

Dr. Peter James

Smiles Dental & Cosmetic Care

Inspection report

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Overall summary

We undertook a follow up focused inspection of Smiles Dental & Cosmetic Care on 24 May 2021. This inspection was carried out to review in detail 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 had remote access to a dental specialist advisor.

We undertook a comprehensive inspection of Smiles Dental & Cosmetic Care on 11 May 2021 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 safe or well led care and was in breach of regulations 12 and 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 Smiles Dental & Cosmetic Care on our website www.cqc.org.uk.

As part of this inspection we asked: Remove as appropriate:

- Is it safe?
- Is it well-led?

Our findings were:

Are services safe?

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

Summary of findings

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 11 May 2021.

Are services well-led?

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 breaches we found at our inspection on 11 May 2021.

Background

Smiles Dental & Cosmetic Care is in Headcorn and provides private treatment for adults and children.

There is no level access for people who use wheelchairs and those with pushchairs. The practice is situated on the first floor accessed by a flight of stairs. Car parking spaces, including spaces for blue badge holders, are available near the practice.

The dental team includes a dentist, a dental nurse and a receptionist. The practice has one treatment room.

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.

During the inspection we spoke with the dentist, the dental nurse and the receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday, Tuesday and Thursday 9am to 5pm

Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- The provider had infection control procedures which reflected published guidance.
- The clinical staff provided patients' care and treatment in line with current guidelines regarding Covid 19 guidance.
- Staff had completed training on how to deal with emergencies. Appropriate medicines and life-saving equipment were all available.
- The provider had sufficient systems to help them manage risk to patients and staff.
- The provider had implemented safeguarding processes and staff were sure of their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures which reflected current legislation.
- There was a culture of continuous improvement implemented.

Summary of findings

We are mindful of the impact of COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering a) when to inspect and b) what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?

No action



Are services well-led?

No action



Are services safe?

Our findings

We found that this practice was providing safe care and was complying with the relevant regulations.

At our previous inspection on 11 May 2021 we judged the practice was not providing safe care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notice. At the inspection on 24 May 2021 we found the practice had made the following improvements to comply with the regulations:

- Staff were prepared to deal with a medical emergency should one occur. Training for the team had been completed for all staff.
- Medicines and equipment were checked regularly. All of the expired medicines and oxygen had been replaced.
- We saw that a new battery had been purchased and fitted to the Automated External Defibrillator (AED)
- The practice had purchased a portable inflating bag with mask.
- We saw that the autoclave and compressor had been serviced in line with the pressure systems safety regulations 2000.
- We saw that the suction pump had an amalgam separator fitted as required under the Hazardous Waste Regulations 2005.
- We saw that the radiography equipment had been serviced as required under the Ionising Radiation Regulations 2017 (IRR17).
- A five year electrical wiring safety check had been completed.
- Portable appliance testing (PAT) had been carried out.
- A fire risk assessment had been conducted, and an agreed method to alert people if a fire occurred had been determined. A fire drill had been carried out and recorded. Staff had completed fire safety awareness training.
- Infection control was being maintained effectively or in line with Health Technical Memorandum 01-05 Infection prevention and control in primary dental practices (HTM 01-05). We saw that unwrapped instruments were being processed daily and recorded on the surgery day log.
- We saw that instruments were processed correctly when using a non vacuum autoclave.
- We observed that standard operating procedures for dental practices in response to providing aerosol generating procedures (AGPs) during the Covid 19 Pandemic were now being observed. A fifteen minute fallow time was observed. We saw calculations that demonstrated this was effective. Cleaning schedules following AGPs were carried out and involved all surfaces. Staff were wearing the correct Personal protective equipment (PPE) such as respirator masks, face shields, eye protection or gowns / aprons to protect clothing in line with current guidance.
- Recruitment had been conducted safely retrospectively. All recruitment documents were available as required under Schedule 3 of the Health and Social Care Act 2008.
- An induction process had been completed retrospectively for the newest member of staff.
- A safeguarding policy for children and vulnerable adults had been created. The contact details for the local authority were available should staff need to refer any safeguarding concerns. All staff had completed safeguarding training to the correct levels.

These improvements showed the provider had taken action to comply with the regulations: when we inspected on 24 May 2021.

Are services well-led?

Our findings

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

At our previous inspection on 11 May 2021 we judged the provider was not providing well led care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notice. At the inspection on 24 May 2021 we found the practice had made the following improvements to comply with the regulations:

- We saw all required policies had been created and contained all of the relevant information. All policies had a created and review date[BA1] . Staff had created a log to ensure that policies were updated regularly.
- We saw completed audits for infection control, the quality of dental X-rays and patient records.
- Records relating to persons employed at the practice were all available for the most recent member of staff recruited.
- A new risk assessment had been carried out for the general[BA2] dental practice. The storage of paper documents that had previously posed a fire risk had been cleared away. Other risk assessments relating to fire safety and legionella had been carried out.
- Medicines dispensed were logged in and out of the practice in a medicines book. Stock checks were conducted and recorded as required by The Medicines Act 1968.
- Improvements had been made to patient dental records. We saw information had been recorded regarding a persons Basic periodontal score (BPE) their current gum health, oral health instruction, cancer checks, checks of the soft tissues both facial and in the mouth, lymph node checks, checks of the temporomandibular (jaw) joint (TMJ) or justification for taking X-rays and reports of the outcome of any X-rays taken.
- We saw that staff were up to date with their required training for safeguarding vulnerable adults and children, medical emergencies, infection control, including guidance regarding Covid 19 measures and fire safety awareness.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulations: when we inspected on 24 May 2021.