

Perfect Smile Associates Ltd

# Perfect Smile Associates Limited – Putney branch

## Inspection Report

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## Overall summary

We carried out an announced comprehensive inspection on 14 July 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

### **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.

Perfect Smile – Putney is located in the London Borough of Wandsworth and provides private and NHS dental services. The demographics of the practice were mainly working professionals. The practice opening times are as follows:

Monday 9.00am-7.00pm; Tuesday 8.00am – 7.00pm;  
Wednesday 9.00am-7.00pm; Thursday 8.00am – 7.00pm;  
Friday 9.00am -5.30PM; Closed Saturday and Sunday.

The practice manager was the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are ‘registered persons’. Registered persons 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 inspection took place over one day and was undertaken by a Care Quality Commission (CQC) inspector and dental specialist adviser. We spoke with

# Summary of findings

staff and reviewed policies and procedures and dental care records. We spoke with four patients on the day of the inspection and received 15 CQC comment cards completed by patients.

Facilities within the practice include seven treatment rooms, a dedicated decontamination area, and a reception area.

The staff structure of the practice is comprised of a principal dentist (who is also the owner), six dentists, one hygienist, a practice manager, three receptionists, seven dental nurses and one trainee dental nurse.

To assess the quality of care provided by the practice, we looked at practice policies and protocols and other records.

## **Our key findings were:**

- There were effective processes in place to reduce and minimise the risk and spread of infection.
- Patients' needs were assessed and care was planned in line with best practice guidance such as from the National Institute for Health and Care Excellence (NICE).
- Patients were involved in their care and treatment planning.
- There was appropriate equipment for staff to undertake their duties and equipment was well maintained.
- Patients who gave us feedback told us that staff were caring and treated them with dignity and respect.
- There were processes in place for patients to give their comments and feedback about the service including making complaints and compliments.
- There was a clear vision for the practice. Governance arrangements were in place for the smooth running of the practice.

There were areas where the provider could make improvements and should:

- Review the practice's protocols for recording in the patients' dental care records or elsewhere the reason for taking the X-ray and quality of the X-ray giving due regard to the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000.
- Review its audit protocols to document learning points that are shared with all relevant staff and ensure that the resulting improvements can be demonstrated as part of the audit process.

# 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 the practice was providing safe care in accordance with the relevant regulations.

There were systems in place to help ensure the safety of staff and patients. These included policies for safeguarding children and adults from abuse, maintaining the required standards of infection prevention and control and maintenance of equipment used at the practice. The practice assessed risks to patients and managed these well. We found that staff were trained and there was appropriate equipment to respond to medical emergencies. In the event of an incident or accident occurring, the practice documented, investigated and learnt from it. The practice followed procedures for the safe recruitment of staff which included amongst other checks carrying out criminal record checks and obtaining two references.

### **Are services effective?**

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

The practice followed guidance issued by National Institute for Health and Care Excellence (NICE) for example, in regards to prescribing antibiotics and dental recall intervals. Patients were given appropriate information to support them to make decisions about the treatment they received. The practice kept detailed dental care records of treatments carried out and monitored any changes in the patient's medical and oral health. Records showed patients were given health promotion advice appropriate to their individual oral health needs such as smoking cessation and dietary advice.

Staff were supported by the practice in continuing their professional development (CPD) and were meeting the requirements of their professional registration.

### **Are services caring?**

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

The feedback from the patients we spoke with and the CQC comment cards we received were very positive about the service provided by the practice. We observed that staff treated patients with kindness and respect. We found that dental care records were stored securely and patient confidentiality was well maintained.

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

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

Patients had good access to appointments at the practice and emergency appointments. There was sufficient well maintained equipment, to meet the dental needs of their patient population. There was a complaints policy clearly publicised in the reception area. We saw that the practice responded to complaints in line with the complaints policy. The practice took account of disabled people and different groups when planning the service.

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

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

There was a clear vision for the practice that was shared with the staff. There were good governance arrangements and an effective management structure. There were regular meetings where staff were given the opportunity to give their views of the service. Appropriate policies and procedures were in place, and there was effective monitoring of various aspects of care delivery. The practice sought feedback from patients and acted upon it.

# Perfect Smile Associates Limited - Putney branch

## Detailed findings

### Background to this inspection

We carried out an announced comprehensive inspection on 14 July 2015. The inspection was led by a CQC inspector. They were accompanied by a specialist advisor.

We informed the NHS England local area team that we were inspecting the practice and did not receive any information of concern from them. The practice sent us their statement of purpose and a summary of complaints they had received in the last 12 months. We also reviewed further information on the day of the inspection.

We spoke with four patients on the day of the inspection and reviewed 15 CQC comment cards completed by

patients prior to the inspection. We also spoke with six members of staff. We reviewed the policies, toured the premises and examined the cleaning and decontamination of dental equipment.

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 therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had suitable processes around reporting and discussion of incidents. There had been two incidents over the past 12 months. We saw that incidents were logged and action had been taken to deal with them appropriately. We saw there was a system in place for learning from incidents. This was mainly through discussing incidents at team meetings and we saw records that confirmed this happened. Staff were able to describe the type of incidents that would be recorded and the incident logging process.

Staff we spoke with understood the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). Staff were able to describe the type of incidents that would need to be recorded under these requirements. There had been no RIDDOR incidents over the past 12 months.

### Reliable safety systems and processes (including safeguarding)

The practice manager was the safeguarding lead and staff knew who they should go to if they had a safeguarding concern. The practice had both adult and children safeguarding policies and both documents were in the process of being reviewed. The policies included procedures for reporting safeguarding concerns and contact information for the local safeguarding teams. Staff completed safeguarding training that was scheduled for an update in July 2015. They were able to explain their understanding of safeguarding issues, which was in line with what we saw in the policies. There had been no situation that needed to be referred for consideration to the safeguarding teams.

The practice had safety systems in place to help ensure the safety of staff and patients. This included for example having clear infection control, and health and safety policies, and risk assessments. Risk assessments had been undertaken for issues affecting the health and safety of staff and patients using the service. This included for example a fire risk assessment undertaken in November 2014 that recommended the practice minimise the use of extension leads. We noted that the practice had acted upon what had been identified in the risk assessments. Staff received training for responding to sharps injuries (needles and sharp instruments).

During our visit we found that the dental care and treatment of patients was planned and delivered in a way that ensured patients' safety and welfare. Dental care records contained patient's medical history that was obtained when patients first registered with the practice and was updated regularly. The dental care records we saw were well structured and contained sufficient detail enabling another dentist to know how to safely treat a patient. For example, they contained details of any allergies that the patient might have that could affect their treatment.

The practice followed national guidelines such as use of a rubber dam for root canal treatments. [A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth.]

### Medical emergencies

There were arrangements in place to deal with on-site medical emergencies. Staff had received first aid training. The practice had a medical emergency kit which included emergency medicines and equipment in line with national guidance. We checked the medicines and we found that all the medicines were within their expiry date. The emergency equipment included an automated external defibrillator (AED) and oxygen. (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm). Staff were trained to use the emergency equipment. There was a system in place for checking the medical emergency kit. The kit was checked on a weekly basis. This included checking the expiry dates of medicines in the kit.

### Staff recruitment

The practice had a policy for the safe recruitment of staff. In order to reduce the risks of employing unsuitable staff the provider is required to complete a number of checks. They must obtain a full employment history, check the authenticity of qualifications, obtain two references, including one from the most recent employer, and complete an up to date Disclosure and Barring Service (DBS) checks. We saw that the provider had satisfactorily carried out the necessary required checks for all staff who worked in the practice including obtaining references for staff.

### Monitoring health & safety and responding to risk

# Are services safe?

The practice had arrangements in place to deal with foreseeable emergencies. A Health and Safety Policy was in place. The practice had a risk management process which was continually being updated and reviewed to ensure the safety of patients and staff members. For example, we saw risk assessments for manual handling, display screen equipment (DSE), radiation, first aid, fire safety and environmental building issues. The assessments were reviewed annually and included the controls and actions to manage risks.

The practice had a comprehensive business continuity plan to deal with emergencies that could disrupt the safe and smooth running of the service. The plan covered what to do in the event of issues such as access problems with the building the practice was based in, outbreak of fire and staffing issues. There were plans for what to do when equipment broke down. The plan advised staff to contact the equipment's manufacture and to contact patients that would be affected by the equipment breakdown.

## Infection control

The practice had an infection control policy that outlined the procedure for all issues relating to minimising the risk and spread of infections. The policy had been reviewed in April 2015. The policy detailed procedures related to hand hygiene, handling clinical waste management and personal protective equipment. In addition there was a copy of the Department of Health guidance document- 'Health Technical Memorandum 01-05 - Decontamination in primary care dental practices (HTM 01-05) available for staff. One of the dental nurses was the infection control lead.

There was a separate room for the decontamination of instruments. The room had a clearly labelled flow from dirty to clean areas to minimise the risks of cross contamination. Staff gave a demonstration of the decontamination process which was in line with HTM 01-05 published guidance. This included carrying used instruments in a lidded box from the surgery and using an illuminated magnifying glass to visually check for any remaining contamination (and re-washed if required); pouching and then placing in the vacuum autoclave; and date stamping.

We saw records of the daily, weekly and monthly checks that were carried out on the autoclave, to ensure they were working effectively. All records we saw showed that it was in working order.

We saw evidence that staff had been vaccinated against Hepatitis B to protect patients from the risks of contracting the infection. The practice had blood spillage and mercury spillage kits. There was a contract in place for the safe disposal of clinical waste and sharps instruments. Clinical waste was stored appropriately and collected every two weeks.

The surgery was visibly clean and tidy. There were stocks of PPE (personal protective equipment) such as gloves and aprons for both staff and patients. We saw that staff wore appropriate PPE, and the infection lead nurse carried out regular checks on this. Hand washing solution was available.

A Legionella risk assessment had been completed in 2014 and the results were negative for bacterium [legionella is a bacterium that can grow in contaminated water]. Another assessment had been carried out in 2015 but the practice had not yet received the report from the company that carried out the assessment. The practice used distilled water in all dental lines. The water lines were flushed daily and weekly and alpron tablets were used once a week to purify the water.

There was a cleaning plan, schedule and checklist, which we saw were completed. Cleaning equipment and materials were stored appropriately in line with Control of Substances Hazardous to Health 2002 Regulations (COSHH). COSHH is the law that requires employers to control substances that are hazardous to health.

## Equipment and medicines

We found that the equipment used in the practice was maintained in accordance with the manufacturers' instructions. This included the equipment used to clean and sterilise the instruments and X-ray equipment. For example, we found the autoclave had been serviced in 2014 and was scheduled to be serviced again in 2015. Portable appliance testing (PAT) was completed in accordance with good practice guidance. PAT is the name of a process where electrical appliances are routinely checked for safety.

# Are services safe?

The practice had clear guidance regarding the prescribing, recording, use and stock control of the medicines used in the practice. The systems we reviewed were complete, provided an account of medicines prescribed, and demonstrated that patients were prescribed their medicines as recorded. The medicines stored at the practice were only the ones kept in the medical emergency box. All prescriptions and the prescription log were stored securely. Local anaesthetic was stored appropriately.

## **Radiography (X-rays)**

The practice maintained suitable records in the radiation protection file demonstrating the maintenance of the x-ray equipment. The principal dentist was the radiation protection supervisor (RPS) for the practice. An external

contractor covered the role of radiation protection adviser (RPA). Detailed X-ray audits were undertaken at least on an annual basis. The audits looked at issues such as the maintenance of X-ray equipment, quality of images and the radiography training staff had undertaken. This was done to ensure X-rays that were taken were of the required standard. We saw that local rules relating to the X-ray machine were displayed in accordance with guidance. We saw there were CPD records related to dental radiography for all staff that undertook radiography tasks. This included Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R) training. However, we found that dentists did not always record in the dental care records or elsewhere of the grades of radiographs.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

Patients' needs were assessed and care and treatment was delivered in line with current legislation. This included following the National Institute for Health and Care Excellence (NICE) guidance, for example in regards to dental recalls. The practice also showed compliance with the Delivering Better Oral Health Tool-kit. 'Delivering Better Oral Health' is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting.

We reviewed ten dental care records and saw evidence of comprehensive assessments that were individualised. This included having an up to date medical history (which was reviewed regularly), details of the reason for visit (i.e. new patient or presenting complaint), a full clinical assessment with an extra and intra oral examination. An assessment of the periodontal tissue was taken and recorded using the basic periodontal examination (BPE) tool. The BPE tool is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums. Information about the costs of treatment and treatment options available were also given to patients.

### Health promotion & prevention

Patients' medical histories were updated regularly which included questions about smoking and alcohol intake. Appropriate advice was provided by staff to patients based on their medical histories. We saw they provided preventive care advice on tooth brushing and oral health instructions as well as smoking cessation, fluoride application, alcohol use, and dietary advice.

### Staffing

Staff told us they had received appropriate professional development and training and the records we saw reflected this. The practice maintained a programme of professional development to ensure that staff were up to date with the latest practices. This was to ensure that patients received high quality care as a result. The practice used a variety of ways to ensure development and learning was undertaken including both face to face and e-learning. Examples of staff training included core issues such as health and safety, safeguarding, medical emergencies and infection control.

We reviewed the system in place for recording training that had been attended by staff working within the practice. We saw that the practice maintained a matrix that detailed training undertaken and highlighted training that staff needed to undertake. We also reviewed information about continuing professional development (CPD) and found that staff had undertaken the required number of CPD hours.

### Working with other services

The practice worked with other professionals in the care of their patients where this was in the best interest of the patient. For example, referrals were received from other practices owned by the same organisation for specific treatments such as orthodontic or dental implants. Internal referrals were made to the hygienists. Referrals were made to hospital specialist dental services for further investigations and treatment. The practice completed referral forms or letters to ensure others service had all the relevant information required. Dental care records we looked at contained details of the referrals made and the outcome from the referrals that were made.

### Consent to care and treatment

Patients who used the service were given appropriate information and support regarding their dental care and treatment. We spoke with four patients and reviewed 15 comments cards. Patients said they were given clear treatment options which were discussed in an easy to understand language by practice staff. Patients mentioned that they understood and consented to treatment. This was confirmed when we reviewed dental care records and noted signed consent forms for treatment and details of treatment options patients had been given. The practice manager had received training on the Mental Capacity Act (MCA) 2005 in 2014 and had discussed with staff about implications it had for staff and patients. The MCA Act 2005 provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves. Staff were aware of how they would support a patient who lacked the capacity to consent to dental treatment. They explained how they would involve the patient and carers to ensure that the best interests of the patient were met. This meant where patients did not have the capacity to consent, the dentist acted in accordance with legal requirements and that vulnerable patients were treated with dignity and respect.



# Are services caring?

## Our findings

### **Respect, dignity, compassion & empathy**

We spoke with four patients and received 15 completed CQC comment cards and reviewed the results of the practice's patient satisfaction survey from 2015. All the feedback we received was positive. Staff were described as caring, understanding and helpful. Patients said staff treated them with dignity and respect during consultations. All the patients who responded to the patient survey we saw said that they felt staff at the practice were friendly and approachable and the majority of patients had confirmed that they were happy with the staff at the practice.

We observed staff interaction with patients and saw that staff interacted well with patients, speaking to them in a respectful and considerate manner.

### **Involvement in decisions about care and treatment**

The practice displayed information in the waiting area that gave details of NHS dental charges and private fees. We also saw that the practice had a website that included information about dental care and treatments, costs and opening times. The website also contained the contact number for emergency dental care if required.

Staff told us that treatments, risks and benefits were discussed with each patient to ensure that patients understood what treatment was available so they were able to make an informed choice. The dentist told us they would explain the planned procedures to patients and used aids such as mirrors and computer screens to show patients visually what their teeth/oral cavity required. They were also shown this on a radiograph where applicable. Patients were then able to decide which treatment option they wanted.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### **Responding to and meeting patient's needs**

The practice had a system in place to schedule enough time to assess and meet patients' needs. Staff told us there was enough time to treat patients and that patients could generally book an appointment in good time to see a dentist. The feedback forms we received from patients confirmed that they felt they could get appointments when they needed them.

There were vacant appointment slots to accommodate urgent or emergency appointments. We observed that appointments ran smoothly on the day of the inspection and patients were not kept waiting. We saw that patients were given double appointments when it was deemed necessary

### **Tackling inequity and promoting equality**

The practice had recognised the needs of different groups in the planning of its services. The building was accessible to people in wheelchairs and there was access to telephone translation services.

Staff were able to describe to us how they had supported patients with additional needs. For example the practice manager explained how one member of staff was able to speak another language and would act as an interpreter for patients who spoke that language when required.

### **Access to the service**

The practice displayed its opening hours on the practice website. The practice manager told us the opening times displayed at the front of the practice were taken down because the opening times had recently changed. There were clear instructions for patients requiring urgent dental care when the practice was closed. These instructions were on the telephone answering machine, as well as being on their website. CQC comment cards we reviewed showed patients felt they had good access to the service.

### **Concerns & complaints**

The practice had effective arrangements in place for handling complaints and concerns. There was a complaints policy and information for patients about how to complain was available in the reception area. The policy was scheduled to be reviewed in 2015. The policy included contact details of external organisations that patients could contact if they were not satisfied with the provider's response to a complaint. Seven complaints had been logged in the last year and they had all been dealt with in line with the advertised policy.

# Are services well-led?

## Our findings

### **Governance arrangements**

The practice had good governance arrangements and an effective management structure. The practice was one of over twenty owned by the same organisation. We saw that senior managers carried out regular quality audits and staff said they felt supported by them. Appropriate policies and procedures were in place, and there was effective monitoring of various aspects of care delivery. At the time of our visit we saw that senior managers were involved in reviewing a number of policies and procedures included the complaints and safeguarding policies. The practice had regular meetings involving all staff and arrangements for identifying, recording and managing risks.

Audits that had been undertaken at the practice included audits on health and safety, dental care records, radiography and infection control. We saw that action plans had been drafted following audits and actions taken as necessary. For example we saw that practice put in place new templates for recording patients' records as an action that followed a 2015 dental care records audit.

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

Staff we spoke with said the vision of the practice was shared with them. They told us this vision was to provide patients with a quality flexible service. Staff said they felt the leadership of the organisation that owned the surgery was open and created an atmosphere where all staff felt included. They described the culture encouraged candour,

openness and honesty. We saw from minutes that team meetings were held regularly. The meetings covered a range of issues including complaints and training requirements. We saw minutes of meetings that showed the management of the organisation kept staff informed of developments that occurred in the business.

### **Management lead through learning and improvement**

Staff told us they had good access to training. The practice manager monitored staff training to ensure essential training was completed each year. Staff working at the practice were supported to maintain their continuing professional development (CPD) as required by the General Dental Council (GDC).

The practice audited areas of their practice as part of a system of continuous improvement and learning. This included clinical audits such as on medical records and X-rays, and audits of complaints and infection controls. However we saw that results of audits were not always shared with all relevant staff; for example results of a 2015 audit of radiography were not shared with all the dentists at the practice.

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

The practice had gathered feedback from patients through their own feedback questionnaires. We saw that the practice was in the process of using the NHS Friends and Family test to give patients the opportunity to provide feedback on their experience.