

Perfect Smile Associates Ltd

Perfect Smile Associates Limited - New Kings Road branch

Inspection Report

74 New King's Road
SW6 4LT
Tel:020 7731 1166
Website:www.perfectsmile-dental.com

Date of inspection visit: 16th June 2015
Date of publication: 06/08/2015

Overall summary

We carried out an announced comprehensive inspection on 16th June 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

The inspection took place over one day and was undertaken by a Care Quality Commission (CQC) inspector and dental specialist adviser. We spoke with staff and reviewed policies and procedures and dental records. 13 patients provided feedback to us about the service.

Perfect Smile – New Kings Road is located in the London Borough of Hammersmith and Fulham and provides private dental services. The demographics of the practice was mainly working age group professionals. The opening times of the practice are: Monday 9.00am - 7.00pm ;

Tuesday 11.00am - 7.00pm

Wednesday 9.00am - 5.00pm

Thursday 9.00am - 5.00pm

Friday 9.00am - 4.00pm

Alternate Saturday 9.00am - 1.00pm

Summary of findings

Facilities within the practice include two treatment rooms, a dedicated decontamination area, and a reception area.

The staff structure of the practice is comprised of a principal dentist (who is also the owner), four dentists, two hygienists, three dental nurses, the practice manager and an area manager.

The area manager was 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:

- There were effective processes in place to reduce and minimise the risk and spread of infection,
- Patients' needs were assessed and care was planned in line with best practice guidance such as from the National Institute for Health and Care Excellence (NICE).
- Although most dental care records were suitably completed there were areas that needed improvement.
- Patients were involved in their care and treatment planning.
- There was appropriate equipment for staff to undertake their duties and equipment was well maintained.
- Patients told us they were treated with dignity and respect and involved in treatment planning.
- Audits were undertaken for various aspects of the service; however not all audits had documented action plans and evidence of identified learning.
- There were processes in place for patients to give their comments and feedback about the service including making complaints and compliments.
- There was a clear vision for the practice. Governance arrangements were in place for the smooth running of the practice.

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

- Review the practice's protocols for completion of dental records giving due regard to guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.
- Review the practice's protocols for recording in the patients' dental care records or elsewhere the reason for taking the X-ray and quality of the X-ray giving due regard to the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000.
- Ensure all audits have documented action plans and the identified learning is shared with staff to help improve the quality of the care.

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 health and safety procedures, policies for safeguarding children and adults from abuse, maintaining the required standards of infection prevention control and maintenance of equipment used at the practice. The practice assessed risks to patients and managed these well. We found that staff were trained and there was appropriate equipment to respond to medical emergencies. In the event of an incident or accident occurring, the practice documented, investigated and learnt from it. The practice followed procedures for the safe recruitment of staff; this included carrying out DBS checks, and obtaining two references.

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, we found they did this in regards to dental recall intervals. Patients were given appropriate information to support them to make decisions about the treatment they received. The practice kept records of treatments carried out and monitored any changes in the patient's medical and oral health.

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 feedback we received about the practice was very positive. 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 good access to appointments at the practice and emergency. There was sufficient well maintained equipment, to meet the dental needs of their patient population. There was a complaints policy clearly publicised in the reception area. 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.

There was a clear vision for the practice that was shared with the staff. There were regular meetings where staff were given the opportunity to give their views of the service. There were 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.

Perfect Smile Associates Limited - New Kings Road branch

Detailed findings

Background to this inspection

We carried out an announced comprehensive inspection on 16th June 2015. This inspection was carried out by a CQC Inspector and a 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 and a summary of complaints they had received in the last 12 months. We also reviewed further information on the day of the inspection.

13 patients provided feedback about the service. We also spoke with four members of staff. 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. There had not been any incidents over the past 12 months. However the practice manager described the type of incidents that would be recorded and the incident logging process.

Most of the staff we spoke with understood the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). Staff were able to describe the type of incidents that would need to be recorded under these requirements. One member of staff did not understand the meaning of RIDDOR but said they would speak to the practice manager if they had any serious incidents.

Reliable safety systems and processes (including safeguarding)

The practice 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 and both were in the process of being reviewed. The policies included procedures for reporting safeguarding concerns. The policy did not have details of the local safeguarding team but these were available on a notice board in the practice office. 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 infection control, employment checks and health and safety policies. Risk assessments had been undertaken on a monthly and yearly basis for issues affecting the health and safety of staff and patients using the service. This included for example, risks associated with the safe use of equipment. Staff were able to explain how the practice responded 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 care records contained patient's medical history that was

obtained when people first signed up at the practice and was updated every time patients visited the practice for a check-up or treatment. Most of the dental records we saw were well structured and contained sufficient detail enabling another dentist to know how to safely treat a patient. For example, they contained details of any allergies that the patient might have that could affect their treatment.

The practice followed national guidelines such as use of a rubber dam for root canal treatments. [A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth.]

Medical emergencies

There were arrangements in place to deal with on-site medical emergencies. Staff had received face to face first aid training that was refreshed on an annual basis. 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 an automated external defibrillator and oxygen. Staff told us they had been trained to use the emergency equipment. Staff were able to describe what they would do in the event of an emergency. There was a system in place for checking the medical emergency kit. The kit was checked on a weekly basis. This included checking the expiry dates of medicines in the kit.

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. They must obtain a full employment history, check the authenticity of qualifications, follow up two references, including one from the most recent employer, and complete an up to date Disclosure and Barring Service (DBS) checks. We saw that the provider had carried out checks for staff who worked in the practice, including taking up two references, one of which was from their previous employer or education institution.

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

Are services safe?

was continually being updated and reviewed to ensure the safety of patients and staff members. For example, we saw risk assessments for manual handling, fire safety, staff and contractors' activities and environmental building issues. The assessments were reviewed annually and included the controls and actions to manage risks. For example a reception protocol was put in place to minimise the risk of staff not updating patients' medical history.

The practice had a comprehensive business continuity plan to deal with emergencies that could disrupt the safe and smooth running of the service. The plan covered what to do in the event of a problem with the building the practice was based in, fire and staffing issues. For example the plan included plans of what to do if they were not able to use the premises the practice was located in. Plans were put in place for other nearby practices from the same provider to take on their patients. The plan included contact details of who to contact in event of an incident that affected the continuity of the business.

Infection control

The practice had an infection control policy that outlined the procedure for all issues relating to minimising the risk and spread of infections. The policy had been reviewed in April 2015. The policy detailed procedures related to hand hygiene, handling clinical waste management and personal protective equipment. There was a separate room for the decontamination of instruments. The room had a clearly labelled flow from dirty to clean areas to minimise the risks of cross contamination. Staff gave a demonstration of the decontamination process which was in line with 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)'. We noted clearly demarcated dirty and clean zones and laminated hand washing posters displayed in the decontamination room. Alcohol gel for decontamination of hands was readily available in all surgeries and the decontamination room. An illuminated magnifying glass was used to visually check for any remaining contamination (and re-washed if required); placing in the autoclave; pouching and then date stamping.

We saw records of the daily, weekly and monthly checks that were carried out on the autoclave, and vacuum sterilizer to ensure they were working effectively. All records we saw showed that it was in working order.

We saw evidence that staff had been vaccinated against Hepatitis B to protect patients from the risks of contracting the infection. The practice had blood spillage and mercury spillage kits. There was a contract in place for the safe disposal of clinical waste and sharps instruments. Clinical waste was stored appropriately and regularly collected by a specialist clinical waste company.

The surgery was visibly clean and tidy. There were stocks of PPE (personal protective equipment) such as gloves and aprons for both staff and patients. We saw that staff wore appropriate PPE, and the infection lead nurse carried out regular checks on this. Hand washing solution was available.

A legionella risk assessment had been completed in April 2015 and the results were negative for bacterium [legionella is a bacterium that can grow in contaminated water]. The practice used distilled water in all dental lines. The water lines were flushed daily and weekly and alpron tablets were used once a week to purify the water.

There was a cleaning plan, schedule and checklist, which we saw were completed. Cleaning equipment and materials were stored appropriately in line with Control of Substances Hazardous to Health 2002 (COSHH) regulations (COSHH).

Equipment and medicines

We found that 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.

The practice had clear guidance regarding the prescribing, recording, dispensing, use and stock control of the medicines used in the practice. The systems we reviewed were complete and provided an account of medicines prescribed. The only medicines stored at the practice were those found in the medical emergency box. All prescriptions and the prescription log were stored securely.

Radiography (X-rays)

The practice maintained suitable records in the radiation protection file demonstrating the maintenance of the X-ray equipment. The principal dentist was the radiation

Are services safe?

protection supervisor (RPS) for the practice. An external contractor covered the role of radiation protection adviser. Detailed X-ray audits were undertaken at least on an annual basis. The last audit was undertaken in February 2015 and identified that the practice needed to order more

holders, which the practice acted upon. We saw that local rules relating to the X-ray machine were displayed. We saw there were CPD records related to dental radiography for staff that undertook radiography tasks, this included IRMER training.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

Patients' needs were assessed and care and treatment was delivered in line with current legislation. This included following the National Institute for Health and Care Excellence (NICE), for example in regards to dental recalls.

We reviewed seven medical records and saw mostly good evidence of assessments that were individualised. This included having an up to date medical history (which was reviewed at each visit), details of the reason for visit (i.e. new patient or presenting complaint), a full clinical assessment with an extra and intra oral examination. An assessment of the periodontal tissue was taken and recorded using the basic periodontal examination (BPE) tool on most of the records we saw. The BPE tool is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums. Information about the costs of treatment and treatment options available were also given to patients. Although most dental care records were suitably completed there were areas that needed improvement. For example, we found in some cases NICE guidelines as related to patient recalls were not being followed.

Similarly Ionising Radiation (Medical Exposure) Regulations (IR (ME)R) 2000 regulations in radiograph taking and reporting was being followed adequately by only some dentists. Also, the recording of consents was being followed adequately by some but not all of the clinicians

Health promotion & prevention

Patients' medical histories were updated regularly which included questions about smoking and alcohol intake. Appropriate advice was provided by staff to patients based on their medical histories. We saw they provided preventive care advice on tooth brushing and oral health instructions as well as smoking cessation, fluoride application, sensible alcohol and weight management. For example patients were given information about smoking cessation clinics and leaflets about diet.

Staffing

Staff told us they had received appropriate professional development and training and the records we saw reflected this. The practice maintained a programme of professional development to ensure that staff were up to date with the

latest practices. This was to ensure that patients received high quality care as a result. Examples of staff training included core issues such as health and safety, safeguarding, medical emergencies and infection control. We reviewed the system in place for recording training that had been attended by staff working within the practice. We saw that the practice maintained a matrix that detailed training undertaken and highlighted training that staff needed to undertake. 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. Referrals were made to other practices owned by the same organisation who specialised in specific treatments as well as to hospitals. For example, we saw that referrals had been made to hospitals for wisdom tooth extractions. Internal referrals were made to the hygienists. We saw the practice completed referral forms or letters to ensure others 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

The provider had a consent policy that was in the process of being reviewed. The policy outlined how consent was obtained. This included implied, verbal and written consent. The dentist explained that generally consent was implied by the patient attending the appointment and sitting in the chair. In some instances consent was documented in the treatment plans, and there were separate forms for different treatments. However, we found that written consent was not always obtained for signature

The majority of patients that responded to the provider's patient survey in May 2015 said that they understood their choice of treatment and had consented to it. This was also the case for the 13 people we received feedback from.

Staff demonstrated an awareness and understanding of The Mental Capacity Act 2005. The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for

Are services effective?

(for example, treatment is effective)

themselves. Staff were able to explain how the act related to the work of the practice and its impact on patients. Training records showed that staff had received training on the MCA.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We received feedback from 13 people and reviewed the results of the practice's patient satisfaction survey from May 2015. All the feedback we received was positive. Staff were described as friendly, kind, understanding and helpful. Patients said staff treated them with dignity and respect during consultations. All the patients who responded to the patient survey said that they felt staff at the practice were approachable.

We observed staff interactions with patients at the reception desk and saw that staff interacted well with patients, speaking to them in a respectful and considerate manner. Staff gave a warm greeting to people contacting the practice whether by phone or in person. Manual records were stored safely in lockable cabinets and electronic records were password protected. Staff we spoke with were aware of the importance of providing patients privacy and treating their information confidentially. .

Involvement in decisions about care and treatment

We also saw that the practice had a website that included information about dental care and treatments, costs and opening times. The website also contained the contact number for emergency dental care if required.

The patients who gave us feedback said that they felt involved in decisions about their care and understood treatment that they received at the practice.

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 told us they would explain procedures to patients using aids such as mirrors and computer screens where necessary. 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

The practice had a system in place to schedule enough time to assess and meet patients' needs. Staff told us they had enough time to treat patients and that patients could generally book an appointment in good time to see a dentist. The feedback we received from patients confirmed that they felt they could get appointments when they needed them. We observed staff making an appointment with a patient on the phone and saw that they asked them when they wanted the appointment to take place. Staff were able to book an appointment for the day the patient wanted.

There were vacant appointment slots to accommodate urgent or emergency appointments. We observed that appointments ran smoothly on the day of the inspection and patients were not kept waiting. We saw that patients were given double appointments when it was deemed necessary.

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 staff explained to us how they had supported vulnerable tenants to feel relaxed at the practice. .

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 on the telephone answering machine, as well as being on their website. Feedback from patients 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 was scheduled to be reviewed in 2015. 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 one complaint in the last year and it had been dealt with in line with the advertised policy.

Are services well-led?

Our findings

Governance arrangements

The practice had good governance arrangements and an effective management structure. The practice was one of over twenty owned by the same organisation. We saw that senior managers carried out regular quality audits and staff said they felt supported by them. Appropriate policies and procedures were in place, and there was effective monitoring of various aspects of care delivery. At the time of our visit we saw that senior managers were involved in reviewing a number of policies and procedures including the complaints and safeguarding policies. The practice had regular meetings and had arrangements for identifying, recording and managing risks.

The practice manager undertook quality audits at the practice. This included audits on health and safety, radiography and infection control. We saw that action plans had been drafted following audits and actions taken as necessary. For example we saw that 2015 audit of the complaints procedure had found that the complaint procedure had been followed appropriately.

However, we found that improvements could be made in regards to audits undertaken of dental care records. The practice's own April 2015 record keeping audit (although highly scored) had not been able to identify some of the shortcomings in the completeness of the records. We also noted that the record keeping related to dental care records was not standardized or monitored appropriately by the practice.

Leadership, openness and transparency

Staff we spoke with said the vision of the practice was shared with them. They told us this vision was to provide patients with a quality accessible service. Staff said they felt the leadership of the organisation that owned the surgery was open and created an atmosphere where all staff felt included. They described the culture encouraged candour, openness and honesty. We saw from minutes that team meetings were held regularly. The meetings covered a range of issues including complaints and infection control and training. Staff told us 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 practice 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 X-rays, complaints, and audits of infection control and cleaning arrangements.

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

The practice had gathered feedback from patients through their own feedback questionnaires. We saw the practice acted upon what they found from analysis of the survey results. For example a recent survey had found that some patients did not want the air conditioning on during their treatment and this had been acted upon.