The Whiter Smile Limited

The Whiter Smile Limited

Inspection Report

102 Baker Street
London
W1U 6FY
Tel: 020 8748 9365
www.bakerstreetdental.com

Date of inspection visit: 10 July 2015
Date of publication: 24/09/2015

Overall summary

We carried out an announced comprehensive inspection on 10 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.

Background

The Whiter Smile Limited (also known as The Baker Street Dental Clinic) is located in the London Borough of Westminster. The practice is part of a group of three practices which form the 'Baker Street Dental Group.'

The premises consists of four treatment rooms, a dedicated decontamination room and an X-ray room. There are also toilet facilities, a waiting room, a reception area, store room and waste collection room.

The practice provides private dental services and treats both adults and children. The practice offers a range of dental services including routine examinations and treatment, veneers, crowns and oral hygiene.

The staff structure of the practice is comprised of seven dentists, two specialist dentists, three dental nurses, two receptionists and a practice manager.

The practice manager is 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 practice is open Monday to Sunday and offers exiting and new patients a 24 hour emergency service. The inspection took place over one day and was carried out by a CQC inspector and a dentist specialist advisor.

Summary of findings

We received three CQC comment cards completed by patients. Patients who completed comment cards, were positive about the care they received from the practice. They were complimentary about the friendly and caring attitude of the staff.

Our key findings were:

- 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).
- Equipment, such as the autoclave (steriliser), fire extinguishers, oxygen cylinder and X-ray equipment had all been checked for effectiveness and had been regularly serviced.
- The practice ensured staff maintained the necessary skills and competence to support the needs of patients.
- Patients indicated that they felt they were listened to and that they received good care from a helpful and patient practice team.
- The practice had implemented clear procedures for managing comments, concerns or complaints.
- The practice had a clear vision for the services it provided and staff told us they were well supported by the management team.
- There were governance arrangements in place and the practice effectively used audits to monitor and improve the quality of care provided.

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

- Ensure that at least two references are obtained and documented for all members of staff when they are recruited.
- Review the practice's infection control procedures and protocols giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.
- Review the practice's protocols for completion of dental records giving due regard to guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.

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

The practice had arrangements in place for essential areas such as infection control, clinical waste control, management of medical emergencies at the practice and dental radiography (X-rays). However, improvements could be made to maintain infection control standards including the clear designation of clean and dirty areas in treatment rooms and the flow from dirty to clean areas to minimise the infection risks in accordance with HTM01-05 national guidance in the decontamination room. We found the majority of equipment used in the dental practice was well maintained.

The practice took their responsibilities for patient safety seriously and staff were aware of the importance of identifying, investigating and learning from patient safety incidents. The practice carried out and reviewed risk assessments to identify and manage risk. There were sufficient numbers of suitably qualified staff working at the practice. Staff had received safeguarding training and were aware of their responsibilities regarding safeguarding children and vulnerable adults.

Are services effective?

The dental care provided was evidence based and focused on the needs of the patients. The practice used national guidance including that from the National Institute for Health and Care Excellence (NICE) to guide their practice. The staff received training and professional development appropriate to their roles and learning needs. Staff who were registered with the General Dental Council (GDC), had frequent continuing professional development (CPD) and were meeting the requirements of their professional registration. Staff explained treatment options to ensure that patients could make informed decisions about any treatment. The practice worked well with other providers and followed up on the outcomes of referrals made to other providers.

Are services caring?

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

We received feedback from patients through comment cards that they were treated with dignity and respect. They noted a positive and caring attitude amongst the staff. We found that patient 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, including emergency appointments, which were available 24 hours a day, seven days a week. Members of staff spoke a range of languages which supported good communication between staff and patients.. Patients were invited to provide feedback via satisfaction surveys and a suggestions book in the waiting area. There was a clear complaints procedure and information about how to make a complaint was available in the reception area.

Are services well-led?

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

Summary of findings

There were good clinical governance and risk management systems in place. There were regular staff meetings and systems for obtaining patient feedback. We saw that feedback from staff or patients had been carefully considered and appropriately responded to. The practice had a clear vision and these values were shared and understood by all staff. Staff felt well supported and confident about raising any issues or concerns with the dentists or practice manager.

The Whiter Smile Limited

Detailed findings

Background to this inspection

We carried out an announced, comprehensive inspection on 10 July 2015. The inspection took place over one day. The inspection was led by a CQC inspector. They were accompanied by a dentist specialist advisor.

We reviewed information received from the provider prior to the inspection..

During our inspection visit, we reviewed policy documents and dental care records. We spoke with five members of staff including two dentists, a dental nurse, practice manager and receptionist. We conducted a tour of the practice and looked at the storage arrangements for emergency medicines and equipment. We observed the dental nurse carrying out decontamination procedures of dental instruments and also observed staff interacting with patients.

We reviewed three Care Quality Commission (CQC) comment cards completed by patients. Patients who completed comment cards were positive about the care they received from the practice. They were complimentary about the friendly and caring attitude of the dental staff.

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

Are services safe?

Our findings

Reporting, learning and improvement from incidents

There was an effective system in place for reporting and learning from incidents. There had been one incident reported in the past year which related to an accident involving an injury of a dental nurse whilst adjusting the headrest of the dental chair for a patient. This incident was shared with staff for learning. There was a policy in place which described the actions that staff needed to take in the event that something went wrong or there was a 'near miss'. The practice manager confirmed that if patients were affected by something that went wrong, they would be given an apology and informed of any actions taken as a result. We saw evidence of 'Duty of Candour' guidance within the practice policies and procedures folders which instructs service providers to provide patients and any other relevant persons, all necessary support and relevant information in the event of a patient safety incident.

Staff understood the practice process for accident and incident reporting and were aware of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). There had not been any such incidents however in the past 12 months.

Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures in place for child protection and safeguarding adults. This included contact details for the local authority safeguarding team, social services and other agencies, such as the Care Quality Commission. This information was available in the practice policies folder in the reception area.

The practice manager took the lead in managing safeguarding issues. Staff had completed safeguarding training and were able to describe what might be signs of abuse or neglect and how they would raise concerns with the safeguarding lead. There had been no safeguarding issues reported by the practice to the local safeguarding team.

The practice carried out a range of risk assessments and implemented policies and protocols with a view to keeping staff and patients safe. For example, risk assessments undertaken in 2014 and 2015 included fire safety and Control of Substances Hazardous to Health (COSHH) 2002 Regulations.

The practice followed national guidelines on patient safety. For example, the practice used rubber dam for root canal treatments in accordance with British Endodontic Society guidelines. 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

The practice had a medical emergency policy and resuscitation protocol which provided staff with clear guidance about how to deal with medical emergencies. This was in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF).

The emergency resuscitation kits, oxygen and emergency medicines were stored securely in the reception area. The practice had an Automated External Defibrillator (AED) to support staff in a medical emergency. (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). However we found there was no midazolam medicine (used to treat seizures) available as part of the emergency medicines kit. This was discussed with the practice manager who informed us that the practice had been unable to obtain the medicine as this had been out of stock with the manufacturer but the practice were in the process of ordering this medicine.

Records showed weekly checks for emergency medicines and equipment were carried out to ensure these were safe to use. Staff were knowledgeable about what to do in a medical emergency. All staff had received training in emergency resuscitation and basic life support. This training was renewed annually. We also saw evidence of a medical emergency protocol document which outlined the roles and responsibilities of dentists, dental nurses and receptionists in the event of an emergency. The practice carried out medical emergency simulations every month to ensure they were familiar with the procedures.

Staff recruitment

The practice had a recruitment policy in place for the safe recruitment of staff which included seeking references, proof of identity, checking qualifications and professional

Are services safe?

registration. We reviewed documentation and found the recruitment procedure had been followed however for some staff members, verbal references were taken and these were not appropriately recorded. We discussed this with the practice manager who informed us for all new staff members, two written references were requested and documented as part of the recruitment procedures.

The recruitment policy outlined that recruitment of staff was dependent upon satisfactory references and Disclosure and Barring service (DBS) checks. These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. Records showed these checks were in place.

Newly employed staff had a period of induction to familiarise themselves with practice procedures and complete mandatory training such as health and safety and infection control, before being allowed to work unsupervised. Staff were also required to sign to confirm they had read and understood the policies and procedures within the practice.

Monitoring health & safety and responding to risks

The practice had arrangements in place to deal with foreseeable emergencies. A risk management policy and health and safety procedures were in place to ensure the safety of patients and staff. For example, we saw completed risk assessments for fire, first aid arrangements and the Control of Substances Hazardous to Health (COSHH) Regulations 2002. The assessments were reviewed annually and included the controls and actions to manage risks.

The practice had a business continuity plan in place to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service. This included key contact numbers for electricity and water suppliers.

Staff had received fire training and we saw evidence of fire procedure notices displayed throughout the practice. Fire alarm checks were undertaken weekly. An external agency provided fire protection equipment servicing and a fire risk assessment for the practice had been carried out in 2015 to identify actions required to maintain fire safety.

Infection control

The reception area was clean and well maintained at the time of our inspection however we found some of the treatment rooms required improvement. For example, the dental chairs in two of the treatment rooms were found to have some small tears and the flooring and sinks appeared to be stained. We discussed these issues with the practice manager and following our inspection we were assured that arrangements had been made to replace the damaged dental chairs, undertake a deep clean of the sinks and discussions were also taking place with the practice owner relating to the replacement of the flooring.

The practice did however have infection control systems and processes in place including an infection control policy, regular checks on equipment, infection control audits and staff training.

The practice had followed the majority of the national guidance on the essential requirements for infection control as set out in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05; National guidance from the Department of Health for infection prevention control in dental practices).

A separate area was available for decontamination of used instruments. Instruments were transported between the treatment rooms and the decontamination room in designated containers. Personal protective equipment such as aprons, gloves, masks and eye protection were provided for staff to use.

The dental nurse showed us the steps they would undertake while cleaning and decontaminating instruments. During this process we identified improvements which could be made to the flow from dirty to clean areas to minimise the infection risks in accordance with HTM01-05 national guidance. Following our inspection the practice manager had requested the installation of a small hand wash sink at the entrance of the decontamination room.

We also observed that clearly designated dirty and clean areas within the treatment rooms were not marked. We discussed this with the practice manager and following the inspection red and green tape had been purchased in order to clearly separate the clean and dirty areas within the treatment rooms.

A separate sink was available in the decontamination room for rinsing instruments. An illuminated magnifier was used to inspect the instruments to check the effectiveness of the decontamination process. Sterilized instruments awaiting usage were stored in clear pouches and were date stamped.

Are services safe?

The dental nurse showed us the various checks that were undertaken on equipment such as the autoclave and the ultrasonic bath.

Staff followed recommended protocols to manage the dental unit water lines (DUWL) and flushed the water lines both in the morning and at the end of the day for a period of two minutes and also in between patient appointments for a period of 30 seconds.

A Legionella risk assessment had been completed in December 2014 and appropriate actions taken as per advice given as part of the risk assessment (Legionella is a bacterium found in the environment which can contaminate water systems in buildings).

There were protocols in place for the safe management, segregation and disposal of clinical, non-clinical, and used sharp instrument waste. Staff we spoke with were aware of the Sharps Instruments in Healthcare Regulations 2013 and used both needle and blade guards within the practice which permit the safe re-sheathing of needles and blades after use and minimising the risk of injury. Staff were able to describe the correct procedure to follow in the event of a sharps injury.

Equipment and medicines

The practice maintained a list of equipment including dates when maintenance contracts were renewed. Records showed contracts were in place to ensure annual servicing and routine maintenance work occurred in a timely manner.

We found that the equipment used at the practice was regularly serviced and well maintained. For example, we saw documents showing that the X-ray equipment had been inspected and serviced in 2015. Portable appliance testing (PAT) was completed in accordance with good practice guidance. PAT is the name of a process during which electrical appliances are routinely checked for safety.

Radiography (X-rays)

The practice kept a radiation protection file in relation to the use and maintenance of X–ray equipment. There were suitable arrangements in place to ensure the safety of the equipment. The procedures and equipment had been assessed by an external radiation protection adviser (RPA) within the recommended timescales. One of the specialist dentists was the radiation protection supervisor (RPS).

Radiographs were taken in accordance with the Faculty of General Dental Practice (FGDP) guidance and Ionising Radiation Medical Exposure Regulations (IRMER) 2000 and Ionising Radiation Regulation (IRR) 1999 in relation to X-rays.

We saw evidence of a radiography audit which had been undertaken in January 2015 and the results of this highlighted that improvements could be made with the angulation and positioning of patients when taking x-rays.

Radiographs were taken at appropriate intervals and were justified and reported on but inconsistently graded. We raised this with the practice manager and following our inspection we were assured dentists had now been implementing this practice.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

Patient's needs were assessed and treatment was planned and delivered in line with their individual treatment plan. Staff explained they asked patients' information on associated medical conditions and relevant aspects of medical and social history such as smoking status and eating habits as part of the treatment.

The record keeping of the dental care records could be improved. For example, medical history, consent and treatment options discussed were consistently recorded however, assessment of the periodontal tissues using the basic periodontal examination (BPE) screening tool was not always recorded. (The BPE is a simple and rapid screening tool that is used to indicate the level of examination needed and to provide basic guidance on treatment need).

We saw evidence of a dental records audit which was undertaken in 2015. The audit found some of the dental care records sampled were not clearly legible. This issue was subsequently raised by the practice manager with the dentists and the importance of legible record keeping reinforced.

The dentists took into consideration national guidelines such as those issued by National Institute for Health and Care Excellence (NICE) and the Faculty of General Dental Practice (UK) while planning care and treatment for patients. They told us they followed guidelines issued by NICE when prescribing antibiotics.

Health promotion & prevention

There was a range of information available for patients on the practice waiting area. This included information on fluoride and maintaining good oral health. Oral cancer screening was undertaken as part of the initial examination and the smoking status was recorded and smoking cessation advice provided accordingly. Patients were given advice on healthy eating habits and encouraged to maintain healthy life styles and we saw evidence of smoking cessation advice leaflets in the waiting area.

Staffing

Staff received an induction when they started working at the practice which ensured they were aware of relevant procedures and policies. The induction included orientation with key personnel and services, fire safety and job description tasks. The practice had identified key staff training including infection control, safeguarding of vulnerable adults and children and basic life support.

Staff we spoke with told us they were clear about their roles and responsibilities and had access to the practice's policies and procedures. We saw evidence of detailed work instruction documents within individual staff folders . Staff had access to practice policies and procedures and we saw evidence of annual appraisals. Staff were supported to attend training courses appropriate to the work they performed and develop their skills. For example, some reception staff were undertaking business management courses. We also saw evidence of a training matrix which recorded all training undertaken by staff at the practice.

Working with other services

The practice manager informed us that where needed they would involve other professionals and refer patients to other services if they needed specialist treatment. The practice manager explained that specialist dental services were provided in-house and they had staff with the relevant expertise to manage most conditions. However, where required the practice would refer patients externally for the necessary support and treatment.

Consent to care and treatment

The dentists and staff we spoke with were aware of their responsibilities to ensure patients' consent to care and treatment was obtained and recorded appropriately. Patient comment cards we received stated they were given time to make an informed decision. We saw evidence of staff training on the requirements of the Mental Capacity Act 2005.

We discussed issues of best interest decisions and consent and the practice manager explained how they would obtain and record consent to ensure correct protocols were followed. Staff described how they would involve relatives and carers to help patients who required support with making decisions to ensure the best interests were met.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The comments cards we received and the patients we spoke with all commented positively on staff's friendly and helpful attitude. We observed staff were welcoming and professional when patients arrived for their appointment and the practice manager was often available to speak to patients in the waiting area.

Doors were always closed when patients were in the treatment rooms. The treatment rooms were situated away from the waiting area so conversations could not be overheard and treatment rooms on the second floor provided additional privacy.

Patient records were stored electronically and in a paper-based format. Electronic records were password protected and regularly backed up. We observed that paper records were stored in a locked cabinet in the reception area. Staff understood the importance of data protection and confidentiality. The receptionist's computer screen was positioned in such a way that it could not be easily seen by patients in the waiting area. Staff also told us that people could request to have confidential discussions in an empty treatment room if necessary.

Involvement in decisions about care and treatment

The practice displayed information in the reception area which gave details of dental treatments available and fees.

Staff told us that they took time to explain the treatment options available. They spent time answering patients' questions and gave patients a copy of their treatment plan. One dentist we spoke with informed us sometimes they used sketches in order to explain treatments to patients.

The patient feedback we received via discussions with patients during our inspection confirmed they felt appropriately involved in the planning of their treatment and were satisfied with the descriptions given by staff. They told us that treatment options and costs were well explained and the dentist respected their choices regarding treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice provided patients with information about the services they offered in leaflets and on their website. The services provided included preventative advice and treatment and routine and restorative dental care**.** We found the practice had an efficient appointment system in place to respond to patients' needs. The practice manager was qualified as a dental nurse and was therefore knowledgeable on which types of treatment or reviews would require longer appointments. The dentists also specified the timings for some patients when they considered that the patient would need an appointment that was longer than the typical time.

The feedback we received from patient comment cards and patients we spoke with confirmed that they could get an appointment within a reasonable time frame and received a good service. One patient commented their usual dentist at another practice was on holiday and they had accessed the practice for urgent treatment through the emergency appointment service offered to existing and new patients.

Tackling inequity and promoting equality

The practice had recognised the needs of some different groups in the planning of its service. Staff told us they treated everybody equally and welcomed patients from a range of different backgrounds, cultures and religions. We also saw evidence of staff training in equality and diversity in the personnel files.

Staff spoke a range of different languages including Hindi, Urdu, Punjabi, Italian, Arabic, Polish, Portugese and Chinese. The practice manager told us that staff working at the practice were also able to work at the sister practices or vice versa to assist patients with communication needs, or alternatively arrangements would be made for patients to receive treatment at one of the sister practices if necessary. The practice website also provided patients with information in various languages.

The practice provided written information such as the guide of dental services in large print for patients with visual impairments.

The practice was not wheelchair accessible. There were stairs leading to the practice and there were no elevator facilities provided in the building. The practice leaflet however clearly informed the public that the practice was unable to provide disabled access and advised patients to seek alternative dental providers to meet their needs.

Access to the service

The practice is open Monday to Sunday and offered existing and new patients a 24 hour emergency service. Patients could book an appointment up to six months in advance. Patients told us that they could get an appointment in good time and did not have any concerns about accessing the dentist. The practice leaflet and website gave details on the opening hours and how to access out of hours emergency treatment.

The practice manager told us that the dentists also had 15 minute slots between each patient appointment which meant that patients, who needed to be seen urgently, for example, because they were experiencing dental pain, could be accommodated.

Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. Staff raised any formal or informal comments or concerns with the practice manager to ensure these were responded to. The practice manager was the designated lead for investigating and responding to patient complaints.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. We found there was a system in place which ensured a timely response. The complaints procedure was detailed in the practice information leaflet available in the reception area.

We saw evidence of a complaints log and summary which included the outcome of investigations and communication with the patients concerned.

We observed a comments and suggestions book on the reception desk was available for patients to facilitate feedback about the practice.

Are services well-led?

Our findings

Governance arrangements

The practice had good governance arrangements with an effective management structure. The practice manager had implemented suitable arrangements for identifying, recording and managing risks through the use of scheduled risk assessments and audits. There were relevant policies and procedures in place. These were all frequently reviewed and updated. Staff were aware of these policies and procedures and acted in line with them. We saw evidence of a staff signature log to confirm their understanding and compliance with practice policies.

There were weekly informal practice meetings, as well as more formal staff meetings every two to four weeks, where necessary, to discuss key governance issues. For example, we saw minutes from meetings where areas such as annual reviews and appraisals had been discussed. This facilitated an environment where improvement and continuous learning were supported.

Leadership, openness and transparency

Staff were clear about their roles and responsibilities. We saw evidence of a formal leadership structure document in place which identified named members of staff in lead roles and observed work instruction documents for specific tasks within individual staff folders. Staff told us they felt well supported, there was strong leadership in the practice and that the management team were approachable to discuss any concerns.

The staff we spoke with described a transparent culture which encouraged candour, openness and honesty. Staff said that they felt comfortable about raising concerns with the dentists or practice manager. They felt they were listened to and responded to when they did so.

The practice aimed to provide consistently high-quality dental care at an affordable cost and this vision was advertised in the practice leaflet. Staff we spoke with were committed to both maintaining and continuously improving the quality of the care provided at the practice.

The staff we spoke with all told us they enjoyed their work and were well-supported by the management team. There was a system of staff appraisals to support staff in carrying out their roles to a high standard. The appraisals successfully identified staff training and career goals.

Learning and improvement

All staff were supported to pursue development opportunities. Staff had good access to training and the practice manager monitored staff training to ensure essential training was completed. We saw evidence that staff were working towards completing the required number of CPD hours to maintain their professional development in line with requirements set by the General Dental Council (GDC).

The dentists and dental nurses working at the practice were registered with the GDC. The GDC registers all dental care professionals to make sure they are appropriately qualified and competent to work in the United Kingdom.

The practice audited areas of their practice each year as part of a system of continuous improvement and learning. These included audits of health and safety, dental care records, infection control and X-ray quality. The audits included the outcome and actions arising from them to ensure improvements were made. For example, we saw evidence of a health and safety audit which was undertaken and identified that the clinical waste contractor needed to be instructed to wear appropriate PPE when collecting the waste bags from the practice.

Staff told us they felt confident about raising concerns or making suggestions.

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

The practice gathered feedback from patients through the use of patient satisfaction surveys. The overwhelming majority of feedback had been positive. The practice manager analysed feedback received from staff and patients and shared this at the team meetings.