Smileright Dencare Limited

Smileright

Inspection Report

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Overall summary

We carried out a comprehensive inspection of Smileright on the 26 May 2015.

Smileright is a dental practice that is located in the Barbican, City of London and only offers private treatment. The staff structure of the practice consists of nine dentists, four trainee dental nurses, a receptionist and a practice manager. On the day of the inspection there were two dentists, three trainee nurses, a receptionist and the registered manager on duty.

We spoke with one patient who used the service on the day of our inspection and reviewed 14 CQC comment cards that had been completed by patients prior to the inspection. The patient we spoke with was complimentary about the service. They told us they found the staff treated them with respect and were informative. The comments on the CQC comment cards were all complimentary about the staff and the service provided.

During the inspection we spoke with five members of staff, including the practice manager, who was also 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.

To assess the quality of care provided by the practice, we looked at practice policies and protocols and other records. Our key findings were as follows:

- There were appropriate infection control procedures in place to minimise the risk and spread of infection.
- There was appropriate equipment available for staff to undertake their duties and the equipment was well maintained.
- Patient's needs were assessed and care was planned and delivered in line with current best practice guidance for example from the National Institute for Health and Care Excellence.
- Patient's comments cards stated they were treated with dignity and respect and involved in treatment planning.
- The practice had procedures in place to take into account any comments, concerns or complaints.
- There were appropriate management arrangements in place. Staff told us they felt well supported and comfortable to raise concerns or make suggestions.

We found that this practice was providing safe, effective, caring, responsive and well-led care in accordance with the relevant regulations.

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

Summary of findings

- Review availability of equipment to manage medical emergencies giving due regard to guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
- Ensure staff use appropriate personal protective equipment including disposable aprons and follow recommended guidance related to uniforms giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?
We found that the practice was providing safe care in accordance with the relevant regulations.

There were systems in place to help ensure the safety of staff and patients. These included policies for safeguarding children and adults from abuse, maintaining the required standards of infection prevention and control, dental radiography and maintenance of equipment used at the practice. The practice assessed risks to patients and managed these well. In the event of an incident or accident occurring, the practice documented, investigated and learnt from it. Medicines were available in the event of an emergency; however the practice did not have an automated external defibrillator (AED) in line with Resuscitation Council UK guidance.

Are services effective?
We found that the practice was providing effective care in accordance with the relevant regulations.

The practice followed guidance issued by National Institute for Health and Care Excellence (NICE) for example, in regards to discussing oral hygiene and the use of fluoride with patients. Patients were given appropriate information to support them to make decisions about the treatment they received. The practice kept detailed dental care records of treatments carried out and monitored any changes in the patient's medical and oral health. The practice worked well with other healthcare providers and followed patients up to ensure that they received treatment in good time.

Staff were supported by the practice in continuing their professional development (CPD) and were meeting the requirements of their professional registration. Records showed patients were given health promotion advice appropriate to their individual oral health needs such as smoking cessation and dietary advice.

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

The patient we spoke with told us they were treated with dignity and respect. They told us that staff were kind, informative and attentive to their needs. The CQC comment cards were all positive about the service provided by the practice. We observed that staff treated patients with kindness and respect and were aware of the importance of confidentiality.

Are services responsive to people's needs?
We found that this practice was providing responsive care in accordance with the relevant regulations.

Patients had access to appointments at the practice and emergency appointments were available on the same day. There was sufficient well maintained equipment, to meet the dental needs of their patient population. There was a clear complaints handling procedure and we saw that the practice responded to complaints in line with the complaints policy.

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

Staff felt supported by management and there were regular meetings where staff were given the opportunity to give their views of the service. There were governance arrangements and an effective management structure. Appropriate policies and procedures were in place, and there was effective monitoring of various aspects of care delivery.

Smileright

Detailed findings

Background to this inspection

We carried out an announced inspection on 26th May 2015. This inspection was carried out by a CQC Inspector and a dental specialist advisor.

We informed the NHS England local area team that we were inspecting the practice and did not receive any information of concern from them. The practice sent us their statement of purpose, a summary of complaints they had received in the last 12 months and details of staff working at the practice. We also reviewed further information on the day of the inspection.

We spoke with a patient who used the service on the day of our inspection and reviewed 14 CQC comment cards that had been completed by patients prior to the inspection. We also spoke with four members of staff, including the registered manager. We reviewed the policies, toured the premises and examined the cleaning and decontamination of dental equipment.

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 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 suitable processes around reporting and discussion of incidents.

Staff understood the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). The practice had an incident reporting log. Staff were able to describe the type of incidents that would need to be recorded under these requirements. The practice had not had any RIDDOR incidents over the past 12 months.

Reliable safety systems and processes (including safeguarding)

The registered manager was the safeguarding lead and staff knew who they should go to if they had a safeguarding concern. The practice had both adult and children safeguarding policies. The policies had been written in 2013 and were scheduled to be reviewed again in July 2015. The policies included procedures for reporting safeguarding concerns and contact information for the local safeguarding teams. Staff we spoke with had completed safeguarding training and were able to explain their understanding of safeguarding issues, which was in line with what we saw in the policies. The practice had not had any situations which they had needed to refer for consideration by safeguarding teams.

The practice had safety systems in place to help ensure the safety of staff and patients. For example they had an infection control policy, health and safety policies, processes for disseminating Medicines and Healthcare Products Regulatory Agency (MHRA) safety alerts and followed the Control of Substances Hazardous to Health (COSHH) guidance. Staff had received training for responding to sharps injuries (needles and sharp instruments).

During our visit we found that the dental care and treatment of patients was planned and delivered in a way that ensured patients' safety and welfare. Dental records contained patient's medical history that was obtained when people first signed up at the practice and was updated when patients visited the practice for a check-up or treatment. The clinical records we saw were well structured and contained sufficient detail for any dentist to know how to safely treat a patient.

The practice followed national guidelines such as use of a rubber dam for root canal treatments. [A rubber dam is a rectangular sheet of latex used by dentists for effective isolation of the root canal and operating field.]

Medical emergencies

There were arrangements in place to deal with on-site medical emergencies. Staff had received basic life support training. The practice had a medical emergency kit which included emergency medicines and equipment. We checked the medicines and we found that all the medicines were within their expiry date. The emergency equipment included medical oxygen. However, the provider did not have access to an automated external defibrillator (AED), in line with Resuscitation Council UK guidance. [an AED is a portable electronic device that analyses the heart's rhythm and if necessary, delivers an electric shock, known as defibrillation, which helps the heart re-establish an effective rhythm]. The registered manager told us they had access to two defibrillators, one from a shop two doors away and another in a local GP surgery. We spoke to two members of staff about this, one was not aware that they had access to the defibrillators and another was aware of them but had not be trained how to use the machines. All staff had all received basic life support training, which included Cardiopulmonary resuscitation (CPR) training. The training was refreshed annually. There was a system in place for checking the medical emergency kit. This included checking the expiry dates of medicines in the kit. We saw evidence these checks were made weekly.

Staff recruitment

The practice had a policy for the safe recruitment of staff. In order to reduce the risks of employing unsuitable staff the provider is required to complete a number of checks including ensuring information is obtained including a full employment history, checks on authenticity of qualifications, two references including one from the most recent employer and an up to date Disclosure and Barring Service (DBS) checks. We saw that the provider had carried out these checks for staff who worked in the practice.

Monitoring health & safety and responding to risk

The practice had arrangements in place to deal with foreseeable emergencies. A Health and Safety Policy was in place. The practice had a risk management process which was continually being updated and reviewed to ensure the

Are services safe?

safety of patients and staff members. For example, we saw risk assessments for fire safety and environmental building issues. The assessments were reviewed yearly and included the controls and actions to manage risks. Risk assessments had been undertaken for issues affecting the health and safety of staff and patients using the service. This included for example risks related to the building and risks to individual patients.

Risk assessments were also undertaken as part of the clinical assessment of patients. This included such as for caries, periodontal disease and cancer were evidenced in most clinicians records.

The practice had a business continuity plan to deal with emergencies that could disrupt the safe and smooth running of the service. For example there were plans in place in the event of a power cut, or if staff were unable to make it to work. The registered manager was also able to explain systems they had put in place to deal with essential equipment breaking down. For example, arrangements were put in place for other practices owned by the same provider to provide the practice with dental instruments In the event of cleaning and decontamination equipment breaking down.

Infection control

There was an infection control policy in place. The policy detailed procedures for issues such as decontamination of dental instruments, hand hygiene, protective equipment, handling of clinical waste and the use of personal protective equipment . We saw evidence that showed the dentist and other members of staff were vaccinated against Hepatitis B. This meant that patients were protected against Hepatitis B infection from staff. The registered manager was the infection control lead professional and they worked with the practice staff to ensure the infection control policy and set of procedures were followed to help keep patients and staff safe. We found the practice had followed the guidance on decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)' and The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance.

The staff we spoke with confirmed that they had received infection control training and were able to describe their role in reducing the spread of infection.

We examined the facilities for cleaning and decontaminating dental instruments. We found there was a clear flow of these instruments from dirty through to sterilisation and date stamped packaging. We saw that an illuminated magnifier was used to make it easier to see any residual contamination. Decontamination procedures were carried out in a dedicated decontamination room. In accordance with HTM 01-05 guidance an instrument transportation system had been implemented to ensure the safe movement of instruments between treatment rooms and the decontamination room which minimised the risk of the spread of infection.

We observed the practice was clean and tidy.

The dental water lines were maintained in accordance with current guidelines to prevent the growth and spread of Legionella bacteria. Flushing of the water lines was carried out in accordance with current guidelines and supported by an appropriate practice protocol. A Legionella risk assessment had been carried out by an appropriate contractor and documentary evidence was provided to support this. Legionella is a germ found in the environment which can contaminate water systems in buildings.

There were hand washing facilities in each treatment room and staff had access to good supplies of personal protective equipment (PPE), such as gloves and masks for staff members and protective eye wear for patients. Staff we spoke with confirmed that they wore protective aprons, gloves and masks during dental assessment and treatment. However, on the day of the inspection staff were not wearing aprons, and they told us they only changed their uniforms every other day.

Equipment and medicines

We found that most of the equipment used in the practice was maintained in accordance with the manufacturer's instructions. This included the equipment used to clean and sterilise the instruments and X-ray equipment. Portable appliance testing (PAT) was completed in accordance with good practice guidance. PAT is the name of a process where electrical appliances are routinely checked for safety. However we found there was no maintenance plan for an Ultra-sonic cleaner used by the practice.

The only medicine stored at the practice was those found in the medical emergency box. All prescriptions and the prescription log were stored securely.

Are services safe?

Radiography (X-rays)

The principal dentist was the radiation protection supervisor (RPS) for the practice. An external contractor covered the role of radiation protection adviser. X-ray audits were undertaken six monthly. The audits looked at issues such as the maintenance of X-ray equipment and the radiography training staff had undertaken. This was done to ensure X-rays that were taken were of the required standard. We saw that practice had in place local rules relating to the X-ray equipment. We saw there were training records related to radiography for all staff that undertook radiography tasks.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept detailed electronic and paper records of the care given to patients. We reviewed the information recorded in ten patients' dental care records about the oral health assessments, treatment and advice given to patients. This included a full clinical assessment with an extra and intra oral examination.

Records showed assessment of the periodontal tissues was undertaken and recorded using the basic periodontal examination (BPE) screening tool. (The BPE is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums). BPE scores were noted in the records and the dentist planned treatment around the score that was achieved.

The practice kept up to date with current guidelines and research in order to continually develop and improve their system of clinical risk management. For example, the dentists used current National Institute for Health and Care Excellence (NICE) guidelines to assess each patient's risks, needs and to determine how frequently to recall them. The practice also showed compliance with the Delivering Better Oral Health Tool-kit. This tool kit is an evidence based toolkit to support dental teams in improving their patient's oral and general health.

Health promotion & prevention

The practice had information available in the patients' waiting room and surgery relating to oral health promotion and prevention. For example we saw leaflets related to tooth brushing were displayed. The dentist told us that if they saw patients who as a result of poor diet or eating habits had suffered decay, advice and information was given to them on a one to one basis. We saw the practice provided preventive care advice on fluoride use and oral health instructions as well as smoking cessation, alcohol use, and dietary advice.

Staffing

Staff told us they had received appropriate professional development and training and the records we saw reflected this. This was to ensure that patients received high quality care as a result. The practice used a variety of ways to ensure development and learning was undertaken including both face to face and e-learning. Examples of staff training included core subjects such as safeguarding, basic first aid and infection control. We reviewed the system in place for recording training that had been attended by staff working within the practice. We also reviewed information about continuing professional development (CPD) and found that staff had undertaken the required number of CPD hours.

Working with other services

The practice worked with other professionals in the care of their patients where this was in the best interest of the patient. For example, referrals were made to hospitals and specialist dental services for further investigations and treatment. The practice completed referral forms or letters to ensure the specialist service had all the relevant information required. Dental care records we looked at contained details of the referrals made and the outcome that came back from the referrals that were made.

Consent to care and treatment

Patients who used the service were given appropriate information and support regarding their dental care and treatment. We spoke with one patient who used the service and reviewed 14 comments cards. Patients told us they had been given clear treatment options which were discussed in an easy to understand language by practice staff. Patients told us they understood and consented to treatment.

The registered manager had received Mental Capacity Act 2005 (MCA) training and had talked with staff about implications it had for staff and patients. The MCA provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack capacity to make particular decisions for themselves. The records confirmed what patients had told us. Staff were aware of how they would support a patient who lacked the capacity to consent to dental treatment. They explained how they would involve the patient and carers to ensure that the best interests of the patient were met. This meant where patients did not have the capacity to consent, the dentist acted in accordance with legal requirements and that vulnerable patients were treated with dignity and respect.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We spoke with one patient and looked at 14 CQC comment cards which patients had completed prior to the inspection. Patients were positive about the care they received from the practice. They told us they were treated with respect and dignity.

Patient records were kept in a secure location and no records were located where they could be seen or accessed by patients. Staff we spoke with were aware of the importance of providing patients with a private confidential service. We observed staff were helpful, discreet and respectful to patients. All patients were given a warm greeting by the receptionist. Doors were always closed when patients were in the treatment room.

Involvement in decisions about care and treatment

We saw that the practice had a website that included information about dental care and treatments, costs, opening times and details of the staff team providing the service. The website also contained information regarding how patients could access emergency dental care. Patients could also book an appointment on the website. When patients visited the practice they were given a printout with details of the prices for various treatments.

Staff told us that treatments, risks and benefits were discussed with each patient to ensure the patients understood what treatment was available so they were able to make an informed choice. The dentist explained what they were going to do and used aids such as a special software package to show patients visually what treatment their teeth/oral cavity required. Patients were then able to decide which treatment option they wanted.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patient's needs

We found the practice had an efficient appointment system in place to respond to patients' needs. We reviewed patient surveys undertaken by the practice. The survey's found that patients believed they had been given sufficient time during their appointment, and that they were seen promptly. This was also reflected in the comment cards we reviewed.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services that included access to telephone translation services. The building was accessible to people in wheelchairs. Staff were able to describe to us how they had supported patients with additional needs, for example allocating more time for appointments.

Access to the service

The practice displayed its opening hours on the practice website. The practice had clear instructions for patients requiring urgent dental care when the practice was closed. These instructions were displayed at the entrance to the practice. CQC comment cards we reviewed showed patients felt they had good access to the service.

Concerns & complaints

The practice had effective arrangements in place for handling complaints and concerns. The practice had a complaints policy and information for patients about how to complain was available in the reception area. The policy included contact details of external organisations that patients could contact if they were not satisfied with the provider's response to a complaint. There had been two complaints in the last year and they had been dealt with in line with the practices policy.

Are services well-led?

Our findings

Governance arrangements

The practice had good governance arrangements and an effective management structure. Appropriate policies and procedures were in place, and there was effective monitoring of various aspects of care delivery. Risk assessments were undertaken and risks were identified, recorded and managed. The practice had regular meetings with staff and told us they were well supported by senior management. The practice had arrangements for identifying, recording and managing risks.

The registered manager undertook quality audits at the practice. This included audits on health and safety, waste management, infection control, staffing and records. We saw that action plans had been drafted following audits and actions taken as necessary. For example, plans were put in place for dentists to peer review each other's records following an audit of records.

Leadership, openness and transparency

We saw from minutes that team meetings were held regularly. The meetings covered a range of issues including complaints and results of audits. The staff we spoke with described a transparent culture which encouraged candour, openness and honesty. Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at any time.

Management lead through learning and improvement

Staff told us they had good access to training. The registered manager monitored staff training to ensure essential training was completed each year. Staff working at the practice were supported to maintain their continuous professional development (CPD) as required by the General Dental Council (GDC).

The practice audited areas of their practice as part of a system of continuous improvement and learning. This included clinical audits such as on medical records and audits of infection control.

Practice seeks and acts on feedback from its patients, the public and staff

The practice had gathered feedback from patients through surveys. The last survey carried out was in November 2013 and one was scheduled to take place in 2015. The surveys carried out asked people questions related to waiting times, appointment availability and the attitude of staff. We saw the results of survey's were analysed and discussed with staff and senior managers at meetings. One issue identified during a survey was access to appointments and we saw that the practice had improved access in response to this.