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Smile in London

Inspection report

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Overall summary

We carried out this announced focused inspection on 22 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 appeared to be 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.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff provided preventive care and supported patients to ensure better oral health.

Summary of findings

- There was strong leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- The dental clinic had information governance arrangements.

Background

The provider has two practices and this report is about Smile in London - Wanstead.

Smile in London is in the town of Wanstead, in the London Borough of Redbridge, and provides NHS and private dental care and treatment for adults and children.

There is access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for people with disabilities, are available near the practice. The practice has made reasonable adjustments to support patients with additional needs, for instance, an access ramp is available to make it easier for people that use wheelchairs. In addition, the treatment room is spacious which allows for those using mobility equipment to manoeuvre freely.

The dental team includes two principal dentists, a prosthodontist, three associate dentists, two dental hygienists, two dental nurse and a head dental nurse. They were supported by a practice administrator, a practice coordinator and a practice manager. The practice has three treatment rooms, a staff room and a separate decontamination room.

During the inspection we spoke with a dentist, a dental hygienist, two dental nurses, the practice coordinator and administrator and the practice manager. 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 5.30pm and Saturday 9am to 1pm. Outside of these hours, arrangements are in place for patients requiring urgent care and treatment.

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

- Take action to implement any recommendations in the practice's fire safety risk assessment and ensure ongoing fire safety management is effective.
- Take action to ensure all clinicians are adequately supported by a trained member of the dental team when treating patients in a dental setting taking into account the guidance issued by the General Dental Council.
- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the College of General Dentistry.

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 and procedures were in place to govern.

The practice had infection control procedures which reflected published guidance. The practice maintained the additional procedures which were implemented in relation to the COVID-19 pandemic in accordance with published guidance.

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

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

We saw the practice was visibly clean and there was an effective cleaning schedule to ensure the practice was kept clean.

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.

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.

A fire risk assessment undertaken on 21 July 2022 was emailed to us after the inspection. We contacted the provider to discuss actions which arose from the risk assessment. They told us that the all outstanding actions would be completed on a before the stipulated deadline date of 24 August 2022.

Improvements could be made to ensure risk assessment was undertaken for clinical staff such as the dental hygienists who worked without chairside support.

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.

Information to deliver safe care and treatment

Are services 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.

Safe and appropriate use of medicines

There was a dispensing and prescribing policy and we found that the providers' process for issuing prescription was safe and in line with current guidance.

The provider dispensed antimicrobials, however, they had not ensured information labels were placed on medicine packaging before dispensing. This was rectified at the inspection.

The provider told us antimicrobial prescribing audits were not routinely carried out.

Track record on safety, and lessons learned and improvements

The practice had implemented systems for reviewing and investigating when things went wrong. The practice had a system for receiving and acting on safety alerts.

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.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health.

Consent to care and treatment

We saw that staff obtained patients' consent to care and treatment in line with legislation and guidance.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA).

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 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 noted that they undertook radiography quality assurance audits, however, this was done annually instead of biannually as per guidance. The provider told us this would be implemented with immediate effect. The most recent audit of July 2022 looked at the quality of 31 bitewing x-rays taken and findings suggested that the dentists justified, graded and reported on the radiographs they took.

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.

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 practice 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 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

The practice had a mission statement which was to "continuously improve the quality of our service and deliver a consistent standard of care for our patients."

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 regular team huddles. They also discussed learning needs, general wellbeing and aims for future professional development. For example, staff members gave instances of when they were given opportunity to use their skills to enhance care and treatment for patients.

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 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 that most processes for managing risks, issues and performance were clear.

The complaints policy and procedures were in line with recognised guidance and there was a lead member of staff for managing complaints.

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.

The provider had closed circuit televisions (CCTV) cameras situated around the practice, including in the treatment rooms. At the time of the inspection, they told us CCTV cameras in the treatment rooms were in good working order, however the recording capability had been disabled. The policy in place to govern this activity included the balancing and necessity tests for the CCTVs in identifying its purpose. The policy included information about who would be allowed to see it; how the images would be used; whether copies would be made; the arrangements for secure storage and how long it would be kept.

Are services well-led?

Engagement with patients, the public, staff and external partners

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

An external organisation was employed by the provider to manage patients' feedback and findings were used to drive improvements. The provider actively encouraged patients to feedback their views about the service. We looked at the summarised data and saw that patients commented favourable about the quality of care and treatment they received by clinical and non-clinical staff.

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.

The practice was also a member of a good practice certification scheme.

Continuous improvement and innovation

The practice had 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, disability access, radiographs and infection prevention and control.

Staff kept records of the results of these audits and the resulting action plans and improvements.