

Perfect Smile Clinic Ltd

Perfect Smile Clinic

Inspection Report

19 Princess Street, Sudbury, Suffolk, CO10 1JA
Tel: 01787882040
Website:

Date of inspection visit: 25 April 2017
Date of publication: 25/05/2017

Overall summary

We carried out this announced inspection of Perfect Smile Clinic 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

Perfect Smile Clinic is a well-established practice based in Sudbury that provides mostly NHS treatment to patients of all ages. The dental team includes six dentists, two hygienists, six dental nurses, one dental hygienist and two receptionists who serve about 3,800 patients. The practice has four treatment rooms and is open on Mondays to Fridays from 9am to 5pm.

There is ramp access for people who use wheelchairs and those with pushchairs, but no disabled toilet facilities.

The practice must have a person registered with the Care Quality Commission 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 Perfect Smile is one of the owners.

Summary of findings

On the day of our inspection we collected 16 comment cards filled in by patients and spoke with two other patients. This information gave us a very positive view of the practice.

During the inspection we spoke with two dentists, two dental nurses, and the practice manager. We looked at the practice's policies and procedures, and other records about how the service was managed.

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures that reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for protecting adults and children.
- 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 practice had effective leadership. Staff felt involved and supported, and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.

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. Learning from incidents and complaints was used to help improve the service.

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

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.

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 effective and pain-free. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

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.

No action



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 18 people. Patients were positive about all aspects of the service the practice provided and spoke highly of the treatment they received and of the staff who delivered it. Staff gave us specific examples of where they had gone out their way to support patients.

We saw that staff protected patients' privacy and were aware of the importance of handling information about them confidentially.

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. Patients could get an appointment quickly if in pain and the practice occasionally offered extended hours opening when needed.

No action



Summary of findings

Staff considered patients' different needs. This included providing some facilities for disabled patients. The practice had access to 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 responded to concerns and complaints quickly and constructively.

Are services well-led?

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

There was a clear leadership structure and staff were supported in their work. The practice had a number of policies and procedures to govern activity and held regular staff meetings. There were systems in place to monitor and improve quality and identify risk.

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 had an accident book and we noted that the details of recent needle stick injury had been well documented, and discussed with staff at the practice meeting the same day.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA), and there was a system in place to ensure that the information was disseminated and acted upon if needed. Staff were aware of recent alerts affecting dental practice.

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 and two of the dentists had undertaken level three training in child protection. Information was available around the practice with contact details of local protection agencies. All staff had been checked via the Disclosure and Barring Services to ensure they were suitable to work with vulnerable adults and patients.

The practice had minimised risks in relation to used sharps (needles and other sharp objects, which might be contaminated). Staff spoke knowledgeably about action they would take following a sharps' injury and a sharps' risk assessment had been completed for the practice. Guidance about dealing with sharps' injuries was on display near where they were used and sharps boxes were wall mounted and labelled correctly to ensure their safety. Dentists used a sharps system that allowed them to dispose of needles without resheathing them.

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

The practice had a business continuity plan describing how it would deal events that 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, although staff should consider regularly rehearsing medical emergency simulations to keep their training and knowledge up to date.

Most emergency equipment and medicines were available as recommended in national guidance. Staff regularly checked them, to make sure they were within their expiry date, and in working order. We noted that airways equipment was not available but the practice manager ordered this during our inspection. The practice should consider obtaining an automated blood glucose measuring device, especially as dental implants are provided to patients.

Eleven staff had received training in first aid and one staff member was a volunteer with the St John's Ambulance Service.

Staff recruitment

Staff files we reviewed showed that appropriate pre-employment checks had been undertaken for staff including proof of their identity, DBS checks and references; although the provider should consider keeping a record of the interview to demonstrate it was conducted in line with good employment practices. We were shown a comprehensive four-week induction plan that the practice manager had recently introduced for all new members of staff to ensure they had the knowledge and skills for their role.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had appropriate professional indemnity cover. The practice had current employer's liability insurance.

Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed regularly to help manage potential hazards. We viewed comprehensive practice risk assessments that covered a wide range of identified hazards in the practice, and detailed the control

Are services safe?

measures that had been put in place to reduce the risks to patients and staff. We noted that identified hazards had been addressed: for example, that tiger stripe bags had been introduced to better manage non-clinical waste.

A fire risk assessment had been completed for the practice and no recommendations had been made indicating that hazards were managed well. Firefighting equipment such as extinguishers was regularly tested and building evacuations were rehearsed and timed regularly. We noted good signage around the practice indicating the location of emergency equipment, fire exits, oxygen storage and X-rays to protect staff and patients.

Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training every year.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

The practice carried out infection prevention and control audits regularly. The latest audit in February 2017 showed the practice was meeting essential quality standards.

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

Patients who completed our comment cards told us that they were happy with the standards of hygiene and cleanliness at the practice. The practice's waiting areas, toilets and staff areas were clean and uncluttered. Cleaning equipment used for different areas of the practice was

colour coded and stored correctly to reduce the risk of cross infection. We checked the treatment rooms and surfaces including walls, floors and cupboard doors were free from dust and visible dirt. The rooms had sealed work surfaces so they could be cleaned easily, although we noted a build-up of lime scale around some sinks making then difficult to clean effectively.

Equipment and medicines

The equipment used for sterilising instruments was checked, maintained and serviced in line with the manufacturer's instructions. Appropriate records were kept of decontamination cycles to ensure that equipment was functioning properly. All equipment was tested and serviced regularly and we saw maintenance logs and other records that confirmed this.

Staff told us they had the equipment needed for their role and that repairs to premises and fixtures were actioned in a timely way. Stock control was good and medical consumables we checked in cupboards and drawers were within date for safe use.

The practice had suitable systems for prescribing, dispensing and storing medicines. The practice stored and kept records of NHS prescriptions as described in current guidance. There was a separate fridge for medical consumables that required cool storage, and its temperature was monitored to ensure it operated effectively.

Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray equipment. These met current radiation regulations and the practice had all the required information in their radiation protection file. Clinical staff completed continuous professional development in respect of dental radiography.

Dental care records contained evidence that the dentists justified, graded and reported on the X-rays they took.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We spoke with two patients during our inspection and received 16 comments cards that had been completed by patients prior to our inspection. All the comments received reflected that patients were very satisfied with the quality of their dental treatment.

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

We saw a range of clinical audits that the practice carried out to help them monitor the effectiveness of the service.

Health promotion & prevention

There was a selection of dental products for sale and free samples of toothpaste available to patients. We noted patient information folders in the waiting area containing guidance and advice on a range of oral health issues such as plaque, caries, gum disease and sugar intake. Two hygienists were employed by the practice to focus on treating gum disease and giving advice to patients on the prevention of decay and gum disease.

Dental nurses told us dentists regularly discussed smoking, alcohol consumption and diet with patients during appointments. One nurse showed us a specific diet advice sheet that was given to young people to help them better understand how diet impacted on their oral health.

Not all staff were aware of DOH guidance, The Delivering Better Oral Health Toolkit, but the manager assured us she would download copies and ensure it was circulated to clinicians.

Staffing

We found that the dentists were supported by appropriate numbers of dental nurses, receptionists and other administrative staff to provide care for patients. Staff told

us they were enough of them for the smooth running of the practice, and there was usually an additional nurse available each day to undertake decontamination work. Both staff and patients told us they did not feel rushed during appointments.

We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council and records we viewed showed they had undertaken a wide range of relevant training for their role. Staff told us they discussed their training needs at their annual appraisals and that managers were supportive of their training requests. However, we noted the associate dentists or hygienists did not receive an appraisal of their performance and working practices.

Working with other services

Staff 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 did not keep a central log of all referrals so they could be tracked if necessary and patients were not offered a copy of their information.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. Staff 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.

We found that staff had a good understanding of patient consent issues and additional consent forms were available for a number of treatments such as tooth whitening, crowns, periodontics and root canal treatment.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Patients commented positively that staff were friendly and efficient. We saw that staff treated patients respectfully and were friendly towards patients at the reception desk and over the telephone. Computers were password protected and screens displaying patients' information were not overlooked. All consultations were carried out in the privacy of the treatment rooms and we noted that doors were closed during procedures to protect patients' privacy.

Dental nurses described to us some of the practical ways in which they help nervous patients manage their treatment. Staff also gave us specific examples of where they had

supported particular patients such as assisting an older person who had fallen in the car park. One of the dentists had visited a patient at home to fit their dentures as they could not make it into the practice.

Involvement in decisions about care and treatment

The practice gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. In addition to this, the practice's website provided patients with information about the range of treatments available at the practice and information leaflets were available to help patients understand their treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice was easily accessible and had free parking directly outside the premises.

The waiting area provided good facilities for patients including children's toys, interesting magazines and leaflets about various oral health conditions and treatments. There was a large TV screen in the waiting area that provided, amongst other things, details and qualification of each dentist at the practice.

Patients described high levels of satisfaction with the responsive service provided by the practice. They told us getting an appointment was easy, even in an emergency, and the practice held emergency slots aside each day for patients in dental pain. Patients could sign up for a text appointment reminder service. The practice occasionally opened later in the evening or at weekends by appointment to accommodate patients' specific needs.

Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access to the

practice, chairs with arms in the waiting room and two downstairs treatment rooms. There was a hearing loop for patients with hearing aids and a poster on display about interpreting services for those who did not speak English. The practice did not have disabled toilet facilities but the practice manager told us that patients could use a nearby GP surgery if needed.

Concerns & complaints

The practice had a policy and a procedure that set out how complaints would be addressed, and staff spoke knowledgeably about how they would handle a patient's concerns. Information about the procedure was available in the patient waiting area and included details of the timescales by which they would be responded to and other organisations that could be contacted. Also included was information about local advocacy agencies such as Healthwatch for people to contact.

We looked at recent complaints received by the practice and found they had been dealt with openly and appropriately. There was a clear record of every contact that had been made between practice staff and the complainant.

Are services well-led?

Our findings

Governance arrangements

The practice had comprehensive 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.

Communication across the practice was structured around regular practice meetings that all staff attended. Staff told us the meetings provided a good forum to discuss practice issues and they felt able and willing to raise their concerns in them. Dentists also met separately to discuss clinical matters.

We found that all records required by regulation for the protection of patients and staff and for the effective and efficient running of the business were well maintained, up to date and stored securely. The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. All staff had received training on information governance.

Leadership, openness and transparency

Staff told us they enjoyed their work and described their morale as good. We received many positive comments about the practice manager who staff described as professional, effective and approachable. We noted she took immediate action to rectify the minor shortfalls we identified during our inspection.

Staff told us there was an open, no blame culture at the practice. They said the practice manager encouraged them to raise any issues and felt confident they could do this. The practice had recently introduced a duty of candour policy, although not all staff were aware of their obligations under the policy.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included

audits of dental care records, X-rays, infection control, patient contact details and patient waiting times. There were clear records of the results of these audits and of the resulting action plans and improvements.

All staff received an annual appraisal of their performance and training needs and we saw evidence of completed appraisals in the staff folders.

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. The practice manager told us she was currently developing a database of training materials for staff so that information was centralised and accessible to all staff.

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

The practice used patient surveys, comment slips and verbal comments to obtain patients' views about the service. We saw examples of suggestions from patients/staff the practice had acted on. For example, the waiting room had been redecorated following patients' comments that it was dark and uninviting; an extra consultation had been added each day for non-acute emergencies and a part-time dentist had been employed to reduce waiting times for appointments.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used. The results were monitored closely and displayed in the waiting room for patients to see. Results from March 2017, showed that 100% of respondents would recommend the practice. We saw examples of suggestions from patients the practice had acted on. The practice also listened to its staff and implemented their suggestions. For example, clinipads had been introduced to reduce the amount of paperwork undertaken by staff and a more private way of asking patients about their benefits entitlement had been implemented.