Grand Smile Design Limited

Grandsmiledesigns Limited at Cedar Dental

Inspection report

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Date of inspection visit: 15 September 2022
Date of publication: 17/10/2022

Overall summary

We carried out this announced comprehensive inspection on 15 September 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 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 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.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.

Summary of findings

- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect and staff took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- Staff felt involved and supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The registered person had failed to ensure that the premises and all equipment used by the service were properly maintained.
- Improvements were required to the management and governance arrangements.
- The practice had infection control procedures which reflected published guidance. Improvements were required with regards to the completion of infection control audits.
- The systems and processes to help the practice manage risks to patients and staff required improvements.
- The practice had staff recruitment procedures which reflected current legislation. Improvements were required to ensure the practice followed their recruitment procedures.

Background

Grandsmiledesign at Cedar Dental is in the London borough of Sutton and provides private dental care and treatment for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. The practice has a car park with spaces for patients, including disabled patients parking.

The dental team includes a principal dentist, 3 associate dentists, 3 visiting specialists (1 implant specialist and 2 orthodontists), 2 dental hygienists, 2 dental nurses, 1 trainee dental nurse, 1 treatment co-ordinator (who is also a qualified dental nurse and provides nursing cover), a practice manager and a business manager. The practice has 3 treatment rooms.

During the inspection we spoke with 1 associate dentist, the treatment co-ordinator, a dental nurse, the practice manager and the business manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Saturday 8.30am to 5.30pm

Extended hours till 8.30pm on Thursdays.

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

- Ensure all premises and equipment used by the service provider is fit for use
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care
- Ensure specified information is available regarding each person employed

Summary of findings

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:

- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the College of General Dentistry.
- Improve the practice protocols regarding auditing patient dental care records to check that necessary information is recorded.
- Take action to ensure the clinicians take into account the guidance provided by the College of General Dentistry when completing dental care records.

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?	**Enforcement 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 not providing safe care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Enforcement 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.

The impact of our concerns, in terms of the safety of clinical care, is minor for patients using the service. Once the shortcomings have been put right the likelihood of them occurring in the future is low.

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. Improvements were required to ensure staff could verify completion of safeguarding training to the appropriate level in line with continuing professional development requirements.

The practice had infection control procedures which reflected published guidance. The practice had introduced additional procedures in relation to COVID-19 in accordance with published guidance. Improvements were required with regards to completing infection control audits in a timely manner (every 6 months) in line with guidance.

There was no legionella risk assessment document available for the inspection team to view. The provider had failed to implement procedures to reduce the risk of legionella or other bacteria developing in the water systems. Records were not available to demonstrate that water testing and dental unit water line management were carried out. Staff told us that a legionella risk assessment was completed in November 2019; however, no documentary evidence was made available to us.

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. We reviewed 10 staff records and found that proper recruitment checks had not been undertaken. For example, none of the files had curriculum vitaes or evidence of satisfactory conduct in previous employment, proof of immunisation was not available for 6 staff, photographic proof of identity was not available for 3 members of staff, and there was no proof of Disclosure and Barring Services checks for 4 members of staff.

Improvements were required with regards to the practice maintaining evidence of clinicians' registration with their professional regulator – The General Dental Council (GDC) and professional indemnity cover. The business manager assured us that clinical staff were registered with the GDC and had professional indemnity. However, of the 10 records we reviewed, confirmation of GDC registration was not available for 5 clinical members of staff and proof of professional indemnity cover was not available for 3 members of staff.

The practice ensured sterilisation equipment was safe to use and was maintained and serviced according to manufacturers' instructions.

The practice did not ensure the facilities were maintained in accordance with regulations. There was no evidence of a five-year electrical installation condition report.

A fire risk assessment undertaken in June 2022 had identified moderate actions with medium priority for completion within 3 months. The practice had not completed the actions in the risk assessment. The practice was not carrying out routine (daily, weekly, monthly etc) fire safety checks to equipment or the premises. This was also highlighted as an omission in need of action in the fire risk assessment.

Are services safe?

There was no evidence that staff had completed fire safety training or fire warden training as recommended in the fire risk assessment.

Fire extinguishers were serviced annually; however, servicing was not carried out on emergency lighting or the fire alarm. There were no recorded tests of the fire alarm or evidence of fire drills.

The practice did not have arrangements to ensure the safety of the X-ray equipment. A radiation protection file with the required information as per current national guidance was unavailable for the radiological equipment including the Cone-beam computed tomography (CBCT), Laser and handheld X-ray equipment and the intra oral X-ray machines. We did not see any assurances that critical examination, acceptance tests, routine checks and 3-year servicing had been completed on the X-ray equipment.

Risks to patients

The practice had not implemented systems to assess, monitor and manage risks to patient and staff safety. In particular, those relating to sharps safety, lone working and sepsis awareness.

The practice had not carried out a sharps or lone worker risk assessment to help them manage risks to staff and patients (the dental hygienist worked routinely without chairside support). There was no evidence to demonstrate that staff had completed sepsis awareness training.

Emergency equipment and medicines were available and checked in accordance with national guidance

Staff knew how to respond to a medical emergency and undertook Immediate Life Support training 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

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

The practice had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were however not being carried out.

Track record on safety, and lessons learned and improvements

The practice had implemented systems for reviewing and investigating when things went wrong. Improvements were required to ensure that when incidents occurred all information was recorded, reviewed and shared with the team. We reviewed an incident that had been recorded; however, details about who was involved was not recorded and it was not recorded in the relevant patient's dental care records. There was no evidence of how the incident was shared with the wider team for learning.

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 practice offered conscious sedation for patients. The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management. The practice did not have evidence to confirm the sedation equipment checks, and staff training in sedation.

The orthodontist carried out a patient assessment in line with recognised guidance from the British Orthodontic Society.

We saw the provision of dental implants was in accordance with national guidance.

The practice, however, could not assure us that the performing clinician had undergone appropriate training in the provision of dental implants.

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.

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 saw evidence the dentists justified, graded and reported on the radiographs they took. The practice had carried out a radiography audit in September 2022. We saw no evidence they undertook six-monthly audits following current guidance and legislation.

Effective staffing

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

Newly appointed staff had a structured induction.

The practice did not have systems in place to ensure clinical staff had completed CPD as required for their registration with the General Dental Council. We reviewed 9 staff records and found that training records, certificates and information to verify continuing professional development was not available for 6 of the staff members.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

Are services effective?

(for example, treatment is effective)

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 Patients said staff were compassionate and understanding.

Patients said staff were kind and helpful when they were in pain, distress or discomfort.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

The practice had installed closed-circuit television, (CCTV), to improve security for patients and staff. Relevant policies and protocols were in place.

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.

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

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

The dentist we spoke with described to us the methods they used to help patients understand treatment options discussed. These included for example photographs, study models, videos, X-ray images and an intra-oral camera.

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. It took account of patient needs and preferences.

Staff were clear about the importance of emotional support needed by patients when delivering care.

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.

Timely access to services

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.

Listening and learning from concerns and complaints

The practice responded to concerns and complaints appropriately and discussed outcomes with staff 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

There was a lack of leadership and oversight at the practice. At the time of the inspection there was a practice manager in place; however, we were advised that due to staff shortages they have been working in another area of the business and not been able to carry out the duties related to the practice manager role.

The information and evidence presented during the inspection process was disorganised and poorly documented. For example, documents such as the legionella risk assessment, premises and equipment safety, and staff recruitment and training information were neither comprehensive nor complete or not available. It was unclear who was responsible for overseeing and managing certain areas of the business such as for example, monitoring incidents, and receiving and acting on medical alerts.

Culture

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

Staff discussed their training needs during annual appraisals or during clinical supervision. They also discussed learning needs, general wellbeing and aims for future professional development.

Governance and management

The practice had ineffective management structure and staff roles and responsibilities were unclear. It was unclear who was responsible for practice 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.

The practice did not have clear and effective processes for managing risks, issues and performance. For example, risks highlighted from the fire risk assessment had not been actioned, the practice were not undertaking any weekly or monthly checks to fire equipment or systems; the legionella, lone working or sharps risk assessments were not in place.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

Staff were aware of the importance of these in protecting patients' personal information.

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.

The practice gathered feedback from staff through meetings 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

Are services well-led?

The practice did not have appropriate quality assurance processes to encourage learning and continuous improvement. The practice had not undertaken audits of infection prevention and control in accordance with current guidance and legislation.

The practice had completed a radiography audit in September 2022. There was no other evidence of radiography auditing in the service every six months in line with current guidance and legislation.

This section is primarily information for the provider

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
Surgical procedures Treatment of disease, disorder or injury Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. How the Regulation was not being met: The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular: • The practice did not have a lone worker risk assessment in place and the dental hygienists routinely worked without chairside assistance. • The practice did not have a sharps risk assessment in place. • The practice system for monitoring incidents worked ineffectively. Information was missing from an incident we reviewed. There was no evidence of how the incident was followed up and shared with the wider team. • The practice did not have systems in place to ensure the safety of equipment that visiting clinicians brought with them when attending the practice. The registered person had systems or processes in place that operated 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: • The practice was not carrying out infection control audits at 6 monthly intervals in line with national guidance. During the inspection they were unable to provide evidence of any infection control audits completed in the service.

This section is primarily information for the provider

Requirement notices

- The practice was not carrying out radiography audits at 6 monthly intervals in line with current national guidance. Only one radiograph audit completed on 12 September 2022 was available. The practice had no evidence of radiographs audits completed before this date.

The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to maintain securely such records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activity or activities. In particular:

- Systems and processes were not in place to monitor staff training effectively. We reviewed 9 staff training files. For 6 members of staff the only evidence of training was for immediate life support. The other 3 records had gaps in evidence for training, for example, no evidence of safeguarding training or infection control.

The provider did not have systems in place for collecting evidence of qualifications such as implant and sedation for the visiting specialists. The practice also did not have evidence of training completed by the visiting specialist to confirm they were up to date with their continuing professional development requirements.

Regulated activity

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular:

- We reviewed 9 staff recruitment records. There were no curriculum vitaes or evidence to confirm employment history and no evidence of satisfactory conduct in previous employment in any of the files.
- Nine of the records reviewed were of clinical staff. Six of the records did not have proof of immunisations.

This section is primarily information for the provider

Requirement notices

- Three of the records did not have proof of identification.
- Four of the records did not have a Disclosure and Barring Services check certificate.

Regulation 19(3)

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered person had failed to ensure that all premises used by the service were properly maintained. In particular: • The recommendations from a fire risk assessment carried out in June 2022 had not been actioned. For example, some actions were rated as medium priority for completion within 3 months and they had not been completed. • There was no evidence of a 5-year fixed wire installation check being completed at the premises. • There was no evidence of a legionella risk assessment being carried out at the premises. The registered person had failed to ensure that all equipment used by the service was properly maintained. In particular: There was no radiation protection file in place. This meant there were no assurances around the servicing and testing of radiograph equipment which included an intraoral X-ray unit; handheld X-ray unit; cone beam computed tomography (CBCT) machine and a laser. Regulation 15 (1)