

## Reading Dental Sedation Clinic Partnership

# Perfect Smile Reading Dental Sedation Clinic

### Inspection report

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Date of inspection visit: 11 January 2024

Date of publication: 29/02/2024

### Overall summary

We carried out this announced comprehensive inspection on 11 January 2024 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 practice 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 advisor.

To get to the heart of patients' experiences of care and treatment, we always ask the following 5 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:

- The dental clinic appeared clean and well-maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.

# Summary of findings

- The practice had systems to manage risks for patients, staff, equipment and the premises. Improvements were needed in relation to reporting and dealing with significant events in accordance with dental guidelines. Improvements were needed so that the practice sedation risk assessment considered the specific risks associated with the use of multiple sedative medicines in sedation procedures.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which reflected current legislation.
- Clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect. Staff took care to protect patients' privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system worked efficiently to respond to patients' needs.
- The frequency of appointments was agreed between the dentist and the patient, giving due regard to National Institute of Health and Care Excellence (NICE) guidelines.
- There was effective leadership and a culture of continuous improvement. Improvements were needed so that audits included analysis and action plans.
- Staff felt involved, supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The practice had information governance arrangements.

## Background

Perfect Smile Reading Sedation Clinic is part of Perfect Smile, a group dental provider.

The practice is in Reading and provides NHS and private dental care treatment for adults and children.

There is step free access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for disabled people, are available near the practice.

The dental team includes 5 dentists, 2 visiting specialists who carry out sedation, 1 dental hygienist, and 5 dental nurses. The clinical team are supported by 1 practice manager and 2 receptionists.

The practice has 3 treatment rooms.

During the inspection we spoke with 1 dentist, 1 visiting sedationist, 2 dental nurses, the practice manager and 2 receptionists.

We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open between:

8am and 6pm on Mondays

8am and 5pm on Tuesdays to Thursdays

8am and 2pm on Fridays.

# Summary of findings

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

- Improve the practice protocols for conscious sedation, taking into account the guidelines published by The Intercollegiate Advisory Committee on Sedation in Dentistry in the document 'Standards for Conscious Sedation in the Provision of Dental Care 2015 and other related guidance. In particular, ensure that the practice sedation risk assessment considers and has arrangements to mitigate the risks associated with the use of multiple sedative medicines, including premises and equipment, and arrangements for access to emergency services.
- Improve the system for recording, investigating and reviewing incidents or significant events with a view to preventing further occurrences and ensuring that improvements are made as a result. In particular, ensuring reversal medicines are only used in emergency situations during sedation, and where this occurs these are documented as significant events, reviewed, analysed and used to minimise recurrences.
- The practice should also ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.

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

# 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)**

The practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children. Staff felt confident to report concerns and had access to information to assist them to do so.

The practice had infection control procedures which reflected published guidance. Infection prevention and control procedures were monitored and audited.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems.

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

The practice appeared clean and there was an effective schedule in place to ensure it was kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We reviewed a sample of staff recruitment records and found that all of the required checks were carried out including Disclosure and Barring Services checks, identity confirmation, and evidence of conduct in previous employment for relevant staff.

Clinical staff were qualified, registered with the General Dental Council and had professional indemnity cover.

The practice ensured equipment was safe to use, maintained and serviced according to manufacturers' instructions.

A fire safety risk assessment was carried out in line with the legal requirements.

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

### **Risks to patients**

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. The practice followed published guidelines in relation to sharps safety, and risks associated with the handling and disposal of dental sharps were assessed and procedures implemented to mitigate these risks. All staff undertook training in sepsis awareness and information was available to help staff recognise signs of sepsis and take prompt action. There were procedures in relation to lone working to assess and mitigate risks.

Emergency equipment and medicines were available and checked in accordance with national guidance.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Immediate life support training (for adults and children) was also completed by staff providing treatment to patients under sedation.

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

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

Patient care records were complete, kept securely and complied with General Data Protection Regulation requirements.

# Are services safe?

The practice had systems for referring patients with suspected oral cancer under the national two-week wait arrangements.

## **Safe and appropriate use of medicines**

The practice had systems for appropriate and safe handling of medicines. Improvements were needed so that audits were used to check that antibiotics were prescribed in accordance with current prescribing guidelines.

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

The practice had systems to review and investigate incidents and accidents. Improvements were needed to ensure all incidents where reversal medicines were used during conscious sedation were reviewed, analysed as significant events and learning from these used to reduce these incidents.

# 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.

The practice offered conscious sedation for patients. Sedation using multiple sedative medicines were carried out by 2 visiting specialists. The practice had systems in place, including patient checks before and after treatment, emergency equipment requirement checks, medicines management, sedation equipment checks, and staff availability and training. All staff involved in the delivery of conscious sedation treatment had appropriate training and undertook periodic training updates. Emergency medicines and equipment were checked daily. Improvements were needed so that the practice sedation risk assessment considered all of the specific risks associated with the use of multiple sedative medicines, including the risk of oversedation, risks associated with the use of reversal medicines, and risk of delayed response by local emergency services. The risk assessment should take into consideration the practice premises and facilities, access to emergency services in accordance with current guidelines.

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

The practice provided preventive care and supported patients to ensure better oral health. Patient records included details of advice given in relation to diet, oral hygiene instructions, guidance on the effects of sugar, tobacco and alcohol consumption. Written patient information leaflets were also available.

### **Consent to care and treatment**

Staff obtained patients' consent to care and treatment in line with legislation and guidance. They undertook training and understood their responsibilities under the Mental Capacity Act 2005.

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 patient care records in line with recognised guidance.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients living with dementia or adults and children with a learning disability. Staff undertook training in disability and autism awareness.

We saw evidence the dentists justified, graded and reported on the radiographs they took. Improvements were needed so that audits of dental radiograph audits included an analysis of the findings and action plans to drive improvements as required.

### **Effective staffing**

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

Newly appointed staff had a structured induction and clinical staff completed 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.

# Are services effective?

(for example, treatment is effective)

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

The practice was a referral clinic for dental procedures under sedation and we saw staff monitored and ensured the dentists were aware of all incoming referrals.

# Are services caring?

## Our findings

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

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

Staff were aware of their responsibility to respect people's diversity and human rights.

The practice sought and monitored patient feedback. The results of patient feedback from the NHS Friends and Family test were reviewed and discussed during practice meetings.

Patients who completed surveys said that they were seen quickly and treated kindly when in pain. They said staff were understanding and kind when they were anxious, in pain, distress or discomfort.

### **Privacy and dignity**

Staff were aware of the importance of privacy and confidentiality.

Staff 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 gave patients clear information to help them make informed choices about their treatment.

The practice's website provided patients with information about the range of treatments available at the practice.

The dentist explained the methods they used to help patients understand their treatment options. These included for example, X-ray images and an intra-oral camera.

# Are services responsive to people's needs?

## Our findings

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

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

The practice organised and delivered services to meet patients' needs and preferences.

Staff were clear about the importance of providing emotional support to patients when delivering care.

The practice had step free access for people who use wheelchairs. The practice did not have accessible toilet facilities. The practice had made reasonable adjustments for patients with access requirements, including a hearing induction loop, reading glasses and a magnifying glass.

Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

### **Timely access to services**

The practice displayed its opening hours and provided information on their website.

Patients could access care and treatment from the practice within an acceptable timescale for their needs. The practice had an appointment system to respond to patients' needs. The frequency of appointments was agreed between the dentist and the patient, giving due regard to NICE guidelines. Patients had enough time during their appointment and did not feel rushed.

The practice's website and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

Patients who needed an urgent appointment were offered one in a timely manner. When the practice was unable to offer an urgent appointment, they worked with partner organisations to support urgent access for patients. Patients with the most urgent needs had their care and treatment prioritised.

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

The practice responded to concerns and complaints appropriately. Staff discussed outcomes to share learning and improve the service.

# Are services well-led?

## Our findings

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

### **Leadership capacity and capability**

The provider demonstrated a transparent and open culture in relation to people's safety.

There was strong leadership with emphasis on peoples' safety and continually striving to improve. At the time of our inspection the practice was undergoing refurbishment work to improve the facilities for patients and staff.

Systems and processes were generally embedded, and staff worked together in such a way that the inspection did not highlight any significant issues or omissions.

The information and evidence presented during the inspection process was clear and well documented.

We saw the practice had effective processes to support and develop staff with additional roles and responsibilities.

### **Culture**

Staff could show how they ensured high-quality sustainable services and demonstrated improvements over time.

Staff stated they felt respected, supported and valued. They told us they worked well as a team and they were proud and happy to work in the practice.

Staff discussed their training needs during annual appraisals, 1 to 1 reviews and during clinical supervision. They also discussed learning needs, general wellbeing and aims for future professional development.

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals.

### **Governance and management**

Staff had clear responsibilities, roles and systems of accountability to support good governance and management.

The practice had a governance system 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 clear and effective processes for managing risks, issues and performance. Improvements were needed to the arrangements for assessing and mitigating the risks associated with the use of multiple sedative medicines during sedation.

### **Appropriate and accurate information**

Staff acted on appropriate and accurate information.

The practice had information governance arrangements and staff were aware of the importance of protecting patients' personal information.

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

Staff gathered feedback from patients, the public and external partners and demonstrated a commitment to acting on feedback.

Feedback from staff was obtained through meetings, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on where appropriate.

### **Continuous improvement and innovation**

# Are services well-led?

Some improvements were needed to the practice systems and processes for learning, quality assurance, continuous improvement. Audits of patient care records, disability access, radiographs, antimicrobial prescribing, and infection prevention and control were carried out. The audits of dental radiographs and antibiotic prescribing did not include analysis or resulting action plans to demonstrate how improvements would be made.