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# Natural Smiles

## Inspection report

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### Overall summary

We carried out this announced inspection on 7 September 2021 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 Care Quality Commission, (CQC), inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we asked the following three questions:

- Is it safe?
- Is it effective?
- 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 this practice was providing safe care in accordance with the relevant regulations.

##### **Are services effective?**

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

##### **Are services well-led?**

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

# Summary of findings

## Background

Natural Smiles is based in Corby and provides private treatment for adults and children. In addition to general dentistry, the practice offers dental implants and sedation. The dental team includes four dentists, two dental nurses, a practice manager and reception staff.

There is level access to the premises for wheelchair users and an accessible toilet. Parking is available directly outside the practice.

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.

The practice is open on Mondays from 9am to 5.30pm; on Tuesdays from 10am to 8pm; on Wednesdays from 9am to 6.30pm, on Thursdays from 9am to 5.30pm, and on Fridays from 9am to 2pm.

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

## Our key findings were:

- The provider had infection control procedures which reflected published guidance.
- The provider had systems to help them manage risk to patients and staff.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Clinical staff provided patients' care and treatment in line with current guidelines.
- The provider dealt with complaints positively and efficiently.
- The provider had staff recruitment procedures which reflected current legislation.
- Staff felt involved and supported and worked as a team.
- The provider had effective leadership and a culture of continuous improvement.

There were areas where the provider could make improvements. They should:

- Provide regular appraisal and performance review for all staff, including the practice manager.

# 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 effective?	No action	✓
Are services well-led?	No action	✓

# Are services safe?

## Our findings

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

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

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 provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff had received safeguarding training and there were appointed leads for safeguarding in the practice. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. Information about protection agencies was on display in the patient information folder in the waiting room and in a staff storage area, making it accessible.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication, within dental care records.

All staff had disclosure and barring checks in place to ensure they were suitable to work with children and vulnerable adults.

The practice had a whistleblowing policy and staff told us they felt able and confident that they could raise concerns about colleagues if needed.

The provider had an infection prevention and control policy and procedures. They followed 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. Staff completed infection prevention and control training and received updates as required. Additional measures had been implemented to the patient journey to reduce the spread of Covid 19.

The provider had 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.

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

Infection prevention and control audits were completed every six months and the latest showed the practice was meeting the required standards.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations in the assessment had been actioned and records of water testing and dental unit water line management were maintained. A new risk assessment had recently been commissioned, following the refurbishment of the practice's decontamination room.

We saw effective cleaning schedules to ensure the practice was kept clean. We checked treatment rooms and surfaces including walls, floors and cupboard doors were free from dust and visible dirt.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately. External clinical waste bins were stored securely behind a locked gate in sheds.

The dentists used rubber dam in line with guidance from the British Endodontic Society when providing root canal treatment, and the practice manager told us they undertook spot checks to ensure they were being used.

Clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover. The provider had a recruitment policy and procedure to help them employ suitable staff which reflected the relevant

# Are services safe?

legislation. The practice manager told us the recruitment process had recently been reviewed and strengthened to ensure that only suitable staff were employed. We reviewed recruitment records for two staff which showed the provider followed their recruitment procedure and had undertaken appropriate pre-employment checks for staff. All staff received an induction to their role evidence of which we viewed.

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical appliances and fixed wiring. Staff reported that they had enough equipment for their job and repairs were undertaken quickly.

Records showed that fire detection and firefighting equipment was regularly tested. All staff had undertaken fire training and completed regular fire evacuation drills from the practice. A full fire risk assessment of the premises had been completed and its recommendation to remove combustible materials from the cleaner cupboards had been implemented. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were clearly signposted and kept clear.

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available. We saw evidence the dentists justified, graded and reported on the radiographs they took. Radiography audits were completed following current guidance and legislation and the dentist we spoke with was aware of the new requirements around the grading of X-rays. Clinical staff completed continuing professional development in respect of dental radiography. Rectangular collimation was used on X-ray units to reduce patient exposure.

## **Risks to patients**

The practice had a range of policies and risk assessments, which described how it aimed to provide safe care for patients and staff. We viewed practice risk assessments that covered a wide range of identified hazards in the practice and detailed the control measures that had been put in place to reduce the risks to patients and staff. Additional assessments had been completed for risks associated with the Covid-19 pandemic.

Clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus. Staff followed the relevant safety regulations when using needles and other sharp dental items. Sharps bins were sited safely and labelled correctly.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. The practice manager told us that staff undertook regular medical emergency scenario training to keep their skills and knowledge up to date. Emergency equipment and medicines were available as described in recognised guidance, apart from a child size self-inflating bag and mask. The practice manager assured us these would be ordered immediately.

Staff kept records of their checks of these to make sure they were available, within their expiry date, and in working order, although we noted these were undertaken monthly and not weekly as recommended.

The provider had risk assessments to minimise the risk that could be caused from substances that are hazardous to health.

Closed-circuit television had been installed in communal areas to improve security for patients and staff. We noted that appropriate signage was in place, warning patients of its use.

## **Information to deliver safe care and treatment**

Staff had the information they needed to deliver safe care and treatment to patients.

# Are services safe?

We discussed with the dentists how information to deliver safe care and treatment was handled and recorded. We looked at dental care records with clinicians to confirm our findings and observed that individual records were managed in a way that kept patients safe. Dental care records we saw were complete, legible, kept securely and complied with General Data Protection Regulation requirements.

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

The dentists were aware of current guidance with regards to prescribing medicines and regular audits were carried out to monitor that the dentists were prescribing antibiotics in line with it.

There was a stock control system of medicines which were held on site, although this could be strengthened to ensure greater accuracy. Glucagon was kept out of the fridge, its expiry date had been reduced to accommodate for this.

## **Track record on safety, and lessons learned and improvements**

The provider had implemented systems for reviewing and investigating when things went wrong. There were comprehensive risk assessments in relation to safety issues and staff monitored and reviewed incidents and accidents that occurred in the practice. Accidents and near misses were a standing agenda item at staff meetings, evidence of which we viewed.

National patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) were triaged by the practice manager. They were also a standing agenda item to be discussed at meetings to ensure staff were aware of them.

# Are services effective?

(for example, treatment is effective)

## Our findings

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

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

The practice had systems to keep dental professionals up to date with current evidence-based practice. We saw clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

Patients' dental care records were audited regularly to check that the dentists recorded the necessary information.

The practice offered dental implants which were placed by the principal dentist who had undergone appropriate post-graduate training. We saw the provision of dental implants was in accordance with national guidance.

The practice also offered conscious sedation for patients. This included patients who were very anxious about dental treatment and those who needed complex or lengthy treatment. The practice had systems to help them do this safely. These were in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.

Staff had access to intra-oral and 3-D scanners, as well as an orthopantomograph machine to enhance the delivery of care.

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

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit. The dentists, where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. Dental care records we reviewed demonstrated dentists had given oral health advice to patients.

The practice took part in national oral health campaigns and displayed information in the waiting area. The practice manager had a particular interest in oral cancer awareness and was part of a national forum for this. She undertook specific audits to ensure patients' oral cancer checks were undertaken by dentists.

Dental products such as interdental brushes, floss, and mouthwash were available for patients to purchase.

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

The practice team understood the importance of obtaining and recording patients' consent to treatment. The staff were aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who were looked after.

The practice's consent policy included information about the Mental Capacity Act 2005 and Gillick guidelines. Staff understood their responsibilities under the act when treating adults who might not be able to make informed decisions. All patients were given a plan clearly outlining their treatment which they then took home to read, sign and then return on their second appointment for discussion if needed. In addition to this the practice used on-line teaching videos which were linked to patients' records showing what they had been shown and when.

### **Effective staffing**

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 appropriate training for their role.

Staffing levels had not been unduly affected by the Covid pandemic and staff told us they had enough time to do their job and did not feel rushed.

# Are services effective?

(for example, treatment is effective)

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

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

Staff confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide. Staff actively monitored referrals to ensure they were responded to promptly.



# Are services well-led?

## Our findings

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

### **Leadership capacity and capability**

We found staff had the capacity, values and skills to deliver high-quality, sustainable care. The practice manager was responsible for the day to day running of the service, in addition to another dental practice in Leicester. Two dental nurses had recently left the practice, but two more had just been recruited and once started, would be assigned lead roles for areas such as infection control and legionella to support the manager. The practice had recently purchased an on-line governance tool to help with the management of the service.

We found that the practice manager was knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them. For example, the need for further management support had been identified and was being addressed. The provider had employed an independent consultancy to help restructure operational aspects of the service.

### **Culture**

We received many positive comments about the practice manager and the principal dentist and their effectiveness as leaders. Staff reported they were understanding and supportive of their family commitments and health needs. Staff told us they felt respected and valued citing good teamwork, effective management and support for training as the main reasons. One commented, 'This is a really lovely place to work and we are all looked after very well'.

The practice had a duty of candour policy in place, and staff were aware of its requirements. Openness, honesty and transparency were demonstrated when responding to incidents and complaints we reviewed.

### **Governance and management**

There were effective processes for managing risks, issues and performance. 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 systems in the practice were good, with regular practice meetings involving all staff. Minutes of meetings we reviewed showed that staff were kept up to date with latest guidance and issues concerning the practice. The practice also used a social media app to communicate, with specific groups set up for the dental nurses, reception staff and managers. A whiteboard in the staff room was used effectively to communicate key information such as forthcoming training and staff meetings.

The practice had a policy which detailed its complaints' procedure, and details of how to complain were available in the waiting area. Reception staff spoke knowledgeably about how they would assist a patient who wanted to raise concerns. All complaints were recorded as events, and records we viewed demonstrated patients' concerns had been investigated and responded to in a timely and professional way. Complaints were a standing agenda item at practice meetings, ensuring that learning from them could be shared amongst the staff team.

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

The practice had its own survey to gather feedback from patients in relation to the appearance of the practice, the friendliness of staff, the quality of their treatment, and anything they thought could be changed. Results were analysed and used to improve the service. As a result of feedback in relation to waiting times for an appointment, the practice had decided to convert an office into an additional treatment room to better meet patients' needs. Work on this was due start in October 2021.

# Are services well-led?

The provider gathered feedback from staff through meetings, anonymous surveys, appraisals and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on. For example, staff's request for air conditioning to be installed had been implemented in August 2021.

## **Continuous improvement and innovation**

The provider had quality assurance processes to encourage continuous improvement. These included audits of dental care records, radiographs, infection prevention, hand hygiene, waiting times and anti-microbial prescribing. Staff kept records of the results of these audits and the resulting action plans and improvements. Staff meeting minutes we viewed showed that audit results were discussed amongst the team.

Staff completed 'highly recommended' training as per General Dental Council professional standards and had personal development plans in place. Staff had annual appraisals where they received feedback about their performance in a range of areas, evidence of which we viewed. However, we noted that the practice manager had not received a regular annual appraisal of their performance.