

Dr. Peter James

# Smiles Dental & Cosmetic Care

## Inspection Report

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### Overall summary

We carried out this announced inspection on 7 August 2019 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 not 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 not providing well-led care in accordance with the relevant regulations.

##### **Background**

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

# Summary of findings

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

The dental team includes one dentist, one dental nurse, the practice manager and one 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.

On the day of inspection, we collected 22 CQC comment cards filled in by patients. We spoke with three other patients.

During the inspection we spoke with one dentist, one dental nurse, one receptionist and the practice manager. During our inspection process we asked to look at practice policies and procedures and other records about how the service is managed. There were only two policies available which were dated 2003.

The practice is open:

Monday, Tuesday and Thursday 9am to 5pm (the practice is closed for one hour on these days between 1pm to 2pm.)

## Our key findings were:

- The practice appeared clean and well maintained.
- The provider had infection control procedures which reflected published guidance, but staff did not have up to date policies to refer to for infection control.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available, however, we noted that the medical oxygen had expired.
- The provider did not have any systems to help them manage risk to patients and staff.
- The provider did not have suitable safeguarding processes and not all staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider did not have 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.
- Staff provided preventive care and support patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider did not have effective leadership or a culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The provider asked staff and patients for feedback about the services they provided however they had not had any response to these requests.
- The provider told us how they would deal with complaints positively and efficiently, the practice had not received any complaints over the last four years.
- The provider did not have suitable information governance arrangements.

We identified regulations the provider was not complying with. They must:

- Ensure patients are protected from abuse and improper treatment
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

## Full details of the regulation/s the provider is not meeting are at the end of this report.

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 the guidance provided by the Faculty of General Dental Practice.
- Review the training, learning and development needs of individual staff members at appropriate intervals and ensure an effective process is established for the on-going assessment,
- Review the practice's protocols for recording in the patients' dental care records or elsewhere 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 and taking into account the guidance for Dental Practitioners on the Safe Use of X-ray Equipment.

## Summary of findings

- Review the practice's protocols for the use of rubber dam for root canal treatment taking into account guidelines issued by the British Endodontic Society.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

We asked the following question(s).

### Are services safe?

We found that this practice was not providing safe care in accordance with the relevant regulations.

Requirements notice 

### Are services effective?

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

No action 

### Are services caring?

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

No action 

### Are services responsive to people's needs?

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

No action 

### Are services well-led?

We found that this practice was not providing well-led care in accordance with the relevant regulations.

Requirements notice 

# Are services safe?

## Our findings

We found that this practice was not providing safe care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

### **Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)**

Staff did not have clear systems to keep patients safe as they were not managing the running of the practice effectively. However, this did not affect the clinical care provided to patients.

Staff were not sure of their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The provider did not have safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that only one member of staff had received safeguarding training for vulnerable adults to level 1. This did not meet the requirements as clinical staff need to complete safeguarding training to level 2. Staff when questioned were not sure about the signs and symptoms of abuse and neglect and how to report concerns and did not know of the need to notify the CQC.

The provider did not have a whistleblowing policy and staff were not sure what whistleblowing entailed. Staff said they felt confident they could raise concerns without fear of recrimination although they were not sure of who to talk to outside of the practice.

The dentist did not use dental dams in line with guidance from the British Endodontic Society when providing root canal treatment. The dental dam was not used and there were no other methods employed to protect the airway.

The provider had a business continuity plan, which consisted of a list of people to call in the event of problems that could disrupt the normal running of the practice. Staff when questioned, told us what they would do in these cases.

The provider did not have a recruitment policy or procedure to help them employ suitable staff and meet the

relevant legislation requirements. We looked at three staff recruitment records. Two staff had been recruited in 2014. There had been no references taken up, no evidence of conduct in previous employment, no job description or identification had been acquired. Staff had not been subject to induction and there were no terms of the arrangements of their employment in the staff files.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

Staff ensured that facilities and some equipment were safe, and that equipment was maintained according to manufacturers' instructions. However, we did not see a current 5 year electrical safety test certificate or any evidence that portable electrical items has been PAT tested.

Records showed that firefighting equipment had been regularly tested and serviced, such as the fire extinguishers. However, a fire risk assessment for the premises had not been and conducted, there was no method of alerting staff if a fire occurred. The practice did not have any emergency lighting and no fire drills had been conducted.

The practice had some suitable arrangements to ensure the safety of the X-ray equipment and we saw the required information was in their radiation protection file. We noted that the provider had failed to inform the Health and Safety Executive (HSE) which is a requirement under the Ionising Radiation Regulations 2017 (IRR17) when ionising radiation is being used.

We saw evidence that the dentist had not justified, graded and reported on the radiographs they took. The provider had not carried out radiography audits every year following current guidance and legislation.

Only one member of staff had completed continuing professional development (CPD) in respect of dental radiography.

### **Risks to patients**

There were no systems to assess, monitor and manage risks to patient safety.

# Are services safe?

The practice's health and safety policy were dated 2003 and lacked up to date information. The provider had not conducted any risk assessments to help manage potential risk. The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. There was no sharps risk assessment in place.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked. However, the provider could not provide evidence that he was protected against Hepatitis B.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year.

Emergency equipment and medicines were available as described in recognised guidance. We found staff kept records of their checks of these to make sure these were available, within their expiry date, and in working order. However, we did note that the medical oxygen had expired in February this year. We spoke with the provider who told us they would arrange for a new oxygen cylinder.

A dental nurse worked with the dentist when they treated patients in line with General Dental Council (GDC) Standards for the Dental Team.

There were suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

The provider had some risk assessments to minimise the risk that can be caused from substances that are hazardous to health. However, this did not include all substances or cleaning products used at the practice.

The provider had an infection prevention and control policy and procedures these were dated 2003. This did not include guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health and Social Care. One member of staff had completed infection prevention and control training.

The provider had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. We noted that the enzymatic detergent used to soak and scrub contaminated instruments needed to be temperature monitored as its effective working parameter was between 80c and 250c. Staff told us that they made up the solution with warm water when setting up the decontamination room at the beginning of the working day. But did not check the temperature to check that the solution was within the stated parameters.

We found staff had systems in place to ensure that any work was disinfected prior to being sent to a dental laboratory and before treatment was completed.

The practice did not have suitable procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, there had not been a risk assessment conducted. Dental unit water line management arrangements were in place.

We saw cleaning schedules for the premises. The practice was visibly clean when we inspected.

The provider did not have a policy for clinical waste, but staff explained their procedures to ensure clinical waste was segregated and stored appropriately in line with guidance.

The provider had not conducted an audit with regard to infection control procedures. We discussed the need for six monthly audits with the provider and staff.

## Information to deliver safe care and treatment

Staff did not have the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that could be improved. Dental care records we saw were incomplete and lacked information about discussions or options, soft tissue checks, medical history updates and materials used. They were legible, but brief, were kept securely and complied with General Data Protection Regulation (GDPR) requirements.

# Are services safe?

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

## **Safe and appropriate use of medicines**

The provider had systems for appropriate and safe handling of medicines.

There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

The dentist was not aware of current guidance with regards to prescribing medicines.

## **Track record on safety and Lessons learned and improvements**

There had been no risk assessments in relation to safety issues. Staff did not monitor or review incidents. We were not assured that staff understood potential risks.

In the previous 12 months there had been no safety incidents.

There were no systems for reviewing and investigating when things went wrong. We were not assured that staff learned, and shared lessons, would be able to identify themes and act to improve safety in the practice.

There was a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

# Are services effective?

(for example, treatment is effective)

## Our findings

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

### **Effective needs assessment, care and treatment**

We asked staff what systems were used to keep dental practitioners up to date with current evidence-based practice, however staff were not able to provide this. We did not see any CPD for some staff or evidence of attendance on courses or learning except for medical emergencies which had been completed by the whole team in July 2019.

### **Helping patients to live healthier lives**

The practice was providing preventive care and supporting patients to ensure better oral health.

The dentist prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them.

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

The dentist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice. We noted there were no records of this in the dental care records we reviewed, no BPE scores, no pocket charting or bleeding indices.

Records showed some patients with more severe gum disease were recalled at more frequent intervals for review. However, records did not contain information that oral health care instruction had been discussed or any kind of reinforced home care preventative advice had been given.

### **Consent to care and treatment**

Staff told us how they obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining patients' consent to treatment. However, we noted that this was not always recorded in the patient's dental care records. The dentist told us they gave patients information about treatment options and the risks and benefits of

these, so they could make informed decisions; we did not see this documented in patient records. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice did not have a consent policy or any information regarding the Mental Capacity Act 2005 and how this would affect a person's ability to give informed consent. The team did not understand their responsibilities under the Act when treating adults who might not be able to make informed decisions. For example, where family members may have power of attorney or the patient did not have any family. Staff did not have an awareness of Gillick competence, by which a child under the age of 16 years of age may give consent for themselves. Staff were not aware of the need to consider this when treating young people under 16 years of age.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

### **Monitoring care and treatment**

The practice did not keep detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories.

The practice did not complete audits of patients' dental care records to check that the dentist had recorded the necessary information.

### **Effective staffing**

Staff had the skills, basic knowledge and experience to carry out their roles.

Staff new to the practice were not subject to a period of induction based on a structured programme. We could not confirm that all clinical staff had completed the continuing professional development required for their registration with the General Dental Council.

The provider had not conducted any appraisals for staff.

### **Co-ordinating care and treatment**

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

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.



# Are services effective?

(for example, treatment is effective)

Staff had systems to identify, manage, follow up and where required refer patients for specialist care when presenting with dental infections.

The provider also had systems for 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.

# Are services caring?

## Our findings

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

### **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

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

Patients commented positively that staff were kind, helpful and welcoming.

Patients said staff were compassionate and understanding.

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

### **Privacy and dignity**

Staff respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. If a patient asked for more privacy, staff would

take them into another room. The reception computer screens were not visible to patients and staff did not leave patients' 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.

### **Involving people in decisions about care and treatment**

Staff were not aware of the requirements under the Equality Act 2010

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.

The practice's website provided patients with information about the range of treatments available at the practice.

The dentist described to us the methods they used to help patients understand treatment options discussed. These included for example models, and X-ray images.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

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

### Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

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

The practice currently had no patients for whom they needed to make adjustments to enable them to receive treatment as they were on the first floor accessed by a flight of stairs.

A disability access audit had not been completed.

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

### Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs.

The practice displayed its opening hours in the premises and included it on their website.

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were seen the same day. Patients had enough time during their appointment and did not feel rushed.

The staff took part in an emergency on-call arrangement with the local dental out of hours service and the NHS111 out of hour's service.

The practice's website 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.

### Listening and learning from concerns and complaints

The provider took complaints and concerns seriously and told us how they would respond to them appropriately should they receive any.

The provider did not have a policy providing guidance to staff on how to handle a complaint. The practice website explained how to make a complaint and we saw a poster in the waiting room with information on how to complain.

The provider and practice manager were responsible for dealing with any complaints

The practice had not received any complaints or comments in the last four years.

# Are services well-led?

## Our findings

We found that this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

### Leadership capacity and capability

We found the principal dentist had skills to deliver care. The principal dentist could not demonstrate they had the experience, capacity and skills to deliver the practice strategy or address risks to it.

The principal dentist was not knowledgeable about issues and priorities relating to the quality and future of services. They did not understand the challenges and had not addressed them.

Staff told us they worked closely as a team.

### Culture

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

The staff focused on the needs of patients.

We were not assured the provider would take effective action to deal with staff poor performance, there was no guidance materials for staff to refer to and no policies.

The provider was not aware of and did not have a system to ensure compliance with the requirements of the Duty of Candour.

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

### Governance and management

The principal dentist had overall responsibility for the management and clinical leadership of the practice and was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

There were no systems to support good governance, management issues, or the management and reduction of risks and poor performance.

- The provider did not have a system of clinical governance in place, there were no policies protocols and procedures that were accessible to all members of staff.
- There were no systems in place for clear and effective processes for the management of risks, issues of concern and the management of poor performance.
- The provider did not have information governance arrangements and staff were not aware of the importance of these in protecting patients' personal information.
- Safeguarding arrangements were ineffective.
- Staff recruitment and induction processes were ineffective.
- Hazardous substances were not appropriately assessed
- The practice did not ensure that staff were up to date with training, including safeguarding
- The provider had no quality assurance processes to encourage learning and continuous improvement. No audits of dental care records, radiographs and infection prevention and control had been carried out.

### Appropriate and accurate information

Staff could not act on appropriate and accurate information as this was not available to them.

Quality and operational information was not used to ensure and improve performance as this had not been put in place. Performance information was not combined with the views of patients.

### Engagement with patients, the public, staff and external partners

The provider used a comment box to obtain patients' views about the service. Staff told us that no comments had been collected from the comments box in the last four years.

The provider gathered feedback from staff through informal discussions.

### Continuous improvement and innovation

There were no systems and processes for learning, continuous improvement and innovation.

The principal dentist had not shown a commitment to learning and improvement.

## Are services well-led?

No staff had annual appraisals.

Staff completed some 'highly recommended' training as per General Dental Council professional standards. This

included undertaking medical emergencies and basic life support training annually. We did not see training or completion of CPD for infection control, I(RME)R, or safeguarding for one GDC registrant.

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

| Regulated activity   | Regulation  |
|--|---|
| Diagnostic and screening procedures<br>Surgical procedures<br>Treatment of disease, disorder or injury | <p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p><b>systems and processes must be established and operated effectively to prevent abuse of service users.</b></p> <ul style="list-style-type: none"><li>• The provider did not have any safeguarding information, policy or contact details for safeguarding vulnerable adults and children, for staff to refer to.</li><li>• The practice did not ensure that staff completed safeguarding training to the appropriate level or updated their training at appropriate intervals. Evidence of training was only seen for one member of staff. There was no evidence that the induction included ensuring staff were familiarised with safeguarding arrangements as no inductions had been recorded.</li><li>• Information about current procedures and guidance about raising concerns about abuse was not accessible to staff. For example, there was no information relating to areas of safeguarding highly relevant to the population and area, including Female Genital Mutilation, domestic violence, trafficking and modern slavery.</li></ul> <p>Regulation 13 (1) (2)</p> |
| Regulated activity   | Regulation  |
| Diagnostic and screening procedures<br>Surgical procedures<br>Treatment of disease, disorder or injury | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b></p>  |

## Requirement notices

The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:

- There were no operational policies or procedural documents for staff to refer to.
- There were no information governance processes in place.
- There was no monitoring of training needs for staff.
- There were no inductions conducted and no appraisal of staff performance.

There were no systems or processes that enabled the registered person to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process. In particular:

- No records were available with regard to the quality of radiographs, no auditing of quality had been conducted.
- Infection prevention and control audits (which are required on a six-monthly basis) had not been carried out.
- Health and safety risks had not been assessed sufficiently in the premises.
- Hazardous substances were not appropriately assessed and recorded

Regulation 17 (1)