

Perfect Smile Surgery Limited

Perfect Smile West Hampstead

Inspection Report

269 West End Lane
London
NW6 1QS

Tel: 020 4494 3633

Website: <https://www.perfectsmile-dental.com/west-hampstead/>

Date of inspection visit: 02 July 2018

Date of publication: 24/07/2018

Overall summary

We carried out this announced inspection on 02 July 2018. The inspection was led by a Care Quality Commission (CQC) inspector who was supported by a specialist dental advisor.

We informed the NHS England area team that we were inspecting the practice.

At the previous comprehensive inspections on 28 and 29 December 2017 we found the registered provider was providing safe, effective, caring and responsive, care in accordance with relevant regulations. We judged the practice was not providing well-led care in accordance with regulation 17 of the Health and Social Care Act 2008

(Regulated Activities) Regulations 2014. You can read our report of that inspection by selecting the 'all reports' link for Perfect Smile West Hampstead on our website www.cqc.org.uk.

The provider submitted an action plan to tell us what they would do to make improvements. We undertook this inspection on 02 July 2018 to check that they had followed their plan. We reviewed the key question of whether the practice was well-led.

Our findings were:

Are services well-led?

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

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services well-led?

We found that this practice was providing well-led care in accordance with the relevant regulations. The provider had made improvements to address shortfalls and the regulatory breach we identified during the previous inspections on 28 and 29 December 2017.

The practice had made improvements relating to maintaining records, ensuring training needs were monitored effectively, ensuring appropriate policies and procedures were available and established, and ensuring thorough recruitment procedures were implemented,

They completed, and appropriately followed up, various risk assessments. This included a disability access audit which resulted in improved services for people with enhanced needs such as hearing loss and limited mobility.

The practice ensured they completed the infection control audit at the recommended frequency in line with national guidance.

They had implemented an effective system to keep up to date with national safety alerts.

The practice had also made significant improvements to the décor of the practice.

No action



Are services well-led?

Our findings

At the previous inspections on 28 and 29 December 2017, we found the practice was not providing well led care.

During this inspection on 02 July 2018, we found the practice had made several improvements to address shortfalls and the regulatory breach we previously identified. They had also made several additional improvements.

We spoke with several staff members and found they all had a good awareness of the practice's safeguarding leads, and the Duty of Candour requirements. Staff also understood their responsibilities relating to the Control of Substances Hazardous to Health (COSHH) Regulations 2002.

The practice had updated their COSHH risk assessments; they ensured they included a comprehensive list of all hazardous materials used in the practice and clear guidance staff should follow in the event of accidental exposure to these materials.

The practice had recorded incidents since the last inspection; they demonstrated they had documented these incidents clearly, shared learning from the incidents with staff, and used this learning to drive improvement in the practice. Staff we spoke with had a good understanding of significant events and incidents and the reporting protocols.

The practice had established an effective system for receiving and disseminating national safety alerts. All of the staff we spoke with were aware of the arrangements relating to this.

The practice had amended signage regarding the location of medical emergency equipment and medicines, to prevent any confusion in the event of a medical emergency.

The practice had revised its recruitment procedures. We checked recruitment records for two members of recently recruited staff and found the practice had followed their recruitment policy; they had made key background (and other) checks for these members of staff. They had renewed Disclosure and Barring Service (DBS) checks for the practice staff, and had also implemented a comprehensive risk assessment and disclosure form for use in the event a new staff member needed to commence employment prior to completion of a DBS check.

The practice had obtained a new immunisation report in English for a dentist whose previous report was written in a foreign language. We confirmed this member of staff had achieved the required level of immunity to vaccine-preventable diseases.

The practice had implemented an effective system to monitor the training needs of all staff; they used training trackers for each member of staff. We checked staff records and found staff had completed key training including safeguarding children and vulnerable adults, infection control, fire safety and fire marshalling.

The practice manager had had discussions with the dental hygienist, who regularly worked without chairside support, to explore what additional support the practice could provide to them. As a result, the practice provided the dental hygienist with a portable personal emergency alarm. The practice manager had carried out a thorough, documented lone worker risk assessment for the dental hygienist. This risk assessment highlighted measures that were in place to ensure the dental hygienist would be adequately supported, including in the event of emergencies.

They ensured all documentation relating to dental radiography was available, and ensured the names of the practice's radiation protection adviser and supervisor were clearly displayed in each surgery. They displayed radiation warning signs on each surgery door to make people aware radiography equipment was present. The practice installed rectangular collimators in surgeries in line with national recommendations, to minimise radiation exposure to patients.

The practice had carried out new risk assessments for legionella, fire safety and health and safety. They ensured the recommended actions were completed in a timely manner, and the completed actions were suitably documented to create a clear audit trail. Improvements to fire safety included new fire doors with the appropriate signage, revised fire plans, and monthly checks of the emergency lighting system to ensure the system was in good working order. They had designated the roles of fire marshal to two members of staff.

The practice had reviewed its responsibilities to meet the needs of people with a disability, in line with the

Are services well-led?

requirements of the Equality Act 2010. They had carried out a new disability access audit and made improvements to support patients with enhanced needs. These improvements included:

- A hearing loop in the reception area for patients with hearing loss.
- A handrail for wheelchair users in the accessible toilet.
- An alarm in the accessible toilet for use in case of an emergency.
- A visual fire alarm in the waiting area for patients with hearing difficulties.
- A comprehensive fire evacuation plan for disabled patients.
- An agreement to provide interpreting services for patients.
- A transfer board to assist patients moving from a wheelchair to the dental chair.

The practice managers had created a list of seven languages spoken by the practice staff as a guide for staff to assist patients who did not speak or understand English.

The practice had ensured they carried out infection control audits at six-monthly intervals, in line with national guidance.

We reviewed a sample of dental care records to confirm our findings; the quality of record keeping had improved since the last inspections.

The practice had begun to use pre-existing referral tracker logs to help them ensure all referrals could be suitably monitored.

The practice had updated their policies and added a review date to all documents to ensure they would be reviewed annually and kept up to date.

The practice managers had created a 'practice manager's bible' to provide clear guidance on the management protocols and responsibilities in the practice, to safeguard the smooth running of the practice. They had created, and displayed in each surgery, a flowchart for staff to follow in the event of medical emergencies, on which staff could record their actions and findings to facilitate communication with emergency personnel. They had also implemented a monthly 'CQC quiz' which covered a wide variety of topics to keep staff updated on the latest protocols, regulations and guidelines. The practice managers had also updated the patient information folder with information on staying healthy, and local contact details for smoking cessation services.

The practice had also made significant improvements to the décor of the premises, including re-painting, repairing a broken window and installing new flooring.

Feedback from staff on the changes the managers had implemented was positive, with high levels of satisfaction regarding the improved organisation of the practice.