

Sparkly Smile Limited

Sparklysmile

Inspection report

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Overall summary

We carried out this announced inspection on 11 November 2021 under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to follow up on concerns we identified during our inspection of the service on 26 August 2021 and to check whether the registered provider 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.

We undertook a comprehensive inspection of Sparklysmile on 26 August 2021 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We found the registered provider was not providing safe or well led care and was in breach of regulations 12 – safe care and treatment, 17 – Good governance, 18 – Staffing and 19 – Requirements relating to workers of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can read our report of that inspection by selecting the 'all reports' link Sparklysmile on our website www.cqc.org.uk.

As part of this inspection we asked:

- Is it safe?
- Is it well-led?

When one or more of the five questions are not met we require the service to make improvements and send us an action plan (requirement notice only). We then inspect again after a reasonable interval, focusing on the areas where improvement was required.

Our findings were:

Are services safe?

Summary of findings

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

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 26 August 2021.

Are services well-led?

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

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 26 August 2021.

Background

Sparklysmile is in the London Borough of Lewisham and provides private dental care and treatment for adults and children.

The dental team includes the principal dentist, one associate dentist, three visiting dentists, four dental hygienists and three dental nurses. The clinical team are supported by two receptionists, one administrative assistant and the practice manager. The practice has four treatment rooms.

The practice is owned by a company and as a condition of registration must have a person registered with the CQC as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Sparklysmile is the principal dentist.

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

The practice opening times are:

8.30am – 5.30pm Mondays to Fridays

Our key findings were:

- Infection prevention and control procedures were followed in accordance with national guidance.
- The provider had arrangements to ensure that equipment was tested, serviced and maintained in accordance with relevant guidelines.
- Emergency equipment and medicines were available in accordance with the Resuscitation Council UK 2021 guidelines.
- The provider had systems to help them manage risks to patients.
- There were systems to monitor staff training and learning needs.
- The provider had effective recruitment procedures.
- The provider had governance and leadership systems to monitor the day to day running of the practice and to support a culture of openness and continuous improvement.
- Improvements had been made to ensure that detailed dental care records were maintained.

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 well-led?

No action ✓

Are services safe?

Our findings

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

At our previous inspection on 26 August 2021 we judged the practice was not providing safe care and was not complying with the relevant regulations. We told the provider to take action as described in our warning notices and requirement notice. At the inspection on 11 November 2021 we found the practice had made the following improvements to comply with the regulations:

- Improvements had been implemented to ensure that all staff undertook training, including periodic refresher training in safeguarding children and vulnerable adults.
- The infection prevention and control procedures had been reviewed and improved. All staff had undertaken training in infection prevention and control. There were arrangements to ensure that daily checks on the equipment used to clean and sterilise dental instruments were carried out and records were maintained.
- Improvements had been implemented to ensure that clinical areas were free from unnecessary items to facilitate effective cleaning, particularly following treatments where aerosol generated procedures were carried out.
- Improvements had been made so as to ensure infection prevention and control audits were carried out every six months in accordance with published guidance.
- The arrangements for assessing and minimising the risk of Legionella and other bacteria growth in the water systems had been reviewed and improved. There were arrangements to monitor hot and cold water temperatures to minimise the risk of Legionella growth and records were maintained. The water temperatures checked during the inspection were in accordance with the current recommendations.
- The practice recruitment procedures had been reviewed and improved to ensure that all of the required checks were undertaken when employing new staff. Proof of identity, evidence of conduct in previous employment and disclosure and barring service checks were available for all staff.
- There were arrangements to ensure that all new staff underwent a period of induction to help them become familiar with the practice policies and procedures.
- Improvements had been made to the procedures to ensure that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. Records were available to show that the dental X-ray equipment and compressor equipment had been serviced.
- Improvements had been implemented to monitor and review dental materials used at the practice to ensure that these were disposed of once they passed the manufacturer's expiry date.
- The systems for assessing and managing risks of fire at the practice had been reviewed and improved. A fire risk assessment had been carried out and all recommendations had been acted on. There were arrangements to carry out fire evacuation exercises and records were maintained.
- There were systems to monitor and improve the quality of dental radiographs. Audits of dental radiographs were carried out taking into account current guidance and legislation as part of a system for making improvements.
- Improvements had been made to the systems for assessing and managing risk. We noted that portable appliance tests and the test for the fixed wiring electrical installations had been carried out. Health and safety risk assessments were carried out to help minimise risks.
- Emergency equipment and medicines were available as described in accordance with the Resuscitation Council UK 2021 guidelines. There were arrangements to carry out checks and ensure that medicines and equipment were available and within the manufacturers 'use by' date.
- There were arrangements to assess and manage risks where the dental hygienists worked without chairside support.
- Staff had access to relevant safety information in relation to the handling, disposal and accidental exposure to hazardous materials.

Are services safe?

- Improvements had been made to the systems for referring patients for urgent, and routine dental treatments which the practice did not offer. There were systems for logging and following up on referrals to help ensure patients received treatment in a timely manner.
- Improvements had been made to the systems for managing medicines. The practice kept stocks of antibiotics which were dispensed to patients. There were systems to dispense medicines safely and stock levels were monitored to minimise risk of misuse.
- Improvements had been made to the systems for receiving and acting on safety information such as patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies, such as Public Health England (PHE). Relevant safety information was reviewed and acted on where appropriate to help minimise risks to patients.

These improvements showed the provider had taken action to comply with the regulations when we inspected on 11 November 2021.

Are services well-led?

Our findings

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

At our previous inspection on 26 August 2021 we judged the practice was not providing well-led care and was not complying with the relevant regulations. We told the provider to take action as described in our warning notices and requirement notice. At the inspection on 11 November 2021 we found the practice had made the following improvements to comply with the regulations:

- Improvements had been made to the leadership and oversight arrangements for the day-to-day management of the practice. The provider had employed the services of a compliance consultant to assist them in establishing a system for monitoring the service.
- The results of audits, risk assessments and reviews were used with actions plans as part of a system for monitoring and improving quality and safety at the practice.
- Improvements had been made to the arrangements for monitoring the completeness of dental care records. These included audits of records where patients were treated using conscious sedation techniques to ensure that important checks at regular intervals during treatment.

These improvements showed the provider had taken action to comply with the regulations when we inspected on 11 November 2021.