

Lets Smile Limited

# Let's Smile Limited

## Inspection Report

Stanstead Abbotts Dental Care,  
Stanstead Abbotts,  
Hertfordshire  
SG12 8AA  
Tel:01920877745  
Website:

Date of inspection visit: 4 October 2017  
Date of publication: 14/11/2017

### Overall summary

We carried out this announced inspection on 4 October 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.

We told the NHS England area team and Healthwatch that we were inspecting the practice. They provided information which we took into account.

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

Let's Smile Limited also known as Stanstead Abbotts Dental Care is in Stanstead Abbotts, and provides NHS and private treatment to patients of all ages.

There is a portable ramp for access for people who use wheelchairs or pushchairs. Car parking spaces are available on the street and in a public car park near the practice.

The dental team includes three dentists, four dental nurses/receptionists, one dental hygienist and two practice managers. The practice is situated on the ground floor and has three treatment rooms.

# Summary of findings

The practice is owned by an individual who is the principal dentist 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 44 CQC comment cards filled in by patients and spoke with two other patients. This information gave us a positive view of the practice.

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

The practice is open: Monday, Tuesday and Thursday from 8am to 1pm and from 2pm to 6pm. Wednesday from 8am to 1pm and from 2pm to 7pm and Friday from 8am to 1pm and from 2pm to 5pm. The practice offers occasional Saturday morning services from 8am to 12am by appointment.

## Our key findings were:

- The practice was visibly clean. There were no cleaning schedules in place and no review of housekeeping and maintenance tasks.
  - The practice had infection control procedures; improvements were required to ensure staff followed the processes and published guidance.
  - Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
  - The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
  - The practice did not have formalised 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 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.
- There were areas where the provider could make improvements. They should:
- Review the practice's system for recording, investigating and reviewing incidents or significant events with a view to preventing further occurrences and ensuring that improvements are made as a result.
  - Review the practice's infection control procedures and protocols to take into account guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and have regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'
  - Review the practices' current Legionella risk assessment and implement the required actions taking into account guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and have regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance,' including the regular monitoring of water temperatures.
  - Review practice's recruitment procedures to ensure that appropriate background checks are completed prior to new staff commencing employment at the practice. .
  - Review the practice's protocols for domiciliary visits taking into account the 2009 guidelines published by British Society for Disability and Oral Health in the document "Guidelines for the Delivery of a Domiciliary Oral Healthcare Service".
  - 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 used learning from incidents and complaints to help them improve.

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. There was scope to improve the practice process for completing and recording essential recruitment checks.

Premises and equipment were clean and properly maintained. Improvements were required to ensure 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 respectful and professional. 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 46 people. Patients were positive about all aspects of the service the practice provided. They told us staff were kind and professional. They said that they were given helpful, honest explanations about dental treatment, and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

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



# Summary of findings

## 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.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. There was no hearing loop at the practice. Staff said they had access to interpreter/translation services and we were told the clinicians were able to translate a number of languages.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints 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.

The practice had some policies, procedures and risk assessments to support the management of the service and to protect patients and staff. Some of the risk assessments were not effective, had not complied with, identified or considered risks. For example, recommendations identified from the legionella risk assessment had not been actioned, there was a lack of awareness of the potential risk that dental equipment may not have been effectively cleaned from the overloading of the ultra-sonic bath and the potential for injuries to staff and patients from broken office furniture and furnishings had not been mitigated.

The practice team kept complete patient dental care records which were, clearly written or typed and stored securely.

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. Staff felt supported and appreciated by the principal dentist.

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. The recording of significant events was limited and could not ensure trends and learning needs were identified. Staff understood their role in the process.

The principal dentist understood the formal reporting pathways required following serious untoward incidents as detailed in the Reporting of Injuries Disease and Dangerous Occurrences Regulations 2013 (RIDDOR). There was scope to ensure the practice management team had a clearer understanding of the reporting pathways following serious untoward incidents

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 had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The practice followed relevant safety laws when using needles and other sharp dental items. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment and risk assessments were in place for the use of sharps.

The practice had a business continuity plan describing how the practice would deal 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.

The AED and other equipment and medicines for use in an emergency were checked monthly. We discussed the frequency of these checks with the registered manager who confirmed records, daily and weekly checks would be put in place to ensure they would be available, in date, and in good working order should they be required. Staff we spoke with were able to describe where the emergency equipment was kept, and which medicines would be required in specific emergencies.

### Staff recruitment

The practice did not have a staff recruitment policy and procedure to help them employ suitable staff. We looked at nine staff recruitment files. Six of the nine staff files we looked at did not contain photographic identification and there were no recruitment records in staff files or references for two recently recruited members of staff. There were no staff files in place for either the hygienist or the cleaner employed by the practice and no DBS checks had been undertaken for either of these members of staff. We discussed this with the principal dentist and following our inspection we were provided with some recruitment information including the indemnity and registration certificates and a CPD plan for the hygienist. We were also told that DBS checks were being undertaken for the both the hygienist and the cleaner.

We saw that the other 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 were in place. We reviewed the health and safety risk assessments to identify and mitigate potential risk in the general workplace. We noted areas of the practice where the potential for risk to patients and staff had not been identified. This included broken door latches to treatment rooms and faulty office chairs in the staff reception area. There was the potential for a breach of patient confidentiality within treatment rooms where doors did not close properly, for staff or

# Are services safe?

patients to become entrapped in treatment rooms or for staff to suffer injury from the faulty reception chairs. We discussed these with the principal dentist. Following our inspection the practice confirmed the faulty door latches had been replaced.

The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date. A dental nurse worked with the dentists when they treated patients.

## Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They mostly 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 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. However, it was noted that the ultrasonic bath used to clean instruments was in constant use, was not adequate in size for the three busy treatment rooms at the practice and posed the potential risk of overloading the machine. In addition, there was no evidence that staff monitored the temperature or the load of the equipment during daily use. There was therefore a risk that dental equipment may not have been effectively cleaned. Following the inspection, the practice confirmed that the ultrasonic bath was no longer in use with staff instructed to manually clean all equipment. We noted from its location in the decontamination room that the illuminated magnifier was not always used to examine instruments during the cleaning process. We discussed this with the practice management team

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

We were told the practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. However we

were told that water temperature testing was not undertaken. We also noted there were no logs of the actions taken following recommendations from the Legionella risk assessment undertaken on 2 August 2017. Staff talked us through the actions they were taking in line with the recommendations, however these were not recorded. They told us that the water temperature testing would be undertaken and logged in future.

The principal dentist told us when the cleaner was away, staff would undertake the cleaning of the practice. There were no cleaning schedules for the premises. There was therefore no clear process to ensure the tasks were completed appropriately.

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 had systems for prescribing and storing medicines. The practice stored NHS prescriptions as described in current guidance. There was no recording of antibiotic prescribing within the practice or process for tracking prescriptions.

## Radiography (X-rays)

The practice had arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file. We noted the last full survey and validation of the X-rays had been undertaken in May 2014 and was five months overdue. We brought this to the attention of the principal dentist. Following our inspection the practice confirmed this would be undertaken within the next 14 days.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice carried out X-ray audits every year following current guidance and legislation.

Clinical staff completed continuous professional development in respect of dental radiography.

# 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, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information.

The practice did not provide sedation services; patients who required sedation were referred elsewhere, which gave them a choice with regard to where they received their treatment. Referrals for NHS orthodontic treatment were made to local orthodontic practices.

### 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 dentists told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children based on an assessment of the risk of tooth decay for each child.

The dentists told us they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

### Staffing

Staff new to the practice had a period of induction based on a structured induction programme. We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council.

The practice did not undertake annual appraisals. Staff told us they discussed learning needs, general wellbeing and aims for future professional development as a team, but these were not recorded as an appraisal. The principal dentist told us appraisals were something they wished to develop for all staff. Staff told us they would like to have appraisals.

### Working with other services

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. These included referring patients for sedation services and 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.

### Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists 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 Gillick competence and the dentists 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 caring, happy and professional. We saw that staff treated patients kindly and were friendly towards patients at the reception desk and over the telephone.

Nervous patients said staff were compassionate and understanding. Patients could choose whether they saw a male or female dentist.

Staff were aware of the importance of privacy and confidentiality. We found the layout of reception and the combined waiting area meant that privacy was challenging to maintain when reception staff were dealing with patients both face to face and on the telephone. Staff told us that if a patient asked for more privacy they would take them into another area of the practice. 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 and there were magazines available in the waiting room. Information leaflets 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. We saw clear examples in patients' dental care records that demonstrated patients had been involved in discussions about their dental care. Dentists had recorded the treatment options and noted that these had been discussed with patients.

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 general dentistry and treatments for gum disease and more complex treatment such as implants.

Each treatment room had a screen so the dentists could show patients photographs and X-ray images when 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. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed.

Staff described examples of patients who were nervous and preferred not to attend the practice when the waiting area was busy. The team kept this in mind to make sure the dentist could see them as soon as possible after they arrived.

Staff told us that they telephoned some patients to make sure they could get to the practice.

### Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included a portable ramp at the front of the practice and an accessible toilet with hand rails.

Staff said they had access to interpreter/translation services and we were told the clinicians were able to translate a number of languages. The practice did not provide a hearing loop.

### Access to the service

The practice displayed its opening hours in the premises and their information leaflet.

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day and kept appointments

free for same day appointments. We were told the practice would not turn away any patient in pain and where necessary patients could sit and wait to be seen by their dentist. The information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

The principal dentist told us they occasionally undertook private domiciliary visits for some patients who were unable to travel to the practice for simple assessments and to screen their needs. There were no protocols, process or risk assessment in place to mitigate any risks in undertaking this action.

### 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 principal dentist was responsible for dealing with these. Staff told us they would tell the principal dentist about any formal or informal comments or concerns straight away so patients received a quick response.

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

We looked at comments, compliments and complaints the practice received in the previous 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

# Are services well-led?

## Our findings

### **Governance arrangements**

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice managers were responsible for the day to day running of the service.

The practice had some policies, procedures and risk assessments to support the management of the service and to protect patients and staff. Some of the risk assessments were not effective. For example, the recommendations identified from the legionella risk assessment had not been fully actioned; there was a lack of cleaning schedules within the practice, and therefore no clear process to ensure tasks were completed appropriately. There was no oversight of the out of date validation and survey of X-ray equipment and a lack of awareness of the potential risk that dental equipment may not have been effectively cleaned from the overloading of the ultra-sonic bath.

### **Leadership, openness and transparency**

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

Staff told us there was an open, no blame culture at the practice. They said the principal dentist encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the principal dentist was approachable, would listen to their concerns and act appropriately. The principal dentist and practice managers discussed concerns with staff at team meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information.

### **Learning and improvement**

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, X-rays and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The practice did not undertake annual appraisals. Staff told us they discussed learning needs, general wellbeing and aims for future professional development as a team, but these were not recorded as an appraisal. The principal dentist told us appraisals were something they wished to develop for all staff. Staff told us they would like to have appraisals.

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. The practice was a training practice and staff told us the practice provided support and encouragement for them to complete their training and development.

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

The practice used comment cards and verbal comments to obtain staff and patients' views about the service. 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. There were comment cards and a response box in the waiting room to allow them to do this. The practice's results for August 2017 showed that 42 patients out of 44 who responded were extremely likely to recommend the practice to friends or family, and for September 2017, 52 patients out of 55 who responded were extremely likely to recommend the practice to friends or family.