

# CEROPLAST LIMITED

# Designer Smiles

## Inspection Report

11 Bromyard Terrace  
Worcester  
Worcestershire  
WR2 5BW  
Tel: 01905 741814  
Website: [www.designer-smiles.com](http://www.designer-smiles.com)

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## Overall summary

We carried out this announced inspection on 5 December 2017 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 provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a 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:**

#### **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.

### **Background**

Designer Smiles is a denture clinic located in Worcester which provides private dentures and mouth guards to patients of all ages since June 2015. The practice is sited on the ground floor of a building which is co-located with a dental laboratory to ensure that appliances can be made on site to minimise waiting times for patients.

There is level access for people who use wheelchairs and pushchairs. The practice consists of a reception area, a patient waiting room, an accessible patient toilet, one dental treatment room and a decontamination room for

# Summary of findings

the cleaning, sterilising and packing of dental instruments. Car parking spaces, including one for patients with blue badges, are available in the dedicated car park next to the practice.

The dental team includes one dentist, one managing director / dental laboratory technician and one practice manager who covers the reception, chaperones in the treatment room and is the decontamination room lead.

The practice is owned by an individual who is the managing director / dental laboratory technician there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of inspection we collected three CQC comment cards filled in by patients and looked at results from recent practice patient satisfaction surveys. This information gave us a positive view of the practice.

During the inspection we spoke with the managing director / dental laboratory technician, one dentist and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Tuesdays: 9am to 5pm

The telephone line is redirected to the managing director in the co-located dental laboratory on Monday, Wednesday, Thursday and Friday from 9am to 5pm to enable appointment bookings.

## Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were mostly available, with the exception of some sizes of clear face masks and a defibrillator or risk assessment for not having a defibrillator. The missing items and a defibrillator were immediately ordered on the day of our inspection.
- The practice had systems to help them manage risk.

- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs. The practice opened one day per week for denture / mouth guard clinics and did not provide an emergency dental facility, patients were signposted to their general dental practitioner for this service. The phone lines were manned Monday to Friday from 9am to 5pm.
- The practice had effective leadership. Staff felt involved and supported and worked well as a team. The team met informally at the beginning of each clinic and on a monthly basis, following our inspection we were sent a copy of a documented staff meeting and were advised that future monthly meetings would be documented.
- The practice asked staff and patients for feedback about the services they provided. We were informed that one staff member had not received a formal appraisal since the practice opened in 2015, but this was scheduled for December 2017.
- The practice had systems to deal with complaints positively and efficiently although they had not received any complaints since they opened in 2015.

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

- Review the practice's protocols for completion of dental care records taking into account evidence-based guidance and standards provided by the Faculty of General Dental Practitioners for clinical examination and record keeping. A record-keeping audit is advised.
- Review the staff supervision protocols and ensure an effective process is established for the on-going appraisal of 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?

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

The practice had systems and processes to provide safe care and treatment. They had systems in place to learn from incidents and complaints to help them improve should they occur. On the day of our inspection the practice did not have incident reporting forms in line with their policy; these were implemented and sent to us the following day.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice completed essential recruitment checks.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had suitable arrangements for dealing with medical and other emergencies. Appropriate medicines and life-saving equipment were mostly available, with the exception of some sizes of clear face masks and a defibrillator. There was no risk assessment for not having a defibrillator. The missing items and a defibrillator were immediately ordered on the day of our inspection.

No action



### Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as excellent and a five star service. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records. The dentist did not always take into account clinical examination and record keeping guidance set by the Faculty of General Dental Practitioners as the dentist did not record the risk assessment for caries or periodontal disease in patient clinical records. This was due to being a denture clinic and treating patients for dentures / mouth guards only as they did not provide a general dental service.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

An appraisal had not been completed for one member of staff since the practice opened in 2015; however this was scheduled to be completed in December 2017.

Staff understood the importance of obtaining informed consent and of working in accordance with relevant legislation when treating patients who may lack capacity to make decisions.

No action



# Summary of findings

## Are services caring?

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

We received feedback about the practice from three people. Patients were positive about all aspects of the service the practice provided. They told us staff were diligent, considerate and very caring. They said that they were given honest explanations about dental treatment and said their dentist listened to them. Patients commented that they made them feel at ease and all work was completed in a first class manner.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

No action



## Are services responsive to people's needs?

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

The practice's appointment system was efficient and met patients' needs. Due to being a denture clinic the practice did not provide general dental services including emergency appointments. Patients were signposted to a general dental practitioner for this service.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to telephone interpreter services and had arrangements to help patients with sight or hearing loss.

The practice took patients views seriously. They valued compliments from patients and advised should they receive any concerns or complaints they would respond to these quickly and constructively.

No action



## Are services well-led?

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

Strong and effective leadership was provided by the managing director and an empowered practice manager. Due to being a small three person team all of the team had an open approach to their work and shared a commitment to continually improving the service they provided. There was a no blame culture in the practice. The practice had robust clinical governance and risk management structures in place. All team members told us that they felt well supported and could raise any concerns with the one another.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

No action



# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

The practice opened in 2015 and had not received any incidents. We were advised that they would be recorded, responded to and discussed to reduce risk and support future learning. On the day of our inspection the practice did not have incident reporting forms in line with their policy; these were implemented and sent to us the following day.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff, acted on and stored for future reference.

### Reliable safety systems and processes (including safeguarding)

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. The practice reported there had been no safeguarding incidents that required further investigation by appropriate authorities.

The practice had a whistleblowing policy which included contact details for NHS England and for Public Concern at Work, a charity which supports staff who have concerns they need to report about their workplace. Staff told us they felt confident they could raise concerns without fear of reprimand.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which the practice manager reviewed every year.

The practice had a business continuity plan describing how the practice would deal with events which could disrupt the normal running of the practice.

### Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year.

Emergency equipment and medicines were mostly available as described in recognised guidance, with the exception of some sizes of clear face masks and a defibrillator. There was no risk assessment for not having a defibrillator. The missing items and a defibrillator were immediately ordered on the day of our inspection. Staff kept records of their checks to make sure these were available and within their expiry date.

### Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at the recruitment records for all three staff members which showed the practice had completed appropriate checks for these staff. For example, proof of their identity, a full employment history, evidence of relevant qualifications, adequate medical indemnity cover, immunisation status and references. The systems and processes we saw were in line with the information required by Regulation 19, Schedule 3 of Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

### Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics. The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

The practice manager provided chaperone support for the dentist when they treated patients.

The practice protected staff and patients with guidance available for staff on the Control Of Substances Hazardous to Health (COSHH) Regulations 2002. All COSHH

# Are services safe?

information including a risk assessment and copies of manufacturers' product safety data sheets were stored in a designated COSHH file. The information had been reviewed annually.

The segregation and storage of dental waste was in line with current guidelines from the Department of Health. The practice used an appropriate contractor to remove dental waste from the practice and we saw the necessary waste consignment notices.

## **Infection control**

The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health sets out in detail the processes and practices essential to prevent the transmission of infections. We observed the practice's processes for the cleaning, sterilising and storage of dental instruments and reviewed their policies and procedures.

There was a dedicated decontamination room which was used for cleaning, sterilising and packing instruments. There was clear separation of clean and dirty areas in the treatment room and the decontamination room with signage to reinforce this. These arrangements met the HTM01-05 essential requirements for decontamination in dental practices. We noted that the practice manager did not use precise measuring tools when mixing the cleaning solutions; these were placed in the decontamination on the day of our inspection to use moving forward.

The practice carried out infection prevention and control audits twice a year. The latest audit completed in November 2017 showed the practice was meeting the required standards.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment completed in April 2015.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed this was usual.

## **Equipment and medicines**

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations.

The practice did not prescribe, dispense or store any medicines.

## **Radiography (X-rays)**

The practice had an intra-oral X-ray machine which had been disabled and was not used due to the nature of the service. We were advised that the practice were in the process of notifying the Health and Safety Executive (HSE) that this was to be decommissioned.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice kept detailed dental care records containing information about the patients' current dental needs in respect to dentures, past treatment and medical histories. The dentist did not always take into account clinical examination and record keeping guidance set by the Faculty of General Dental Practitioners as the dentist did not record the risk assessment for caries or periodontal disease in patient clinical records. This was due to being a denture clinic and treating patients for dentures / mouth guards only as they did not provide a general dental service.

The practice had not audited patients' dental care records since they opened in 2015 to check that the dentist recorded the necessary information. We were advised that this would be scheduled for completion.

### Health promotion & prevention

The practice believed in preventative care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentist told us they would refer patients back to their general dental practitioner if they required any preventative or restorative treatments.

The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

### Staffing

We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council.

The practice team consisted of three people who advised that they would discuss any training needs as they

occurred. An appraisal had not been completed for the only employed team member since the practice opened in 2015; however this was scheduled to be completed in December 2017.

### Working with other services

The dentist confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. The practice monitored urgent referrals to make sure they were dealt with promptly.

The practice worked closely with the laboratory it was co-located with to ensure that appliances can be made on site to minimise waiting times for patients.

### Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentist told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to consent for patients under 16 years of age and the dentist and practice manager were aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

# Are services caring?

## Our findings

### **Respect, dignity, compassion and empathy**

Staff we spoke with were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were diligent, considerate and very caring. We saw that staff treated patients respectfully and were friendly towards patients at the reception desk and over the telephone.

Staff were aware of the importance of privacy and confidentiality. The layout of the building had been carefully planned to ensure maxim privacy and the reception area was separate from the patient waiting room. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Music was played in the treatment room and there were magazines available for patients in the waiting room. The practice provided drinking water, tea and coffee.

Information posters, patient survey results and thank you cards were available for patients to read.

### **Involvement in decisions about care and treatment**

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

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

The practice's website provided patients with information about the range of treatments available at the practice. These included dentures, mouth guards and snoring appliances.

The treatment room contained denture models so the dentist could show patients options available whilst they discussed treatment options.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

Patients described high levels of satisfaction with the responsive service provided by the practice.

The practice had an efficient appointment system to respond to patients' needs. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment.

The practice manager described an example of a patient who found it unsettling to sit in the dental chair at their initial appointment. The dentist encouraged the patient to sit at a desk in the treatment room until they felt able to move into the dental chair.

Staff told us that they telephoned some older patients on the morning of their appointment to make sure they could get to the practice.

### Promoting equality

The practice made reasonable adjustments for patients with disabilities and had completed a disability audit in June 2016. These adjustments included step free access, a magnifying glass and accessible toilet with hand rails and a call bell. The practice did not have a hearing loop and advised that this had never been requested by any of their patients.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to interpreter/translation services which

included British Sign Language and braille. The practice displayed a poster in the reception area which contained all national flags to enable patients from overseas to point to their nationality when requesting translation services.

### Access to the service

The practice displayed its opening hours in the premises and on their website. The practice was open on Tuesdays from 9am to 5pm. The telephone line was redirected to the managing director in the co-located dental laboratory on Mondays, Wednesdays, Thursdays and Fridays from 9am to 5pm to enable appointment bookings. The practice did not provide an emergency dental facility; patients were signposted to their general dental practitioner for this service.

We confirmed the practice kept waiting times and cancellations to a minimum. Patients confirmed they could make routine appointments easily and were rarely kept waiting for their appointment.

### Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. The managing director was responsible for dealing with these. Staff told us they would tell the managing director about any formal or informal comments or concerns straight away so patients received a quick response.

The managing director told us they aimed to settle complaints in-house and would invite patients to speak with them in person to discuss these if any complaints occurred. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments and compliments the practice received since opening in 2015. We did not view any complaints as we were informed the practice had not yet received any to respond to.

# Are services well-led?

## Our findings

### Governance arrangements

The registered manager had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Being a small team of three people, each team member knew the management arrangements and their roles and responsibilities.

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

### Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong.

Staff told us there was an open, no blame culture at the practice. All team members communicated well and advised that they were comfortable and felt confident to raise any issues directly. They knew who to raise any issues with and told us the managing director was approachable, would listen to their concerns and act appropriately. The team discussed concerns as they arose and it was clear the practice worked as a team and dealt with issues professionally.

The practice held informal meetings at the beginning of every clinic alongside monthly meetings where staff could raise any concerns and discuss clinical and non-clinical updates. We did not see any meeting minutes as these had not been documented, following our inspection we were sent a copy of a documented staff meeting and were advised that future monthly meetings would be documented. Immediate discussions were arranged to share urgent information.

### Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. This included auditing of infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements. The practice had not audited patients' dental care records since they opened in 2015 to check that the dentist recorded the necessary information. We were advised that this would be scheduled for completion.

The registered manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The team discussed learning needs, general wellbeing and aims for future professional development at informal meetings.

An appraisal had not been completed for the only employed team member since the practice opened in 2015; however this was scheduled to be completed in December 2017.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so.

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

The practice used patient surveys, comment cards and verbal comments to obtain staff and patients' views about the service.

The practice completed regular patient surveys which were collated for analysis and learning purposes. We looked at the most recent survey results from 2017 which showed that 100% of the 16 respondents found the dental team to be caring, 100% of the respondents were happy with the availability of appointments and 100% of the respondents would recommend this practice to friends and family. The survey also highlighted high levels of patient satisfaction and did not identify specific improvements that were needed.