

Au Smile Limited

# Say Cheese Dentistry

## Inspection report

92 Broomfield Road  
Chelmsford  
CM1 1SS  
Tel: 01245287054  
www.saycheesedentistry.com

Date of inspection visit: 14 October 2021  
Date of publication: 10/12/2021

### Overall summary

We carried out this announced inspection on 14 October 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 specialist dental adviser.

As part of this inspection we asked;

- 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 not providing well-led care in accordance with the relevant regulations.

# Summary of findings

## Background

Say Cheese Dentistry is in Chelmsford, Essex and provides private dental care and treatment for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces are available outside the practice.

The dental team includes one dentist, two dental nurses, this included one apprentice dental nurse, and a practice manager who also covered all receptionist duties and who worked remotely. The practice has two treatment rooms, though only one room was used for treatments at the time of our inspection.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

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

The practice is open: from 8.30am to 5pm Monday to Friday.

## Our key findings were:

- The practice appeared to be visibly clean. There were areas where the practice required maintenance work and repairs.
- The practice was cluttered with boxes and equipment. Cleaning equipment such as coloured mops and buckets were not colour coded in line with recommended guidance.
- The practice had infection control procedures. Not all infection control procedures were in line with recommended guidance.
- Legionella risk assessments had been undertaken, but there was no evidence that high risk recommended actions had been reviewed.
- Staff knew how to deal with emergencies. Not all appropriate medicines and life-saving equipment were available. The practice took immediate action to rectify this.
- The practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which reflected current legislation.
- 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 provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- Staff felt involved and supported and worked as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.
- The practice had information governance arrangements.

The provider accepted the clinical and managerial issues that we raised and took immediate action following our inspection to begin to address these. Following the inspection, we were sent evidence to demonstrate that many of the shortfalls have since been addressed.

# Summary of findings

Where evidence is sent that shows the relevant issues have been acted on, we have stated this in our report, but we cannot say that the practice is compliant for that key question as this would not be an accurate reflection of what was found on the day of our inspection.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

**Full details of the regulation the provider was not meeting are at the end of this report.**

There were areas where the provider could make improvements. They should:

- Improve the practice's systems for environmental cleaning taking into account current national specifications for cleanliness in the NHS.

# 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?	Requirements notice	✗

# 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)**

Staff 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 whilst some staff had received safeguarding training, there was scope to ensure all staff including those members of the team who managed all incoming calls to the practice also received it. We discussed this with the dentist who confirmed this training was scheduled and safeguarding was discussed with all staff at team meetings to ensure all staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

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

The practice 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 practice had 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. The dentist confirmed the washer disinfectant was out of order and not used, we were told this would be replaced, however there was no signage on the equipment to confirm this. We noted a second autoclave stored outside the practice for emergencies, the dentist confirmed this would be serviced to ensure it was available and safe for use if required.

We noted that some procedures used in the decontamination process were not in line with nationally recommended guidance. There was no evidence of a long-handled brush for cleaning dirty instruments in the decontamination room and no lid seen for the box used to safely transport dirty and clean instruments. In addition, we noted the sink used for soaking instruments did not retain water as the plug leaked and it was unclear what process was in place for drying instruments. Immediately following the inspection, the dentist confirmed that the sink plug had been repaired, a long-handled brush was now in the decontamination room, a lid was available for transporting dirty and clean dental instruments and there was lint free cloth available for drying instruments prior to packaging. The dentist confirmed that whilst no detergent was used in the sink whilst cleaning, instruments were soaked in a cleaning agent solution prior to cleaning.

The staff carried out manual cleaning of dental instruments prior to them being sterilised. We advised the dentist that manual cleaning is the least effective recognised cleaning method as it is the hardest to validate and carries an increased risk of an injury from a sharp instrument.

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.

# Are services safe?

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. We noted where recommendations in the assessment had been made, there was no record of any action taken to mitigate the risk. For example; ensuring the legionella lead had undergone legionella training. Following the inspection, the practice provided evidence of legionella training undertaken by the dentist following the inspection.

Records of water testing and dental unit water line management were maintained. We noted the cold water tap in the toilet was not working, one of the three sinks in the decontamination room had a broken plughole, which meant water would not remain in the sink for cleaning and soaking instruments. In addition, we noted the handwashing sink in the decontamination room was not in use, there was some rust damage, there were no handwashing soaps, hand gels or paper towels to support effective handwashing procedures in this area. However, access to handwashing facilities were available in the second treatment room which adjoined the decontamination room. Immediately following the inspection, the practice provided evidence that these issues had been resolved.

We noted the practice was cluttered with equipment and boxes throughout. We saw cleaning schedules to ensure the practice was kept clean, however we were not assured cleaning processes were effective as it was difficult to manoeuvre around some areas in the practice. We noted cleaning equipment such as mops and buckets were not in line with guidance. We discussed these issues with the dentist who confirmed that since the pandemic patients only passed through the reception area into the treatment room. We noted the reception process was managed entirely on-line with the practice manager/receptionist working remotely. The dentist confirmed that areas such as the reception and waiting area were being used for storage of PPE and other equipment and were not used for patients.

We noted there were damp patches on the wall in the second treatment room and torn flooring in the first treatment room which had been taped over. The dentist also pointed out rust damage to areas of the practice such as window blinds and cabinets, we were told this was due to the early use of fogging machines at the outset of the pandemic. We discussed this with the dentist who told us they had previously repaired the wall, however this was an ongoing issue and they had since notified the landlord of the damage from the damp. The dentist confirmed the flooring in the treatment room was scheduled for replacement.

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.

The practice had a Whistleblowing policy. Staff felt confident they could raise concerns without fear of recrimination.

The dentist used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where dental dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, we saw this was documented in the dental care record and a risk assessment completed.

The practice had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at three staff recruitment records. These showed the practice followed their recruitment procedure.

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, including electrical and gas appliances.

# Are services safe?

A fire risk assessment had been carried out in line with the legal requirements. We saw there were fire extinguishers and fire detection systems throughout the building. The dentist confirmed fire drills had not been conducted recently due to the pandemic. We were told as a small team these were regularly discussed and would be undertaken in future, we discussed with the practice team ensuring the rear fire exit was always kept clear of any potential hazards such as coats and a ladder.

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

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

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

## **Risks to patients**

The dentist 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 practice had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The dentist did not use a system of safer sharps when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually. However, this did not reflect the three-month disposal guidance for sharps bins. We noted two full sharps bins stored in the second treatment room, we were told these were awaiting collection.

The practice 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.

Following the inspection, the dentist confirmed that staff would be completing sepsis awareness training. Following the inspection, the dentist confirmed that sepsis prompts for staff and patient information posters were now displayed throughout the practice. This helped ensure staff made triage appointments effectively to manage patients who presented with a dental infection and where necessary referred patients for specialist care.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. The dentist confirmed the apprentice nurse would be undertaking emergency resuscitation and basic life support with the whole team before December 2021.

Emergency equipment and medicines were available. We found staff kept records of their checks of these to make sure they were available, within their expiry date, and in working order. However, these checks were not as frequent as recommended in guidance. We noted the full complement of clear face masks and airways were not available and the self-inflating bag and reservoir were not in line with recommended guidance. The glucagon (a medicine used to prevent blood glucose levels dropping too low) was stored in a fridge, but there was no process in place to monitor the temperatures of the fridge. Immediately following the inspection, the dentist confirmed that glucagon had been ordered and would in future be stored with a reduced shelf life to reflect storage out of the fridge. In addition, the dentist confirmed those items missing or requiring replacement had been ordered and checks of equipment and medicines would be undertaken weekly, with daily oversight of both the automated external defibrillator (AED) and the oxygen cylinder to ensure they were always functioning and available for use in an emergency.

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

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

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

# Are services safe?

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 written 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 practice 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**

We noted a number of out of date items in the stock cupboard. We discussed this with the dentist who confirmed these were retained for training purposes. Immediately following the inspection, the dentist confirmed that storage systems and stock control had been improved in the practice with clearly labelled boxes and items not meant for patient use separated and clearly marked for training purposes.

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

Antimicrobial prescribing audits were carried out annually. The most recent audit indicated the dentist was following current guidelines.

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

The practice had implemented 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.

Staff told us that any safety incidents would be investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again..

The practice 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.

The practice reviewed regular Coronavirus (COVID-19) advisory information and alerts. Information was provided to staff and displayed for patients to enable staff to act on any suspected Covid -19 cases. Patients and visitors were requested to wear face coverings and use hand gel provided on entering the premises.



# 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.

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

There was level access and an accessible treatment room on the ground floor for those patients who were unable to access stairs. We were told the practice ensured access to appointments daily for patients in pain who required urgent access.

Comments received from patients reflected high patient satisfaction with the quality of their dental treatment and the staff who delivered it.

### **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 where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided leaflets to help patients with their oral health.

The 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 staff were aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who are looked after. 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. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

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. 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.

# Are services effective?

(for example, treatment is effective)

Staff 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 dentist assessed patients' treatment needs in line with recognised guidance.

There were quality assurance processes to encourage learning and continuous improvement. Staff kept records of the results of these audits, the resulting action plans and improvements.

## **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.

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

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

# Are services well-led?

## Our findings

We found this practice was not providing well-led care in accordance with the relevant regulations.

### **Leadership capacity and capability**

The principal dentist was knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them. They were visible and approachable. Staff told us they worked closely with them to make sure they prioritised compassionate and inclusive leadership.

We were greatly assured that staff worked together and in such a way that where the inspection highlighted any issues or omissions the practice took immediate action to resolve these.

The practice had a strategy for delivering the service which was in line with health and social priorities across the region. Staff planned the services to meet the needs of the practice population.

### **Culture**

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

Staff discussed their training needs at an annual appraisals, one to one meetings and during clinical supervision. They also discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

The staff focused on the needs of patients. For example, through the provision of general dentistry and dental implants. The practice aimed to provide regular care at appropriate intervals for patients. Emergency and urgent appointment slots were available for patients each day. This was supported by the ability to refer patients for additional services if required.

There were systems in place to deal with staff poor performance.

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

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

### **Governance and management**

There was a very small practice team, but staff had clear responsibilities, roles and systems of accountability to support good governance and management.

The principal dentist had overall responsibility for the management and clinical leadership of the practice and was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

There were system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

We saw there were processes for managing risks, issues and performance. However, we found not all infection control procedures were in line with recommended guidance, there was no evidence that high risk recommended action from the legionella risk assessment had been actioned and not all the appropriate medicines and lifesaving equipment were available.

### **Appropriate and accurate information**

Staff acted on appropriate and accurate information.

# Are services well-led?

Quality and operational information. Performance information was combined with the views of patients. The practice had recently reintroduced patient surveys. We noted results of these latest surveys were wholly positive.

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 and external partners**

The practice involved patients, the public, staff and external partners to support the service.

They used patient surveys and encouraged verbal comments to obtain patients' views about the service.

They gathered feedback from staff through meetings, daily huddles and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

## **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. Staff kept records of the results of these audits and the resulting action plans and improvements. There was scope to ensure actions from the Legionella risk assessment were reviewed and where necessary completed.

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

Staff completed 'highly recommended' training as per General Dental Council professional standards. The dentist supported and encouraged staff to complete continuing professional development.

## 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 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</b></p> <p>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.</p> <p>The registered person had systems or processes in place that were operating 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:</p> <ul style="list-style-type: none"><li>• There was no effective system to ensure that recommendations from the practice Legionella risk assessment had been actioned.</li><li>• Procedures used in the decontamination process were not in line with nationally recommended guidance. There was no evidence of a long-handled brush for cleaning dirty instruments in the decontamination room and no lid seen for the box used to safely transport dirty and clean instruments. It was unclear what process was in place for drying instruments.</li><li>• Systems for checking medical emergency medicines and equipment were not at the required frequency. The provider did not have oversight of checks and had failed to identify that some emergency equipment was missing, and some passed its use by date.</li></ul> <p><b>Regulation 17 (1)</b></p>