Perfect Smile Clinic (UK) Ltd

Perfect Smile Clinic - York

Inspection Report

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Overall summary

We carried out an unannounced focused inspection on 10 March 2017 to ensure the practice was providing safe care in respect of the regulations; we did not inspect other aspects of the service.

Our findings were:

Are services safe?

We found that this practice was providing safe care in accordance with the relevant regulations. Detailed feedback was given to the practice during and following the inspection and this resulted in a comprehensive action plan being developed and acted upon within a short timescale to address the concerns.

Background

Perfect Smile Clinic is located in Acomb, York and provides NHS and private treatment to adults and children.

Wheelchair users or pushchairs can access the practice through step free access. Car parking spaces are available at the practice.

The dental team is comprised of five dentists, ten dental nurses (including four trainee dental nurses), a dental hygiene therapist and a practice manager.

The practice has five surgeries two on the ground floor and three on the first floor with a waiting area on each floor, a decontamination room, a staff room/kitchen and a general office.

The practice is open:

Monday & Thursday 9:45am - 8pm

Tuesday, Wednesday & Friday 9am - 5pm

Saturday 9am - 12:30 pm.

The principal dentist is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. 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.

Our key findings were:

- Some of the treatment rooms were cluttered.
- Staff had been trained to handle emergencies and appropriate medicines and life-saving equipment were readily available in accordance with current guidelines.
- Staff understood and received safeguarding training and knew how to recognise signs of abuse and how to report it.

Summary of findings

- The decontamination process required improvement and dental instruments were not always bagged in line with HTM 01-05 guidance.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- The appointment system met patients' needs.
- The practice had procedures in place to record, analyse and learn from significant events and incidents which required improvement.

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

- Review the practice's infection control procedures and ensure protocols are suitable giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'.
- Review the security of prescription pads in the practice and ensure there are systems in place to monitor and track their use.
- Review the practice's responsibilities as regards to the Control of Substance Hazardous to Health (COSHH) Regulations 2002, and ensure all documentation is up to date and staffs understand how to minimise risks associated with the use of and handling of these substances. Review the storage of products identified under (COSHH) Regulations to ensure they are stored securely.
- Review the practice is in compliance with its legal obligations under Ionising Radiation Regulations (IRR) 1999 and Ionising Radiation (Medical Exposure) Regulation (IR(ME)R) 2000.
- Review the practice has an effective system to assess, monitor and mitigate the various risks arising from undertaking of the regulated activities including implementing the actions from risk assessments and audits.

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?

No action

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

We found areas where improvements should be made relating to the safe provision of treatment. This was because the provider did not have effective cross infection and control procedures in place.

The practice did not have effective systems and processes in place to ensure all care and treatment was carried out safely. For example, the infection prevention and control process required improvement.

All emergency medicines were in date and in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines.

Staff told us they felt confident about reporting incidents, accidents and Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). Improvements could be made in regards to reporting incidents and accidents.

We found no effective system in place to track and monitor the use of prescription pads.

We found the risk assessment processes at the practice were not effective and required improvement.

Staff had received training in safeguarding patients and knew how to recognise the signs of abuse and who to report them to including external agencies such as the local authority safeguarding team.

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

Infection prevention and control procedures did not follow recommended guidance from the Department of Health: Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices.

We reviewed the legionella risk assessment dated 2015. Evidence of regular water testing was being carried out in accordance with the assessment.

The audits we reviewed including radiography and infection prevention and control had no action plans or learning outcomes in place.

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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 NHS England area team and Healthwatch that we were inspecting the practice; we received no information of concern from them.

During the inspection we spoke with, two dentists, three dental nurses 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 asked the following question:

- Is it safe?

This question 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 policies and procedures in place to report, investigate, respond and learn from accidents, incidents and significant events. Staff were aware and understood the process for reporting. Staff understood the Reporting of Injuries, Disease and Dangerous Occurrences Regulations 2013 (RIDDOR). The practice manager was aware of the notifications which should be reported to the CQC. We found areas of improvement could be made to the incident and accident reporting process within the practice; an increase in the incidence of sharps injuries had occurred and evidence of occupational health support or sharps management had not been recorded. We were assured this had been part of the process and were told this would be reviewed and improved.

The practice manager received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies such as, Public Health England (PHE) that affected the dental profession. Relevant alerts were discussed with staff, actioned and stored for future reference.

Reliable safety systems and processes (including safeguarding)

The practice had safeguarding policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence all staff had received safeguarding training in vulnerable adults and children. Staff demonstrated their awareness of the signs and symptoms of abuse and neglect. They were also aware of the process they needed to follow to address concerns.

We spoke with staff about the use of safer sharps in dentistry as per the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. The practice had a sharps risk assessment which did not cover the use of all sharps used within the practice or detail who was responsible for handling sharps. When we spoke with staff we received conflicting information about who was responsible.

The dentists told us they routinely used a rubber dam when providing root canal treatment to patients in line with guidance from the British Endodontic Society. A rubber dam is a thin, rectangular sheet, usually latex free rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use rubber dam the reasons is recorded in the patient's dental care records giving details as to how the patient's safety was assured.

The practice had a whistleblowing policy which staff were aware of. Staff told us they felt confident they could raise concerns about colleagues without fear of recriminations.

The practice had employers' liability insurance (a requirement under the Employers Liability (Compulsory Insurance) Act 1969) and we saw their practice certificate was up to date.

Medical emergencies

The practice had procedures in place which provided staff with clear guidance about how to deal with medical emergencies. This was in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). 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 emergency medicines, emergency resuscitation kits and medical oxygen were stored in an easily accessible location. Staff knew where the emergency kits were kept.

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 and delivers an electrical shock to attempt to restore a normal heart rhythm).

Records showed monthly checks were carried out on the emergency medicines, medical oxygen cylinder and the AED. These checks ensured the oxygen cylinder was sufficiently full and in good working order, the AED was charged and the emergency medicines were in date. We saw the oxygen cylinder was serviced on an annual basis. We discussed the checks with the practice manager as this is recommended to be completed weekly.

Monitoring health & safety and responding to risks

Are services safe?

The staff had undertaken basic risk assessments to cover health and safety concerns to manage and mitigate risks within the practice: this included, waste management and safe storage of materials.

All clinical staff were supported by another member of the team when providing treatment to patients.

The practice maintained a detailed Control of Substances Hazardous to Health (COSHH) folder. COSHH was implemented to protect workers against ill health and injury caused by exposure to hazardous substances - from mild eye irritation through to chronic lung disease. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way. If any new materials were implemented into the practice a new risk assessment was put in place. We found COSHH materials were not always stored appropriately this was discussed with the practice manager who assured us this would be actioned immediately.

We were told a fire risk assessment was completed for the premises in 2012 and updated in house in January 2017. We saw as part of the checks by the team the smoke alarms were tested and the fire extinguishers were regularly serviced. There was evidence that a fire drill had been undertaken with staff and discussion about the process reviewed at practice meetings.

Infection control

There was an infection prevention and control policy and procedures to keep patients safe. These included hand hygiene, safe handling of instruments, managing waste products and decontamination guidance. The practice followed the guidance about decontamination and infection prevention and control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)'. This area required improvement.

We spoke with dental nurses about decontamination and infection prevention and control; the process of instrument collection, processing, inspecting using a magnifying light, sterilising and storage was clearly described and shown. We also saw the daily and weekly tests were being carried out by the practice manager to ensure the sterilisers were in working order.

Instruments were transported between the surgeries and the decontamination room in lockable boxes.

We found instruments were not being cleaned and sterilised in line with published guidance (HTM01-05). The dental nurses demonstrated incorrect procedures for the decontamination of used instruments.

Instruments were hand scrubbed if the ultrasonic bath was in use. The practice had an illuminated magnification device for instruments to be examined which was difficult to use effectively as the arm was broken.

The instruments were then sterilised in an autoclave (a device for sterilising dental and medical instruments). Sterilised instruments were not always effectively examined or dried before packaging. This caused condensation within the packets and could cause instruments to rust.

We found significant amounts of dental instruments with debris still visible after the decontamination process. If visible debris is not removed during the decontamination process, it may interfere with microbial inactivation and can compromise the disinfection and the sterilisation process. This was brought to the attention of the practice manager who assured us this would be addresses immediately.

The practice had carried out an Infection Prevention Society (IPS) self- assessment audit in March 2017 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. This audit did not reflect our findings on the day of inspection and no action plan or learning outcomes were in place.

We inspected the decontamination and treatment rooms. The rooms were cluttered and not visibly clean, drawers and cupboards had visible debris.

There were hand washing facilities, liquid soap and paper towel dispensers in each of the treatment rooms, decontamination room and toilets.

Records showed the practice had completed a Legionella risk assessment in October 2015. The practice undertook processes to reduce the likelihood of Legionella developing which included running the dental unit water lines in the treatment rooms at the beginning and end of each session and between patients, the use of purified water and

Are services safe?

monitoring hot and cold water temperatures. Staff had received Legionella training to raise their awareness. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings).

The practice stored clinical waste in a secure manner and an appropriate contractor was used to remove it from site. Waste consignment notices were available for the inspection and this confirmed that all types of waste including sharps and amalgam was collected on a regular basis.

We saw evidence of cleaning schedules that covered all areas of the premises.

Equipment and medicines

We saw evidence of servicing certificates for all equipment. Checks were carried out in line with the manufacturer's recommendations and guidelines.

There was a system in place for prescribing, administration and storage of medicines.

There was a system in place for the prescribing, administration and storage of medicines. We saw the practice was not storing NHS prescriptions in accordance with current guidance. There was no log in place to ensure prescriptions were recorded effectively.

Radiography (X-rays)

The practice demonstrated compliance with the Ionising Radiation Regulations (IRR) 1999, and the Ionising Radiation (Medical Exposure) Regulations (IR (ME) R) 2000. The last examination of the X-ray equipment had actions which required implementing. There was no evidence any risk management had been included within the local rules in relation to the X-ray beam aim toward the window. We discussed this with the principal dentist who was aware of the risk and had implemented the changes within the local rules before we completed the inspection.

X-rays were taken in accordance with the Faculty of General Dental Practice (FGDP) Good Practice Guidelines. The justification for taking X-rays was recorded in dental care records to evidence the potential benefit and/or risks of the exposure had been considered. The patients dental records indicated each radiograph was quality assured and the findings reported on as per FGDP guidance. X-rays were stored within the patient's dental care record.

X-ray audits were carried out by the practice annually. The audit results were not clear if they were in line with current guidance. We found improvement could be made to this process and action plans and learning outcomes implemented.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

<Summary here>