

Smile Care Swindon Limited

# Smile Dental Care Pinetrees

## Inspection Report

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## Overall summary

We carried out a focused inspection of Smile Dental Care Pinetrees on 4 July 2018.

The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We carried out the inspection to follow up concerns we originally identified during a comprehensive inspection at this practice on 20 February 2017 and a focussed inspection on 11 January 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

At a comprehensive inspection we always ask the following five questions to get to the heart of patients' experiences of care and treatment:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

When one or more of the five questions is not met we require the service to make improvements and send us an action plan. We then inspect again after a reasonable interval, focusing on the areas where improvement was required.

At the previous comprehensive inspection on 20 February 2017 we found the registered provider was providing safe, effective, caring and responsive care in accordance with relevant regulations. We judged the practice was not providing well-led care in accordance with regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At the focussed inspection on 11 January 2018 we found the registered provider was providing safe, effective, caring and responsive care in accordance with relevant regulations. We judged the practice was not providing well-led care in accordance with regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can read our reports of those inspections by selecting the 'all reports' link for Smile Dental Care Pinetrees on our website [www.cqc.org.uk](http://www.cqc.org.uk).

### Our findings were:

#### Are services well-led?

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

The provider had made improvements to put right the shortfalls and deal with the regulatory breach we found at our inspection on 11 January 2018.

# Summary of findings

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

- Review the practice's infection control procedures and protocols taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related

guidance' in particular the adoption of more efficient and effective validation processes for the autoclave and ultrasonic cleaner, marking of sinks to aid staff when using volume related cleaning products, adoption of a written protocol should the autoclave fail, reviewing of check lists used to ensure staff fully understand them, and consideration around the processing of reverse osmosis (RO) water.

# Summary of findings

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

We asked the following question(s).

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

The provider had made improvements to the management of the service. This included ensuring all equipment used by the provider was properly maintained, that staff training was monitored and audits demonstrated analysis to improve the service, that an appraisal system had been implemented, and that fire checks and training were carried out as per a fire risk assessment. The improvements provided a sound footing for the ongoing development of effective governance arrangements at the practice. However improvements could be made to the decontamination processes.

**No action**



# Are services well-led?

## Our findings

At our inspection on 11 January 2018 we judged it was not providing well led care and told the provider to take action as described in our requirement notice. At the inspection on 4 July 2018 we noted the practice had made the following improvements to meet the requirement notice:

- We saw that the practice had systems and processes in place for good governance to ensure they are operated effectively in accordance with the fundamental standards of care. This included ensuring the premises and equipment used by the service provider was fit for use and properly maintained. We saw that decontamination equipment was serviced according to manufacturer's requirements. We observed that improvements could be made to decontamination process by reviewing procedures and considering changes to processes. The adoption of more efficient and effective validation processes for the autoclave and ultrasonic cleaner, marking of sinks to aid staff when using volume related cleaning products, adoption of a written protocol should the autoclave fail, reviewing of check lists used to ensure staff fully understand them, and consideration around the processing of reverse osmosis (RO) water. We spoke with the clinical director and practice manager who both agreed that whilst systems were adequate improvements could be made and they would review the decontamination process to drive further improvements in preparation for the delivery of new services to patients, including dental implants.
- We saw that the practice assessed and monitored the information obtained used to mitigate risks and improve the service. We saw that the practice monitored

staff training and took action following audit analysis to improve the service. The practice manager showed us audits which had improved since the last inspection and clearly indicated learning outcomes for individuals and the practice. We saw audits for radiography, infection control and patient care records. The clinical director told us that the practice would also be implementing additional audits for referrals, antibiotic use, prescriptions, failure to attend appointments, building maintenance requirements and dental implants, upon introduction.

- We also saw evidence that persons employed in the provision of the regulated activities received appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties. We saw that an appraisal system was available and had just been commenced for all staff. The practice manager told us that they expected to complete staff appraisals by August 2018 and, if evidenced, manage poor performance in staff.

The practice had also made further improvements:

- We saw that the practice had a fire policy and fire risk assessment. The training and checks were in line with the fire risk assessment. We saw that a recent fire risk assessment had been carried out. The practice manager told us they were waiting for the delivery of the new fire risk assessment and would implement any required actions.

These improvements showed the provider had taken action to address the shortfalls we found when we inspected on 11 January 2018.