

## Blanche Smile Studio Limited

# Blanche Smile Studio

## Inspection Report

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### Overall summary

We carried out this announced inspection on 1 July 2019 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 not 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 not providing well-led care in accordance with the relevant regulations.

##### **Background**

Blanche Smile Studio is in the City of Westminster in London and provides private treatment to adults and children.

Car parking spaces, including some for blue badge holders, are available near the practice.

The dental team includes a dentist and a trainee dental nurse. The practice has one treatment room that incorporates a decontamination area.

The practice is owned by a company 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

# Summary of findings

the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Blanche Smile Studio is the principal dentist.

On the day of inspection, we collected 19 CQC comment cards filled in by patients. [DA1] There were no patients to speak with on the day of the inspection.

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

## Our key findings were:

- The practice appeared clean and well maintained.
- 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.
- Staff were providing preventive care and supporting patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider asked staff and patients for feedback about the services they provided.
- Staff knew how to deal with medical emergencies. However not all medicines and life-saving equipment were available on the premises.
- The practice had not established effective systems to help them manage risk to patients and staff.

- The dentist was not up to date with key training such training in conscious sedation.
- At the time of the inspection the provider did not have a staff recruitment procedure in place.
- Improvements were required to the system to audit non-clinical and clinical processes.

We identified regulations the provider was not complying with. They must:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

## Full details of the regulations the provider was not meeting are at the end of this report.

There were areas where the provider could make improvements.

They should:

- Review the practice's protocols for completion of dental care records taking into account guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping. This relates specifically to recording information in relation to patient assessments, use of rubber dam and preventative advice given.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Are services safe?</b>	<b>Requirements notice</b>	<b>✗</b>
<b>Are services effective?</b>	<b>No action</b>	<b>✓</b>
<b>Are services caring?</b>	<b>No action</b>	<b>✓</b>
<b>Are services responsive to people's needs?</b>	<b>No action</b>	<b>✓</b>
<b>Are services well-led?</b>	<b>Requirements notice</b>	<b>✗</b>

# Are services safe?

## Our findings

We found that this practice was not providing safe care in accordance with the relevant regulations.

We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report).

The impact of our concerns, in terms of the safety of clinical care, is minor for patients using the service. Once the shortcomings have been put right the likelihood of them occurring in the future is low.

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

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. The dentist had undertaken safeguarding training, the trainee nurse was scheduled to undertake safeguarding training. We were advised it would also be covered in the dental nurse training course they were undertaking.

The provider had a whistleblowing policy which provided guidance to staff so that they could raise concerns without fear of recrimination.

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

The provider did not have a staff recruitment procedure or a documented policy in place. The dentist was registered with the General Dental Council (GDC) and had professional indemnity cover. The provider employed one member of staff. They had not undertaken the necessary employment checks for the member of staff including for example Disclosure and Barring Service (DBS) and references. We spoke with the provider about this and following the inspection they sent us evidence that they had now requested a DBS check and had drafted a recruitment policy.

The provider had ensured that facilities and equipment were safe, and that equipment was maintained according

to manufacturers' instructions, including electrical and gas appliances. For example, an electrical installation check had been undertaken in 2017. This had been commissioned by the landlord of the building the practice was located in.

Records showed that fire detection and firefighting equipment were regularly tested and serviced.

The practice had suitable arrangements to ensure the safety of the X-ray equipment and we saw the required information was in their radiation protection file.

We saw evidence that the principal dentist justified, graded and reported on the radiographs they took. However, they did not record outcomes, document learning points where relevant or summaries findings over a specific period.

### **Risks to patients**

We looked at the practice's arrangements for safe dental care and treatment.

The practice had some health and safety policies and procedures in place including a Control of Substances Hazardous to Health (COSHH) file. However, the COSHH file had not been reviewed or updated since 2015. The provider did not have risk assessments to minimise the risk that can be caused from running a dental practice for example risk associated with the use of the equipment, trips and falls that can occur etc. We spoke to the provider about this and they told us they would carry out a risk assessment of the practice.

The practice had employer's liability insurance.

Emergency equipment and medicines were not available as described in recognised guidance. We found staff did not keep records to make sure these were available, within their expiry date, and in working order. For example, the medicine used to treat seizures had expired in February 2019, the medicine to treat severe allergic reactions in January 2019 and adhesive pads for the automated external defibrillator (AED) were past their use by date.

The dental nurse worked with the dentist when they treated patients, in line with GDC's Standards for the Dental Team.

The provider had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in

# Are services safe?

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 suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance.

We found staff had systems in place to ensure that any work was disinfected prior to being sent to a dental laboratory and before treatment was completed.

The practice records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance.

The practice had systems in place to ensure that dental work was disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw staff had some procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. A legionella risk assessment had been undertaken in 2011. . The report had made recommendations, such as for example the redundant pipe work be removed. The provider was unable to give assurances that the recommendations in the assessment had been actioned.

We also found that records of water testing and dental unit water line management were not in place.

The practice appeared visibly clean when we inspected it.

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

## **Information to deliver safe care and treatment**

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We checked a sample of dental care records. The practice held electronic records. Dental care records we saw were, kept securely, and complied with General Data Protection Regulation requirements.

Patient 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**

The provider had some systems for handling of medicines.

The dentist was aware of current guidance with regards to prescribing medicines. However, the practice did not have a system in place to track medicines that had been dispensed.

## **Track record on safety, lessons learned and improvements**

There were some risk assessments in relation to safety issues. Staff monitored and reviewed incidents. This helped staff to understand risks, give a clear, accurate and current picture that led to safety improvements.

In the previous 12 months there had been no safety incidents. However, there was no system for receiving and acting on safety alerts. We spoke with the provider about this and they told us they would put one in place.

# Are services effective?

(for example, treatment is effective)

## Our findings

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

### **Effective needs assessment, care and treatment**

The dentist assessed patients' needs and delivered dental care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The practice offered dental implants. These were placed by the principal dentist at the practice who had undergone appropriate post-graduate training in this speciality. The provision of dental implants was in accordance with national guidance.

### **Helping patients to live healthier lives**

The practice was providing preventive care and supporting patients to ensure better oral health.

The dentist, where applicable, discussed smoking, alcohol consumption and diet with patients during appointments.

The dentist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition. Patients with more severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice; they could also be referred to a specialist if needed.

### **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. The dentist gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions.

Feedback from patients confirmed that the dentist listened to them and gave them clear information about their treatment.

The practice had a consent policy that included information about mental capacity. Staff had a general understanding of their responsibilities under the Mental Capacity Act when treating adults who may not be able to make informed decisions.

Similarly, they had a general understanding of the circumstances by which a child under the age of 16 years of age may give consent for themselves and were aware of the need to consider this when treating them.

### **Monitoring care and treatment**

The practice kept dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentist assessed patients' needs but the records of these assessments were not always detailed enough. For example, there was limited detail on treatments and diagnosis in the records.

The practice carried out conscious inhalation sedation for patients who would benefit. This was undertaken by a visiting sedationist. This included people who were very nervous of dental treatment and those who needed complex or lengthy treatment. The practice had systems to help them do this safely.

The practice had systems in place including checks before and after treatment, emergency equipment requirements, medicines management and sedation equipment checks. They also included patient checks, monitoring during treatment, discharge and post-operative instructions. Records showed that staff recorded details of the procedure along the concentrations of nitrous oxide and oxygen used. The practice had assessed patients appropriately for sedation. We also saw that dental care records showed that patients having sedation had important checks carried out first. These included a detailed medical history, blood pressure checks and an assessment of health using the American Society of Anaesthesiologists classification system in accordance with current guidelines.

However, improvements were required, for example the dentist and the dental nurse had not undertaken sedation training or other training relevant to sedation including in Immediate Life Support (ILS).

# Are services effective?

(for example, treatment is effective)

Following the inspection, the provider gave us written assurance that they had stopped undertaking dental procedures under conscious sedation with immediate effect and until the appropriate training was in place.

## **Effective staffing**

The dentist had completed continuing professional development required for their registration with the General Dental Council. The trainee dental nurse was on an approved training course.

## **Co-ordinating care and treatment**

The dentist confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

The practice had systems to identify, manage, follow up and where required refer patients for specialist care when presenting with dental infections.

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

# Are services caring?

## Our findings

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

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

Staff treated patients with kindness, respect and compassion. They were aware of their responsibility to respect people's diversity and human rights. They treated patients with kindness and respect and were friendly towards patients at the reception desk and over the telephone.

We received feedback from 19 patients. They commented positively that staff were caring and friendly. They said staff treated them with dignity and respect.

Patients described the service as being excellent. They said they were given clear and detailed information about their dental care and told us their dental clinician listened to them.

### **Privacy and dignity**

The practice respected and promoted patients' privacy and dignity and were aware of the importance of patient confidentiality.

Computers used at the practice was password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

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

Staff helped patients to be involved in decisions about their care and were aware of the requirements of the Equality Act. The provider told us that although they had never needed to in the past, they could arrange interpretation services for patients who did not understand or speak English as a first language. Staff communicated with patients in a way that they could understand.

Patients confirmed that staff listened to them and discussed options for treatment with them.

The practice provided patients with information about the range of treatments available at the practice. The dentist described the conversations they had with patients to satisfy themselves they understood their treatment options. The provider gave patients clear information to help them make informed choices about their treatment.

The dentist used videos and radiograph images to help patients better understand the diagnosis and treatment.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

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

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

The provider 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 described satisfaction with the responsive service provided by the practice. They told us the practice had been accommodating with their needs.

The practice was not accessible to people with mobility issues as it was on the 1st floor of a building that did not have a lift. The principal dentist told us they would refer patients to a nearby practice that was accessible if necessary.

The practice had not undertaken a Disability Access audit.

### **Timely access to services**

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

The provider displayed the opening hours on their website.

The provider had an appointment system to respond to patients' needs. They told us patients who requested an urgent appointment were seen the same day. Patients told us the dental clinicians gave them enough time during their appointment and did not feel rushed.

The practice provided telephone numbers on their answer phone for patients needing emergency dental treatment during the working day and when the practice was not open.

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

The provider had a policy providing guidance to staff on how to handle a complaint.

The principal dentist was responsible for dealing with these and the nurse would tell them about any formal or informal comments or concerns straight away so patients received a quick response.

The principal aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the principal had dealt with their concerns.

There had been no complaints received in the last twelve months.

# Are services well-led?

## Our findings

We found that this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

### **Leadership capacity and capability**

The principal dentist had overall responsibility for the management and clinical leadership of the practice. They also undertook responsibility for the day-to-day running of the service and worked closely with the dental nurse.

### **Culture**

The practice had an open, inclusive culture.

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

### **Governance and management**

The provider had not established clear and effective processes of governance. In particular, they did not have adequate records of people employed, there was no system in place to ensure that staff had undertaken necessary training including training to support sedation, There was no system for water testing or dental unit water line management, there was no system in place to ensure emergency drugs were in date, no system in place to receive and act upon safety alerts.

The provider had not established clear and effective processes for assessing, monitoring and managing risks,

issues and performance. In particular they had not managed risks such as those arising from Legionella, and general health and safety including the use of equipment and trips and falls that might occur.

There were some systems for monitoring and reviewing various aspects of the service as part of quality assurance programme. For example, infection control audits were not undertaken at six monthly frequencies, there was no system in place to analyse and learn from the grading information that had been recorded, particularly radiographic audits.

We spoke with the provider about these issues and they assured us they would review their audit procedures.

### **Appropriate and accurate information**

The provider had appropriate information governance arrangements and dentist and nurse were aware of the importance of these in protecting patients' personal information.

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

The provider used verbal and social media comments to obtain views from patients about the service. They sought feedback from staff through meetings and informal discussions.

### **Continuous improvement and innovation**

Infection prevention and control audits were not being undertaken at the required frequency. At the time of the inspection a Disability Access audit had not been undertaken. Improvements were required in regard to the radiographic audits undertaken.

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was breached</b></p> <p>The registered person had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment.</p> <p>In particular:</p> <ul style="list-style-type: none"><li>• There was no evidence recommendations from the Legionella risk assessment of 2011 had been undertaken.</li><li>• There was an inadequate system for monitoring the dental water lines.</li><li>• Neither the dentist or the dental nurse had undertaken sedation or ILS training.</li><li>• The practice did not have a system in place to receive safety alerts.</li><li>• There was out of date equipment and medicines required for managing medical emergencies.</li><li>• The COSHH file had not been reviewed or updated since 2015</li><li>• The practice had not undertaken a general health and safety risk assessment</li></ul> <p><b>Regulation 12 (1)</b></p>

This section is primarily information for the provider

## Requirement notices

### Regulated activity

Diagnostic and screening procedures  
Surgical procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### How the regulation was breached

The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:

- At the time of the inspection a Disability access audit had not been undertaken.
- Infection control audits were not undertaken at six monthly intervals
- The dentist graded radiographs but did not report on them or analyse the grading information.

#### Regulation 17 (1)

### Regulated activity

Diagnostic and screening procedures  
Surgical procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

## Requirement notices

### How the regulation was breached

The registered person had not established an effective recruitment process to ensure that fit and proper persons were employed.

In particular:

- The registered person had not completed criminal background checks for the dental nurse.
- At the time of the inspection the provider did not have a recruitment process in place.

### Regulation 19 (1)(2)(3)