Service (DBS) checks for all newly employed staff. We reviewed records of staff recruitment and these showed that all checks were in place.

All clinical staff at this practice were qualified and registered with the General Dental Council (GDC). There were copies of current registration certificates and personal indemnity insurance (insurance professionals are required to have in place to cover their working practice).

Monitoring health & safety and responding to risks

A health and safety policy and risk assessment was in place at the practice. This identified the risks to patients and staff who attended the practice. The risks had been identified and control measures put in place to reduce them. We saw that the practice manager carried out an annual health and safety risk assessment of the premises to ensure that any risks were identified and managed.

Are services safe?

There were policies and procedures in place to manage risks at the practice. A fire risk assessment had been carried out and we saw that weekly fire checks were completed to ensure that any risks were appropriately managed.

The practice maintained a file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants, and dental materials in use in the practice. The practice identified how they managed hazardous substances in its health and safety and infection control policies and in specific guidelines for staff, for example in its blood spillage and waste disposal procedures. The reception manager was responsible for updating the COSHH folder to check whether any new hazards had been identified for the substances included in the folder. Any new materials or substances would be added to the COSHH folder and staff would be made aware of any particular precautions associated with it.

Infection control

There was an infection control policy and procedures to keep patients safe. The practice followed the guidance about 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)'. One of the dental nurses was the infection control lead within the practice. All staff had received training in infection prevention and control.

We observed the treatment rooms to be clean and hygienic. Work surfaces were free from clutter. Staff told us they cleaned the treatment areas and surfaces between each patient and at the end of the morning and afternoon sessions to help maintain infection control standards. There was a cleaning log book which identified areas to be cleaned. There were hand washing facilities in the treatment room and staff had access to supplies of personal protective equipment (PPE) for patients and staff members. Posters promoting good hand hygiene and the decontamination procedures were clearly displayed to support staff in following practice procedures. Sharps bins were appropriately located, signed and dated and not overfilled. We observed waste was separated into safe containers for disposal by a registered waste carrier and appropriate documentation retained.

Decontamination procedures were carried out in the treatment rooms. We were shown the procedures for

disinfecting, inspecting and sterilising dirty instruments; packaging and storing clean instruments. The practice routinely used an ultrasonic bath to clean the used instruments, examined them visually with an illuminated magnifying glass, and then sterilised them in a validated autoclave (a device for sterilising dental and medical instruments). Instruments were then bagged, sealed and stamped with a use by date.

The treatment rooms had clearly defined dirty and clean zones in operation to reduce the risk of cross contamination. Staff wore appropriate PPE during the process and these included disposable gloves, aprons and protective eye wear.

The practice had systems in place for daily and weekly quality testing the decontamination equipment and we saw records which confirmed these had taken place. There were sufficient instruments available to ensure the services provided to patients were uninterrupted.

The practice had been carrying out an Infection Prevention Society (IPS) self- assessment audit every six months relating to the Department of Health's guidance on decontamination in dental services (HTM01-05). This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. The audit showed the practice was meeting the required standards.

We saw that the dental nurses completed monthly spot checks on each other's treatment rooms to ensure they were clean and tidy.

Records showed a risk assessment process for Legionella had been carried out (Legionella is a term for particular bacteria which can contaminate water systems in buildings). The practice undertook processes to reduce the likelihood of legionella developing which included running the water lines in the treatment rooms at the beginning and end of each session and between patients and monitoring cold and hot water temperatures. We noted that the risk assessment had identified some dead legs in the water system which should be removed. We were told that these had not been removed. The practice manager told us that this would be done as soon as possible.

Equipment and medicines

The practice had maintenance contracts for essential equipment such as X-ray machines, the autoclaves and the

Are services safe?

compressor. We saw evidence of validation of the autoclave and the compressor. Portable appliance testing (PAT) had been completed in June 2016 (PAT confirms that portable electrical appliances are routinely checked for safety).

NHS prescription pads were kept locked away when not needed to ensure their safe use. The practice also dispensed medicines for private patients. These were kept locked away and a log was kept of when these medicines were prescribed.

Radiography (X-rays)

The practice had a radiation protection file and a record of all X-ray equipment including service and maintenance history. Records we viewed demonstrated that the X-ray equipment was regularly tested and serviced. A Radiation Protection Advisor (RPA) and a Radiation Protection Supervisor (RPS) had been appointed to ensure that the equipment was operated safely and by qualified staff only. We found there were suitable arrangements in place to ensure the safety of the equipment. Local rules were available in all treatment rooms and within the radiation protection folder. We saw that a justification, grade and a

report was documented in the dental care records for all X-rays which had been taken. The practice owner had recently implemented a reporting template for the dentists to use to ensure nothing would be missed.

X-ray audits were carried out every year or more frequently if necessary. This included assessing the quality of the X-rays which had been taken. The audit results did not state the percentage of X-rays which were grade one, grade two or grade three. This was brought to the attention of the practice owner and we were told that this would be done.

The practice had a cone beam computed tomography (CBCT) machine. CBCT is an X-ray based imaging technique which provides high resolution visualisation of bony anatomical structures in three dimensions. The appropriate staff had completed the necessary training on the use of the CBCT machine. We saw that there were protocols in place to ensure the safe and appropriate use of the CBCT machine. These followed the guidance from the Health Protection Agency. There was evidence of ongoing quality assurance testing of the machine. There was not a formal CBCT policy in place. This was brought to the attention of the practice owner who assured us that one would be made.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept up to date detailed electronic dental care records. They contained information about the patient's current dental needs and past treatment. The dentists carried out an assessment in line with recognised guidance from the Faculty of General Dental Practice (FGDP). This was repeated at each examination in order to monitor any changes in the patient's oral health. The dentists used NICE guidance to determine a suitable recall interval for the patients. This takes into account the likelihood of the patient experiencing dental disease such as decay, gum disease or cancer. This was documented and also discussed with the patient.

During the course of our inspection we discussed patient care with the dentists and checked dental care records to confirm the findings. Clinical records were comprehensive and included details of the condition of the teeth, soft tissue lining the mouth, gums and any signs of mouth cancer. If the patient had more advanced gum disease then the patient would be referred to the dental hygiene therapist for a more detailed inspection of their gums.

Records showed patients were made aware of the condition of their oral health and whether it had changed since the last appointment. Medical history checks were updated by each patient every time they attended for treatment and entered in to their electronic dental care record. This included an update on their health conditions, current medicines being taken and whether they had any allergies.

The practice used current guidelines and research in order to continually develop and improve their system of clinical risk management. For example, following clinical assessment, the dentists followed the guidance from the FGDP before taking X-rays to ensure they were required and necessary. Justification for the taking of an X-ray, quality assurance of each x-ray and a detailed report was recorded in the patient's care record.

Health promotion & prevention

The dentists were aware of the importance of preventative care and supporting patients to ensure better oral health. For example, the dentists applied fluoride varnish to

children who had a high risk of dental decay. Fissure sealants were also applied to children at high risk of dental decay. High fluoride toothpastes were prescribed for patients at high risk of dental decay.

The practice had a selection of dental products on sale in the reception area to assist patients with their oral health.

The medical history form patients completed included questions about smoking and alcohol consumption. We were told by the dentist and saw in dental care records that smoking cessation advice and alcohol awareness advice was given to patients where appropriate. Patients were made aware of the synergistic effects of smoking and alcohol with regards to oral cancer. There were health promotion leaflets available in the waiting room to support patients.

Staffing

New staff to the practice had a period of induction to familiarise themselves with the way the practice ran. We saw evidence of completed induction checklists in the recruitment files.

Staff told us they had good access to on-going training to support their skill level and they were encouraged to maintain the continuous professional development (CPD) required for registration with the General Dental Council (GDC). The practice organised in house training for medical emergencies and infection control.

Staff told us they had annual appraisals and training requirements were discussed at these. We saw evidence of completed appraisal documents.

Working with other services

The practice worked with other professionals in the care of their patients where this was in the best interest of the patient. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment including orthodontics, oral surgery and sedation.

The dentists completed detailed proformas or referral letters to ensure the specialist service had all the relevant information required. A copy of the referral letter was kept in the patient's dental care records. Letters received back relating to the referral were first seen by the referring dentist to see if any action was required and then stored in the patient's dental care records.

Are services effective?

(for example, treatment is effective)

The practice had a procedure for the referral of a suspected malignancy. This involved faxing a copy of the letter and also a telephone call to confirm the fax had arrived.

Consent to care and treatment

Patients were given appropriate information to support them to make decisions about the treatment they received. Staff were knowledgeable about how to ensure patients had sufficient information and the mental capacity to give informed consent. Staff described to us how valid consent was obtained for all care and treatment and the role family members and carers might have in supporting the patient to understand and make decisions.

Staff had an understanding of the principles of the Mental Capacity Act (MCA) 2005 and how it was relevant to ensuring patients had the capacity to consent to their dental treatment. The MCA had also been discussed at practice meetings.

Staff ensured patients gave their consent before treatment began and a form was signed by the patient. We were told that individual treatment options, risks, benefits and costs were discussed with each patient. Patients confirmed that they were fully informed and involved in the decision making process.

Patients were provided with a written treatment plan which outlined the treatments proposed, the associated costs and the risks associated with the treatment. For example, if a patient was having a dental implant they would be made aware of the possible complications and other options available. Patients would be given time to consider the options.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Feedback from patients was positive and they commented that they were treated with care, respect and dignity. Staff told us that they always interacted with patients in a respectful, appropriate and kind manner. We observed staff to be friendly and respectful towards patients during interactions at the reception desk and over the telephone.

We observed privacy and confidentiality were maintained for patients who used the service on the day of inspection. We were told that no personal details including costs of treatment were discussed at the reception desk. Surgery doors were always kept closed when a patient was inside. Staff said that if a patient wished to speak in private, an empty room would be found to speak with them.

When treating children we were told that they would use the “tell show do” technique, use simple terminology, use models and involve the parents. They would also give children a chart to monitor their tooth brushing which they felt was a good incentive.

Involvement in decisions about care and treatment

The practice provided patients with information to enable them to make informed choices. Patients commented they felt involved in their treatment and it was fully explained to them. Staff described to us how they involved patients’ relatives or carers when required and ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.

Patients were also informed of the range of treatments available on the practice website and on notices and leaflets in the waiting area.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We found the practice had an efficient appointment system in place to respond to patients' needs. Staff told us that patients who requested an urgent appointment would be seen the same day.

Patients commented they had sufficient time during their appointment and they were not rushed. We observed the clinics ran smoothly on the day of the inspection and patients were not kept waiting.

Tackling inequity and promoting equality

The practice had an equality and diversity policy to support staff in understanding and meeting the needs of patients. Reasonable adjustments had been made to the premises to accommodate patients with mobility difficulties. The practice had hand rails installed on the external stairs to help those with limited mobility. Wheelchair access was also possible through the back door. The practice owner was also looking into getting a ramp installed at the front of the building and we saw plans of this. We saw evidence that the ground floor surgeries were used to accommodate those who could not climb the stairs.

Access to the service

The practice displayed its opening hours on the premises, in the practice information leaflet and on the practice website. The opening hours are Monday from 9-00am to 5-30pm, Tuesday from 9-00am to 7-00pm, Wednesday from 9-00am to 5-00pm, Thursday from 8-30am to 5-00pm and Friday from 8-30am to 4-00pm. They are also open the first Saturday of each month from 9-00am to 1-00pm.

Patients could access care and treatment in a timely way and the appointment system met their needs. Where treatment was urgent patients would be seen the same day. The practice had a system in place for patients requiring urgent dental care when the practice was closed. Patients were either signposted to the 111 service or their call was forwarded to the practice owners mobile telephone. Information about the out of hours emergency dental service was also displayed in the waiting area and in the practice's information leaflet.

Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. This included acknowledging the complaint within three working days and providing a formal response within 10 working days. If the practice was unable to provide a response within 10 working days then the patient would be made aware of this.

There were details of how patients could make a complaint displayed in the waiting room and in the practice information leaflet. The practice manager was in charge of dealing with complaints when they arose and they kept a detailed log of all complaints which were made. Staff told us they raised any formal or informal comments or concerns with the practice manager to ensure responses were made in a timely manner. Staff told us that they aimed to resolve complaints in-house initially. We reviewed the complaints which had been received in the past 12 months and found that they had been dealt with in line with the practices policy.

Are services well-led?

Our findings

Governance arrangements

The practice manager was responsible for the day to day running of the service. The practice used a computerised compliance system to help with clinical governance. This included a calendar to prompt the practice owner to undertake audits, service equipment and conduct practice meetings.

The practice had an effective approach for identifying where quality or safety was being affected and addressing any issues. Health and safety and risk management policies were in place and we saw a risk management process to ensure the safety of patients and staff members. For example, we saw risk assessments relating to fire safety, the use of equipment and non-responders to the Hepatitis B vaccination.

There was an effective management structure in place to ensure that responsibilities of staff were clear. Staff told us that they felt supported and were clear about their roles and responsibilities.

Leadership, openness and transparency

The culture of the practice encouraged candour, openness and honesty to promote the delivery of high quality care and to challenge poor practice. Staff told us there was an open culture within the practice and they were encouraged and confident to raise any issues at any time.

The practice held monthly staff meetings. These meetings were minuted for those who were unable to attend. During these staff meetings topics such as infection control, training requirements and any policy updates. There were also quarterly dentist meetings where clinical matters such as audit results were discussed.

All staff were aware of whom to raise any issue with and told us that the practice manager and practice owner were approachable, would listen to their concerns and act appropriately. We were told that there was a no blame culture at the practice and that the delivery of high quality

care was part of the practice's ethos. Staff told us that they thoroughly enjoyed working at the practice, felt valued and were able to contribute ideas to the practice which would be implemented.

Learning and improvement

Quality assurance processes were used at the practice to encourage continuous improvement. The practice audited areas of their practice as part of a system of continuous improvement and learning. This included clinical audits such as dental care records, X-rays and infection control. We looked at the audits and saw that the practice was performing well. However, where improvements could be made these were identified and followed up by a repeat audit.

Staff had access to training and were prompted to complete training relevant to their roles. Staff working at the practice were supported to maintain their continuous professional development as required by the General Dental Council.

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

The practice had systems in place to involve, seek and act upon feedback from people using the service including carrying out annual patient satisfaction surveys and a comment box in the waiting room. The patient satisfaction survey covered areas such as are the opening times convenient, whether they were provided with adequate information about treatment and whether they were satisfied with quality of care. The most recent patient survey showed a high level of satisfaction with the quality of the service provided. We were told that as a result of patient feedback the practice now had a wider selection of magazines.

The practice also undertook the NHS Friends and Family Test (FFT). The FFT is a feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience.