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Sunny Smiles Dental Innovation - Upminster

Inspection report

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Overall summary

We carried out this announced focused inspection on 12 July 2022 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 adviser.

To get to the heart of patients' experiences of care and treatment, we usually ask five key questions, however due to the ongoing COVID-19 pandemic and to reduce time spent on site, only the following three questions were 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:

- The dental clinic was visibly 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.
- The practice had systems to help them manage risk to patients and staff.
- 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.
- Staff took care to protect patients their privacy and personal information.

Summary of findings

- Staff provided preventive care and supported patients to ensure better oral health.
- There was effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked as a team.
- Complaints were dealt with positively and efficiently.
- The dental clinic had information governance arrangements.

Background

The provider has two locations; this report is about Sunny Smiles Dental Innovations- Upminster.

Sunny Smiles Dental Innovations is in Upminster in the North East London Borough of Havering. They provide NHS and private dental care and treatment for adults and children.

This is a single storey building used as a dental surgery. The practice has made practical adjustments to support patients with additional needs, for example, there is ramp access for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for people with disabilities, are available on both the premises and surrounding roads.

The dental team includes the principal dentist, an associate dentist, two qualified dental nurses, a trainee dental nurse and two dental hygienists. Reception duties are shared between the three dental nurses. The practice has two treatment rooms and a separate decontamination room.

During the inspection we spoke with the principal dentist and two of the dental nurses. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open Monday to Friday 9am to 5pm. Outside of these hours, patients are advised to contact the NHS 111 for urgent care and treatment.

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

- Take action to ensure the clinicians take into account the guidance provided by the College of General Dentistry when completing dental care records.
- Improve the practice's processes for the control and storage of substances hazardous to health identified by the Control of Substances Hazardous to Health Regulations 2002, to ensure safety data sheets are available and accessible to all staff.
- Improve the practice's protocols for medicines management and ensure all medicines are stored and dispensed of safely and securely.

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?	No action ✓

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. Policies were accessible to all staff by way of hard copy as well as on the shared computer drive.

The practice had infection control procedures which reflected published guidance.

The practice had robust procedures to reduce the risk of Legionella or other bacteria developing in water systems, in line with the risk assessment of 8 December 2021.

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

We observed the practice to be visibly clean and tidy and we saw that cleaning schedules were maintained.

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.

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

The practice ensured equipment was safe to use and maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations.

A fire risk assessment was carried out in line with the legal requirements and the management of fire safety was effective.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw 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. This included sharps safety and sepsis awareness.

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.

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health, however, safety data sheets were not always maintained.

Information to deliver safe care and treatment

Dental care records we saw were legible 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. We looked at referrals and found that the practice was proactive in the monitoring and following up of referrals where and when required.

Safe and appropriate use of medicines

Are services safe?

The practice dispensed antimicrobials, however, improvement was required to ensure safe dispensing. For example, the provider had not ensured an effective stock control system was in place to minimise the risk of improper use and that they remained in date. Furthermore, the antimicrobials dispensed were not always documented in service users dental care records.

NHS Prescription forms were stored securely, and procedures were in place to monitor prescriptions issued by the practice.

Antimicrobial prescribing audits were on-going, and findings were used to drive improvements.

Track record on safety, and lessons learned and improvements

The practice had implemented systems for reviewing and investigating incidents and accidents.

Staff we spoke with on the day understood their duty to raise concerns and report incidents and near misses.

The practice had a system for receiving and acting on safety alerts and management ensured relevant safety alerts were cascaded to the team.

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 clinician told us they assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

However, not all dental care records we saw were completed adequately. For example, we looked at six care records which showed there was inconsistency in how dental care records were maintained. We spoke with the clinicians to confirm our findings and observed that individual records were not always typed and managed in line with current guidance. They were not comprehensive in that they failed to include soft and hard tissue examination, intra and extra oral checks, risk assessments, discussions had with patients and consent. We raised this with the provider on the day of inspection who told us they were aware improvements were required as this was identified in an audit where they scored 79%.

Helping patients to live healthier lives

The practice provided preventive dentistry and supported patients to ensure better oral health. We saw the provision of oral health information, for example, there was a “sugar board” in the waiting area which showed patients how to calculate sugar levels on everyday food labels.

Consent to care and treatment

Staff told us they obtained patients’ consent to care and treatment in line with legislation and guidance, however, we found this was not always clearly documented in dental care records.

Staff understood their responsibilities under the Mental Capacity Act 2005.

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

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

The dentists described to us the methods they used to help patients understand treatment options discussed. These included study models, leaflets and X-ray images.

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

A recent record keeping audit found that improvements were required in ensuring dental care records were maintained in line with recognised guidance.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits six-monthly following current guidance and legislation.

Effective staffing

Are services effective?

(for example, treatment is effective)

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

The practice understood the learning needs of staff and provided training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

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.

The dentists 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 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 and emphasis on continually striving to improve.

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

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

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

Culture

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

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

Staff discussed their training needs during annual appraisals and clinical supervisions. 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.

Practice specific policies were in place and implemented and staff we spoke with during the inspection knew how to access these. The principal dentist was responsible for ensuring these remained fit for purpose.

At the inspection, we saw that the provider ensured clear and effective processes were in place to manage and mitigate risks and issues.

There was a lead member of staff for managing complaints. We saw evidence the practice took concerns and complaints seriously and they took appropriate steps to investigate before responding to patients.

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 these in protecting patients' personal information.

Staff were aware of the importance of privacy and confidentiality.

Staff password protected patients' electronic care records and backed these up to secure storage.

There were policies in place to support safe IT usage and processes to ensure that these were accessed by the appropriate member of staff.

Engagement with patients, the public, staff and external partners

Are services well-led?

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

The practice gathered feedback from staff through meetings, surveys, 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

The practice had systems and processes for learning, continuous improvement and innovation. There was a focus on continuous learning and improvement at all levels within the practice.

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.

The practice had made reasonable adjustments for patients with disabilities. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients. For example, there were plans to install an emergency pull cord in the toilet.