

London Smiling Limited

62A Goodge Street

Inspection report

62A Goodge Street

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Overall summary

We carried out this announced inspection on 6 July 2021 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 CQC specialist dental advisor.

To consider the concerns we received we asked the following questions

Is it safe?

Is it effective

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

Are services effective?

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

Are services well-led?

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

Summary of findings

Background

62A Goodge Street is in the London Borough of Camden and provides private dental care and treatment for adults and children.

The dental team includes the principal dentist, one dental hygienist, one dental nurse and one trainee dental nurse. The clinical team are supported by a personal assistant and a receptionist. The practice has two treatment rooms.

The practice is owned by an organisation and as a condition of registration must have a person registered with the CQC 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 62A Goodge Street is the principal dentist.

During the inspection we spoke with the principal dentist, the dental nurse, the trainee dental nurse, the receptionist and the personal assistant. We looked at practice policies and procedures and other records about how the service is managed.

The practice opening times are:

Monday to Thursday 8.30am to 6pm

Friday 8.30am to 4pm

Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- The provider had infection control procedures which reflected published guidance. These include arrangements to managed risks of COVID-19 virus in accordance with current guidelines.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available and staff undertook training in basic life support.
- The provider had systems to help them manage risk to patients and staff.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures which reflected current legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff provided preventive care and supported patients to ensure better oral health.
- The provider demonstrated effective leadership and there was a culture of continuous improvement.
- Staff felt involved and supported and worked as a team.
- The provider had good information governance arrangements.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	No action	✓
Are services effective?	No action	✓
Are services well-led?	No action	✓

Are services safe?

Our findings

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

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

There were 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 provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. This information was easily accessible and included contact details for the local child and adult safeguarding teams.

We saw evidence that staff had received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication, within dental care records.

The provider had an infection prevention and control policy and procedures. They followed guidance in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The provider had procedures in relation to COVID-19 and these were being followed. Additional standard operating procedures had been implemented to protect patients and staff from Coronavirus. Appropriate Personal Protective Equipment was in use and staff had been fit tested for filtering facepiece masks (FFP). There were arrangements for fallow time and cleaning the treatment room following treatments using aerosol generating procedures (AGPs).

The provider had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. There were records which showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. *The provider had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.* The trainee dental nurses were able to demonstrate that they understood and followed the practice procedures.

The staff had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. The risk assessment was kept under review and there were arrangements to disinfect dental unit water lines and monitor hot and cold water temperatures to minimise risks.

We saw effective cleaning schedules to ensure the practice was kept clean. When we inspected, we saw the practice was visibly clean.

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

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

The dentist used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment.

Are services safe?

The provider had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We looked at staff recruitment records for four members of staff. These showed the provider followed their recruitment procedure. Disclosure and Barring Service (DBS) checks, evidence of identity and conduct in previous employment were carried out as part of a robust recruitment process.

We observed that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. We saw records in relation to the testing of equipment including sterilising and gas appliances. Tests were carried out for portable electrical equipment and there was a five-yearly test for the electrical installations at the practice.

A fire risk assessment was carried out in line with the legal requirements. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear. Fire safety equipment was checked and tested in accordance with current fire safety regulations. Staff undertook training in fire safety awareness and periodic evacuation exercises were carried out.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. Records were available to show that annual mechanical and electrical checks and three yearly radiological tests were carried out for the dental X-ray equipment.

We saw evidence the dentist justified, graded and reported on the radiographs they took. The provider carried out radiography audits every year following current guidance and legislation. The results from the most recent audit showed that the provider has systems to monitor and improve the quality of the dental radiographs they took.

Clinical staff completed continuing professional development in respect of dental radiography.

Risks to patients

The provider had implemented systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed the relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

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

Emergency equipment and medicines were available as described in recognised guidance. We found staff kept records of their checks of these to make sure they were available, within their expiry date, and in working order. Our checks confirmed that emergency medicines and equipment were available in accordance with the Resuscitation Council UK 2021 guidelines.

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

The provider had risk assessments to minimise the risk that can be caused from substances that are hazardous to health. Staff had access to information in relation to the handling, disposal and action to take in the event of accidental exposure to hazardous materials.

Are services safe?

Information to deliver safe care and treatment

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

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at dental care records with clinicians to confirm our findings and observed that individual records were typed and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist.

Safe and appropriate use of medicines

The provider had systems for appropriate and safe handling of medicines.

There was a stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

The dentist were aware of current guidance with regards to prescribing medicines.

Track record on safety, and lessons learned and improvements

The provider had systems for reviewing and investigating when things went wrong. There were comprehensive risk assessments in relation to safety issues. Staff monitored and reviewed incidents. This helped staff to understand risks which led to effective risk management systems in the practice as well as safety improvements.

The provider had a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems to keep dental professionals up to date with current evidence-based practice. We saw clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

Helping patients to live healthier lives

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

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

The dentist and the dental hygienist discussed smoking, alcohol consumption and diet with patients during appointments.

The principal dentist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

Records showed patients with severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

Consent to care and treatment

Staff 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. The dentist gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this documented in patients' records.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who might not be able to make informed decisions and staff undertook training in relation to mental capacity issues. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves in certain circumstances. Staff were aware of the need to consider this when treating young people under 16 years of age.

The dentist described how they involved patients' relatives or carers when appropriate and made sure 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 dental care records which we viewed showed the dentist assessed patients' treatment needs in line with recognised guidance.

The provider had quality assurance processes to encourage learning and continuous improvement. Staff kept records of the results of these audits, the resulting action plans and improvements. The most recent audit showed that dental care records were monitored and maintained in accordance with relevant guidance.

Are services effective?

(for example, treatment is effective)

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

Staff new to the practice had a structured induction programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

The dentist monitored staff training and development needs. Staff who we spoke with and staff told us that they felt supported to deliver care and treatment in a safe way.

Co-ordinating care and treatment

The dentist confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide. There were arrangements to ensure that referrals were monitored so that patients received treatment in a timely way.

Are services well-led?

Our findings

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

Leadership capacity and capability

There were clear leadership arrangements within the practice. The practice team was small, and the principal dentist had overall accountability for leadership and the day-to-day management of the service.

The provider demonstrated a transparent and open culture in relation to people's safety. There was strong leadership and emphasis on continually striving to improve. Systems and processes were embedded, and staff worked together in such a way that the inspection did not highlight any issues or omissions. The information and evidence presented during the inspection process was clear and well documented. They could show how they sustain high-quality sustainable services and demonstrate improvements over time.

Culture

The principal dentist demonstrated openness, honesty and transparency. They described the practice ethos when responding to incidents and complaints. They told us that these would be discussed with the team, learned from and used to implement systems for improvement.

The principal dentist was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

There were arrangements to monitor staff training and development needs as part of an annual appraisal system. We saw the provider had systems in place to deal with staff poor performance.

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed. Staff who we spoke with told us that they were happy working at the practice. They told us the principal dentist was supportive and that they worked well as a team.

Governance and management

There were clear and effective processes for governance and managing risks. Daily meetings were held each morning to discuss the plan for the day ahead.

There were a range of policies and procedures, which underpinned the management of the service. These were reviewed and maintained to reflect current legislation and guidelines.

There were robust systems for assessing and minimising risks to patients and staff.

The provider monitored the quality and safety of the service through a system of audits and reviews. These were used to maintain and improve the service.

There were systems to support staff and to monitor learning and development needs, which were met through training, and support from the principal dentist.