

2 Green Smile Ltd

# 2 Green Smile LTD, trading as 2 Green Dental

## Inspection Report

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### Overall summary

We carried out this announced inspection on 25 September 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations.

The inspection was led by a Care Quality Commission (CQC) inspector who was supported by a specialist dental adviser.

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 form the framework for the areas we look at during the inspection.

#### **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**

2 Green Smile LTD, trading as 2 Green Dental is based in the London Borough of Bexley and provides NHS and private treatment to patients of all ages.

There is level access on the ground floor for people who use wheelchairs and those with pushchairs.

# Summary of findings

The clinical team includes two principal dentists, three associate dentists, three dental hygienists, five qualified dental nurses and two trainee dental nurses. The clinical team is supported by four receptionists and three administrators (both of whom occasionally also undertook receptionist and dental nursing duties).

The practice has six treatment rooms. There is a dedicated decontamination facility.

The practice is owned by an organisation, and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers 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 registered manager at 2 Green Smile LTD, trading as 2 Green Dental was one of the principal dentists.

On the day of inspection, we obtained feedback from 11 patients.

During the inspection we spoke with the principal dentist, a dental nurse, and two administrators. We checked practice policies and procedures and other records about how the service is managed.

The practice is open at the following times:

- Monday, Thursday, Friday 09.30-13.00, 14.00-17.00
- Tuesday, Wednesday 08.30-13.00, 14.00-18.00
- Saturday 09.00-13.00

## Our key findings were:

- The practice appeared clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.

- The practice had systems to help them manage risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The practice was providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs.
- The practice had effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- Feedback we received from patients about the service was positive.
- The practice dealt with complaints positively and efficiently.
- The practice had suitable information governance arrangements.

There are areas where the practice could make improvements. They should:

- Review arrangements for tracking and monitoring the use of prescription pads, antibiotics and analgesics.
- Review the practice's protocols for ensuring that all clinical staff have adequate immunity for vaccine preventable infectious diseases.
- Review staff training to ensure that all staff undertake outstanding relevant training in dental radiography.

# 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 systems and processes to provide safe care and treatment.

The practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice completed essential recruitment checks.

The premises and equipment appeared clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had suitable arrangements for dealing with medical and other emergencies.

They could strengthen arrangements for tracking and monitoring the use of prescription pads, antibiotics and analgesics kept on-site. They could also make improvements for ensuring that all clinical staff have adequate immunity for vaccine preventable infectious diseases.

No action



### Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as excellent, professional and kind.

The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had arrangements when patients needed to be referred to other dental or health care professionals.

The practice supported staff to complete training relevant to their roles. They could strengthen arrangements by ensuring all staff undertake relevant training in dental radiography.

No action



### Are services caring?

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

We received feedback about the practice from 11 people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly, caring, and polite. They also commented that staff treated them with dignity and respect.

They said that they were given helpful, detailed and clear explanations about dental treatment and said all staff listened to them.

No action



# Summary of findings

We saw that staff protected patients' privacy and were aware of the importance of confidentiality.

## **Are services responsive to people's needs?**

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if they were experiencing dental pain.

Staff considered patients' different needs. This included providing facilities for wheelchair users.

The practice took patients' views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

**No action**



## **Are services well-led?**

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

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided.

There was a clearly defined management structure and staff felt supported and appreciated.

The practice team kept complete patient dental care records which were clearly typed and stored securely.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

**No action**



# Are services safe?

## Our findings

### **Safety systems and processes (including staff recruitment, Equipment & premises and Radiography (X-rays))**

The practice had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the Care Quality Commission.

There was a system to highlight vulnerable patients in their records.

The practice had a whistleblowing policy. Staff told us that they felt confident they could raise concerns without fear of reprimand.

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice had a business continuity plan describing how the practice would deal with events that could disrupt the normal running of the practice.

The practice had a staff recruitment policy and procedure to help them employ suitable staff; these reflected the relevant legislation. We checked staff recruitment records and found that the practice followed their recruitment procedure.

Clinical staff were qualified and registered with the General Dental Council. They had professional indemnity cover.

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including electrical appliances.

Records showed that fire detection and firefighting equipment were regularly checked.

The practice had suitable arrangements to ensure the safety of their radiography equipment. They met current

radiation regulations. Shortly after the inspection they told us they had updated their radiation protection file to ensure there was information available about critical examination tests of their radiography equipment.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits every year following current guidance and legislation.

All but two clinical staff had completed continuing professional development in respect of dental radiography.

### **Risks to patients**

There were systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were up to date and reviewed regularly to help manage potential risk.

The practice had employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. They had completed a sharps risk assessment.

The provider had a system in place to ensure all clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus; they had checked the effectiveness of the vaccination for all but three members of staff.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order.

A trainee dental nurse worked with the dentists and the dental hygienist when they treated patients in line with General Dental Council's Standards for the Dental Team.

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

The practice had an infection prevention and control policy, and procedures. They followed guidance in The

# Are services safe?

Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training and received updates as required.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment used by staff for cleaning and sterilising instruments were validated, maintained and used in line with the manufacturers' guidance.

The practice had in place systems and protocols to ensure that any dental laboratory work was disinfected prior to being sent to a dental laboratory and before the dental laboratory work was fitted in a patient's mouth.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. Records of water testing and dental unit water line management were in place.

We saw cleaning schedules for the premises. The practice appeared clean when we inspected and patients confirmed that this was usual.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The practice carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

## Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with a principal dentist how information to deliver safe care and treatment was handled and recorded. We checked a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were legible, kept securely, and complied with data protection requirements.

Referrals forms the practice used to make referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

## Safe and appropriate use of medicines

There was a stock control system of emergency medicines which were held on site. This ensured that the medicines did not pass their expiry date and enough medicines were available if required. They could make improvements by implementing and using a stock log for antibiotics and analgesics kept on site, and ensuring they added the practice's details to medicines they dispensed.

The practice stored prescription pads securely, though they could strengthen arrangements by ensuring the use of these pads in the practice was monitored effectively. The principal dentist we spoke with showed us a prescription log they had used in the past and told us the log was not currently used consistently.

## Track record on safety

The practice had a good safety record.

There were comprehensive risk assessments in relation to safety and security of the premises.

A principal dentist told us they received national safety alerts to help them maintain a good standard of safety in relation to medicines, materials and equipment. Shortly after the inspection they sent us evidence of historic safety alerts they had received.

## Lessons learned and improvements

There was evidence to show that the practice investigated, documented and discussed incidents to prevent such occurrences happening again in the future. This helped them understand risks that could lead to safety improvements.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

The practice had systems to keep staff up to date with current evidence-based practice. The dentists assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The staff were involved in quality improvement initiatives including in-house peer review as part of their approach in providing high quality care. The practice was a member of a national quality assurance scheme that encouraged its members to follow standards of good practice.

### Helping patients to live healthier lives

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

A principal dentist prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them.

Where applicable, the dentists discussed smoking, alcohol consumption and preventive diets with patients during appointments. The practice had a selection of dental hygiene products for sale and provided health promotion information to help patients maintain good oral health. Patients we spoke with told us the dental clinicians discussed with them oral hygiene advice.

A principal dentist described to us the procedures they used to improve the outcome of periodontal treatment. This involved preventative advice and taking plaque and gum bleeding scores and detailed charts of the patients gum conditions.

They recalled patients with more severe gum disease at more frequent intervals to review their compliance and to reinforce home care preventative advice.

### Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. A principal dentist told us they gave patients information about

treatment options, and the risks and benefits of these, so that they could make informed decisions. Patients confirmed that staff listened to them and gave them clear information about their treatment.

The practice had policies on consent and the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policies referred to the legal precedent (commonly known as Gillick competence) by which a child under the age of 16 years can consent for themselves; staff were aware of the need to consider this when treating young people under 16 years of age.

Staff described how they would involve patients' relatives or carers when appropriate and made sure that they had enough time to explain treatment options clearly.

### Monitoring care and treatment

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

### Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. Staff new to the practice had a period of induction based on a structured induction programme. Clinical staff completed the continuing professional development required for their registration with the General Dental Council, except two dental nurses for whom there was no evidence of dental radiography training.

Staff told us they had regular clinical supervision, and performance reviews during which they discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed performance reviews and professional development plans in staff folders, and evidence of how the practice addressed the training requirements of staff.

### Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The principal dentist confirmed that they referred patients to a range of specialists in primary and secondary care if

# Are services effective?

(for example, treatment is effective)

they needed treatment the practice did not provide. The practice had systems and processes to identify, manage, follow up and where required refer patients for specialist care when presenting with bacterial infections.

The practice also had systems and processes for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by the National Institute for health and Clinical Excellence in 2005 to help make sure patients were seen quickly by a specialist.

The practice monitored all referrals to make sure they were dealt with promptly.



# Are services caring?

## Our findings

### **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

Staff were aware of their responsibility to respect people's diversity and human rights.

We received feedback from 11 patients; they commented positively that they had received excellent care at the practice. They told us staff were friendly, polite and caring. They said staff made every effort to ensure they were comfortable, and that they were treated with dignity and respect. They described the practice as having a 'family-like' and calm atmosphere.

Patients shared with us their anxieties about visiting the dentist and told us all staff at the practice made them feel at ease.

Patients who had children, including those with disabilities, told us they were very satisfied with the way the practice managed their care.

During the inspection staff treated patients in a friendly and helpful manner at the reception desk and over the telephone.

Information leaflets were available for patients to read in the waiting area.

### **Privacy and dignity**

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. Staff told us that if a patient asked for more privacy they would take them into another room. The computer screens at the reception desk were not visible to patients. Staff did not leave patients' personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up on a regular basis to secure storage.

### **Involving people in decisions about care and treatment**

Staff helped patients be involved in decisions about their care. They told us they could arrange for interpretation services for patients who did not speak or understand English.

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice's website provided patients with information about the range of treatments available at the practice.

A principal dentist described to us the methods they used to help patients understand treatment options discussed. These included photographs taken with an intra-oral camera, visual aids, models, information leaflets and radiograph images.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### **Responding to and meeting people's needs**

The practice organised and delivered services to meet patients' needs and preferences.

Staff were clear on the importance of emotional support needed by patients when delivering care. Patients told us staff had been very supportive to them whenever needed.

The practice had carried out a disability access audit to continually improve access for patients.

They had made reasonable adjustments for patients with disabilities. These included step free access, an accessible toilet with hand rails and a call bell. They had arrangements in place to support patients who had hearing difficulties and problems with their vision.

### **Timely access to services**

Patients could access care and treatment from the practice within an acceptable timescale for their needs.

The practice displayed its opening hours on their website and on the premises. The practice's answerphone provided telephone numbers for patients needing emergency dental treatment when the practice was not open.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment could be seen the same day.

Patients confirmed that they could make routine and emergency appointments easily and they were usually seen on time. They told us staff kept them informed if the dental clinicians were running late. Patients said they had enough time during their appointment and did not feel rushed.

### **Listening and learning from concerns and complaints**

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The practice had a complaints policy providing guidance to staff on how to handle a complaint. They also had information explaining how patients could make a complaint. Information was available about organisations patients could contact if they were not satisfied with the way the practice dealt with their concerns.

The principal dentists were responsible for dealing with complaints. Staff told us they aimed to settle complaints promptly.

The practice kept a log of complaints; we found they responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

# Are services well-led?

## Our findings

### Leadership capacity and capability

The principal dentists had the capacity and skills to deliver high quality care. They were knowledgeable about issues and priorities relating to the quality of the service.

They worked closely with staff and prioritised compassionate and inclusive leadership.

### Vision and strategy

There was a clear vision and set of values to provide high quality dental care in a safe, relaxing and friendly environment to people of all ages, with a focus on preventing oral disease and promoting good dental health.

The practice also had objectives to act in the best interests of patients, and to ensure staff received adequate training and personal development.

### Culture

Staff stated they felt respected, supported and valued. They expressed a sense of pride in working at the practice, told us they supported and learned from each other, and said all the practice's staff worked well as a team.

The practice demonstrated openness, honesty and transparency when responding to incidents and complaints. They were aware of, and had systems to ensure compliance, with the requirements of the Duty of Candour.

Staff we spoke with told us that they could raise concerns and were encouraged to do so. They had confidence that any concerns would be addressed.

### Governance and management

The principal dentists had overall responsibility for the management and clinical leadership of the practice. The whole team was responsible for different aspects of the day-to-day running of the service.

There were clear responsibilities, roles and systems of accountability to support good governance and management.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were practice-specific, accessible to all members of staff, and reviewed on a regular basis.

There were clear and effective processes for managing risks, issues and performance.

### Appropriate and accurate information

The practice acted on appropriate and accurate information. They used quality and operational information to improve the service.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

### Engagement with patients, the public, staff external partners

The practice involved patients and staff members to support high-quality services. They encouraged patients to complete the NHS Friends and Family Test (FFT). This is a national programme that allows patients to provide feedback on NHS services they have used. The practice's most recent FFT results showed all of the patients surveyed gave positive feedback about the service and would recommend the practice to their family and friends.

The practice gathered feedback from staff through meetings, appraisals and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on. The principal dentist described how they had responded to feedback from staff by improving signage on the premises and information about staff on their website. They also implemented scents in the treatment rooms to make the environment more relaxing.

### Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

The principal dentist we spoke with showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

## Are services well-led?

The General Dental Council (GDC) requires clinical staff to complete continuing professional development; staff told us the practice provided support and encouragement for them to do so.

They told us they completed 'highly recommended' training as per the GDC professional standards. This included undertaking training in infection prevention and control (IPC), radiography and radiation protection, and managing medical emergencies. Staff members had also undertaken training in oral cancer, mental capacity, legal and ethical issues, and complaints handling.

The practice could make improvements by ensuring all members of staff completed training in dental radiography; there was no evidence of this training for two staff members.

The General Dental Council also requires clinical staff to complete continuing professional development. Staff told us the practice provided support and encouragement for them to do so.