

Mr. Christopher Tavares

Natural Smiles Dental Care

Inspection report

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Overall summary

We carried out this announced comprehensive on 17 October 2023 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 infection control procedures did not always reflect published guidance.
- Staff had received training and knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were not available in line with guidance.
- The practice systems to manage risks for patients, staff, equipment and the premises were not always effective or embedded.

Summary of findings

- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Staff recruitment procedures did not always reflect 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.
- Leadership was not always effective, and a culture of continuous improvement was not established.
- There was scope for improvement to ensure that staff felt involved and supported in the operation of the practice.
- 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

Natural Smiles Dental Care is in Derby and provides private dental care and 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 practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 1 dentist 2 dental nurses, 1 dental hygienist and 1 receptionist. The practice has 2 treatment rooms.

During the inspection we spoke with 1 dentist, 1 dental nurse, and the receptionist. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday to Thursday from 9.45am to 5pm.

Friday from 9.30am to 3pm.

We identified regulations the provider was not complying with. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Full details of the regulations the provider was not meeting are at the end of this report.

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

- Improve the practice's recruitment policy and procedures to ensure accurate, complete and detailed records are maintained for all staff.

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?	No action ✓
Are services effective?	No action ✓
Are services caring?	No action ✓
Are services responsive to people's needs?	No action ✓
Are services well-led?	Requirements notice ✗

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 had received training to a level appropriate to their role.

Infection control procedures at the practice did not always reflect published guidance. We identified some out of date materials; local anaesthetic was not stored in a sterile manner. We noted that flooring had come unstuck in places and work surfaces were cluttered in a treatment room. Following our inspection, the provider submitted evidence that action had been taken to address some of these issues.

The practice procedures to reduce the risk of Legionella, or other bacteria, developing in water systems were not robust, effective or in line with guidance and the providers own risk assessment. Records of regular flushing of dental unit water lines, testing of water temperatures and flushing of seldom used outlets were not kept. Staff we spoke with told us these checks were carried out, but evidence to confirm this was not provided. Following our inspection, the provider submitted evidence that action was taken to address these issues.

The practice policies and procedures in place to ensure clinical waste was segregated and stored appropriately were not in line with guidance. Specified clinical waste bags were not always used in bins. Bags were not marked in a way to identify the practice as their source. Following the inspection, the provider submitted evidence that action was taken to address these issues.

We identified scope for improvement with the practice recruitment policy and procedures. This included ensuring accurate records of pre employment checks were kept, specifically, references, employment history and proof of ID, to help employ suitable staff, including for agency or locum 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. The practice ensured the facilities were maintained in accordance with regulations.

The management of fire safety was not effective. A fire safety risk assessment was carried out but was not reflective of procedures at the service. Fire extinguishers and the alarm system had not been serviced for 2 years prior to our inspection. Records of weekly checks of the effectiveness of the alarm system, exits and emergency lighting were not carried out or recorded in line with guidance. Following our inspection, the provider submitted evidence that action was taken to address these issues, including, servicing of the alarm and extinguishers.

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 systems to assess, monitor and manage risks to patient and staff safety were not always effective or established. Formal assessments were not carried out or reviewed. We were not provided with evidence of effective assessment of risk for health and safety, lone working, sharps safety or sepsis. The provided did not have a business continuity plan in the event of an emergency or unexpected closure of the service.

Emergency equipment and medicines were not always available and checked in accordance with national guidance. We identified multiple items that were not stored in a clinically clean manner or had exceeded the manufacturers use by date, specifically; all needles for adrenaline and Glycerine Tri Nitrate Spray, The Glucagon was stored out of a fridge and

Are services safe?

the expiry date was not altered to take this into account.. Oropharyngeal airways, all sizes exceeded the use by date of 2010. The adult self-inflating bag was not stored in a clinically clean manner. The child self-inflating bag had a use by date of 2017. There were no clear face masks for the self-inflating bags and no oxygen face mask with reservoir and tubing. A blood and bodily fluid spillage kit was not available, and the mercury spillage kit had expired June 2010. All items in the first aid kit had exceeded the use by date with the exception of plasters. Checks of this equipment had failed to identify these issues. Following our inspection, the provider submitted evidence that new equipment was purchased, and a new monitoring system had been implemented.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year.

The practice risk assessments to minimise the risk that could be caused from substances that are hazardous to health were not effective. We noted that the data sheets for safe handling and disposal of substances had not been updated since 2007 and did not reflect the substances in use at the time of our inspection.

Information to deliver safe care and treatment

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

The practice had systems for referring patients with suspected oral cancer under the national 2-week wait arrangements.

Safe and appropriate use of medicines

The practice systems for appropriate and safe handling of medicines were not always effective. We noted that prescription pads were not stored securely, and antimicrobial prescribing audits were not carried out.

Track record on safety, and lessons learned and improvements

The practice systems to review and investigate incidents and accidents were not robust or effective. The practice did not have 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

Staff obtained patients' consent to care and treatment in line with legislation and guidance. We found that clinical staff had an understanding of their role and responsibilities under the Mental Capacity Act 2005 (MCA), but no staff had received any formal training in the 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 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.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits 6-monthly following current guidance.

Effective staffing

Evidence such as certificates, and records of completion, to confirm staff had received ongoing training to develop and maintain the skills, knowledge and experience to carry out their roles was not always available.

Evidence was not available to confirm that newly appointed staff received a structured induction to the service. Staff we spoke with could not recall completing any induction training. Clinical staff completed continuing professional development required for their registration with the General Dental Council. The provider did not have oversight of the completion of this training.

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 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.

We reviewed patient feedback and online reviews. All evidence indicated a high level of satisfaction with the care and treatment received by patients at Natural Smiles Dental Care.

Patient feedback stated staff were compassionate and understanding when they were in pain, distress or discomfort.

We noted examples of caring and supportive interactions between patients and staff both in person and during telephone conversations. The provider gave us an example of when they had collected and delivered medicines for a patient who was unable to do so themselves.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality. Although the main reception area was open plan, rooms were available for private conversations.

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 information leaflet 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 X-ray images.

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 made reasonable adjustments, including, level access to the service, ground floor treatment rooms, an accessible toilet and access to translation services for patients with access requirements. At the time of our inspection, the provider had not carried out a disability access audit or formulated an action plan to continually improve access for patients. For example, we noted the reception desk was not accessible to patients using a wheelchair and a method of calling for assistance if required was not installed in the toilet.

Timely access to services

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

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 information leaflet 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. We did not see evidence that staff discussed outcomes to share learning and improve the service.

Are services well-led?

Our findings

We found this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

Leadership capacity and capability

The provider did not demonstrate a transparent and open culture in relation to people's safety. Risk assessments were not completed or reviewed. The monitoring of the risk from fire safety and legionella were not robust or effective.

There was scope for improvement in establishing an effective, inclusive leadership structure with emphasis on people's safety and continually striving to improve.

Systems and processes were not embedded amongst the practice team. The inspection highlighted significant omissions which the provider had begun to address.

The information and evidence presented during the inspection process was not always clear or well documented.

Processes to support and develop staff with additional roles and responsibilities were not effective, established or inclusive. Records of completion of training, continuous professional development or induction process for new staff were not always available.

Culture

Staff could not always demonstrate how they ensured high-quality sustainable services and how they demonstrated improvements over time. Audits of infection prevention and control and antimicrobial prescribing were not carried out in recommended timescales or following guidance.

There was scope for improvement in ensuring all staff felt respected, supported and valued at the service and had opportunity to provide input into the development practice procedures.

Staff did not have a formal process to discuss their training needs. Records of staff meetings, or appraisals were not seen.

The practice arrangements to ensure staff training was up-to-date and reviewed at the required intervals were not robust or effective.

Governance and management

Staff did not always have clear responsibilities, roles and systems of accountability to support good governance and management. Systems required updating to reflect procedures at the service and to effectively identify and mitigate against risk.

The practice governance system was not effective. Policies, protocols and procedures were not always updated and reviewed or accessible to all members of staff.

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 .

Are services well-led?

A mechanism was not in place to gather feedback from staff or to encourage them to offer suggestions for improvements to the service.

Continuous improvement and innovation

The practice systems and processes for learning, quality assurance and continuous improvement were not robust, effective or established amongst the staff team. Audits of patient care records, disability access, antimicrobial prescribing, and infection prevention and control were not carried out in line with guidance or recommended time frames. Records of the results of completed audits did not lead to the development of action plans and improvements.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none">• Fire safety was not managed effectively. Servicing of fire detection and management systems and equipment had not been carried out for over 2 years.• Monitoring of the completion of weekly operation checks of the fire alarm system were not carried out effectively.• Monitoring of staff training was not effective and had not identified that staff fire safety training was not completed.• Management of the risks from legionella and other water borne bacteria was not effective. Records of flushing of the dental unit waterline, seldom used outlets and monitoring of water temperatures were not undertaken.• COSHH data sheets had not been updated since 2007.• Monitoring checks of the availability of medical emergency equipment was not effective. Items had exceeded their recommended use by date and were not stored in a clinically clean manner.• Monitoring of cleaning and infection prevention and control were not robust or effective. Floor seals had come unstuck in treatment room 2. Clinical waste bags were not always used in treatment rooms and were not marked in a way to identify the practice as their source.• A system to record, analyse and respond to accidents and incidents was not in place. MHRA alerts were not received or acted on.• A system to allow staff to discuss training needs, feedback about practice issues or raise concerns was not established.

This section is primarily information for the provider

Requirement notices

Audits of infection prevention and control were not carried out in line with recommended guidance.