

Dr. Anita Chagger

Sunny Smiles Dental Innovations - Brentwood

Inspection report

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Overall summary

We undertook a follow up focused inspection of Sunny Smiles Dental Innovations – Brentwood on 27 June 2023. This inspection was carried out to review the actions taken by the registered provider to improve the quality of care and to confirm that the practice was now meeting legal requirements.

The inspection was led by a CQC inspector who was supported by a specialist dental advisor.

We had previously undertaken a comprehensive inspection of Sunny Smiles Dental Innovations – Brentwood on 16 February 2023 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 well-led care and was in breach of regulation 17 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 for Sunny Smiles Dental Innovations – Brentwood dental practice on our website www.cqc.org.uk.

When 1 or more of the 5 questions are not met we require the service to make improvements and send us an action plan. We then inspect again after a reasonable interval, focusing on the areas where improvement was required.

As part of this inspection we asked:

- Is it well-led?

Our findings were:

Are services well-led?

Summary of findings

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 breach we found at our inspection on 27 June 2023.

Background

Sunny Smiles Dental Innovations - Brentwood is in Brentwood, Essex and provides private dental care and treatment for adults and children. The service is situated on the first floor of a high street premises. People who use wheelchairs and those with pushchairs are referred to a local sister practice with step free access. 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, 1 practice manager, 1 cleaner and 1 receptionist. The practice has 1 treatment room.

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

The practice is open:

Monday from 9am to 6pm for reception only.

Tuesday from 8.45 to 6pm for dental appointments.

Wednesday from 9am to 5pm for hygienist appointments.

Thursday from 9am to 3.30pm for dental appointments.

Friday from 9am to 4pm for reception only.

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.
- Implement protocols for the use of closed-circuit television cameras taking into account the guidelines published by the Information Commissioner's Office.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services well-led?

No action



Are services well-led?

Our findings

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

At the inspection on 27 June 2023 we found the practice had made the following improvements to comply with the regulations:

- Arrangements to ensure the safety of the X-ray equipment was in place. We found the required radiation protection information was available for both the X-ray equipment and the cone-beam computed tomography (CBCT).
- There was documentation to demonstrate notification to the Health and Safety Executive (HSE) for radiation registration. Records of weekly checks for the CBCT equipment were available.
- Evidence of the provider operator training for the CBCT and the required 5 hours Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) training for the dentist was available.
- We saw records to support the monthly checks of the smoke alarms.
- Records were available to support testing and servicing of the emergency lighting. We noted that where the servicing had highlighted actions, these had either been completed or we saw evidence that the work was scheduled to be completed.
- Risk assessments to minimise the risk that could be caused from substances that are hazardous to health were in place.
- A disability access audit had been completed, we noted a date for review of the audit on 3 March 2024. The practice was located on the first floor of a high street building with no wheelchair access. However, staff provided patients with details of a nearby sister practice with ground floor access.

The practice had also made further improvements:

- Audits of disability access and radiographs were undertaken to improve the quality of the service. We noted that where appropriate, audits had documented learning points and the resulting improvements could be demonstrated. However, we noted audits for prescribing of antibiotic medicines were not undertaken.
- Clinicians records we reviewed evidenced the reason for taking X-rays, a report on the findings and the quality of the image in compliance with Ionising Radiation (Medical Exposure) Regulations 2017.
- The practice had installed closed-circuit television in the form of a door camera in the reception area to improve security for patients and staff. However, not all the relevant policies and protocols were in place. The practice manager confirmed following the inspection, that the camera in the reception area would be removed.
- During our inspection on 6 February 2023 we found the practice did not have an automated external defibrillator (AED), there was no spacer device available to use with an inhaler. At the inspection on 27 June 2023 we noted the practice had an AED in place, however there was no spacer device. The provider took immediate action and we were provided with evidence that a spacer device had been purchased before we completed our inspection.