

Perfect Smile Associates Ltd

Perfect Smile Associates Limited - Earlsfield branch

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 07 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 – Earlsfield is located in the London Borough of Wandsworth and provides private and NHS dental services. Facilities within the practice include two treatment rooms, a dedicated decontamination area, and a reception area.

The practice is open 6 days a week. The opening times are:

8.30am - 6.30pm on Mondays; 8.30am - 6.00pm Tuesdays and Wednesdays; 9.00am - 6.00pm on Thursday; 9.00am - 5.00pm on Friday and 9.00am - 1.00pm on alternate Saturdays.

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

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'.

Summary of findings

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 staff and reviewed policies and procedures and dental care records. We spoke with four patients on the day of the inspection and received 24 CQC comment cards completed by patients prior to the visit.

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 we spoke with and CQC comment cards received said 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:

- Maintain accurate, complete and detailed records relating to employment of staff. This includes keeping appropriate records of references taken.
- Review the practice's protocols for the use of rubber dam for root canal treatment giving due regard to guidelines issued by the British Endodontic Society.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

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, radiography 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, this included carrying out DBS checks, and obtaining references; though we did find that on some occasions the provider had taken telephone references but not recorded them.

Are services effective?

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

The practice followed guidance such as that issued by the National Institute for Health and Care Excellence (NICE) for example, in regards to wisdom tooth removal 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.

Staff were supported by the practice in continuing their professional development (CPD) and were meeting the requirements of their professional registration. Records showed patients were given health promotion advice appropriate to their individual oral health needs such as smoking cessation and dietary advice.

Are services caring?

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

Feedback was very positive about the service provided by the practice. We observed that staff treated patients with kindness and respect and were aware of the importance of confidentiality. Staff told us that treatments, risks and benefits were discussed with each patient to ensure the patients understood what treatment was available so they were able to make an informed choice.

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, and emergency appointments were scheduled in for each day. 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.

Are services well-led?

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

The practice had good governance arrangements and an effective management structure. There was a clear vision for the practice that was shared with the staff. 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.

Perfect Smile Associates Limited - Earlsfield branch

Detailed findings

Background to this inspection

We carried out an announced comprehensive inspection on 7th July 2015. This inspection was carried out by a CQC Inspector and 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 received 24 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. Staff were able to describe the types of incidents that would be recorded and logged in the incident logging process. There had been one incident over the past 12 months. The incident had been logged, and details of action taken by the practice had been recorded.

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. The practice had not had any 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. The policies included procedures for reporting safeguarding concerns and contact information for the local safeguarding teams. Staff we spoke with had completed safeguarding training and were able to explain their understanding of safeguarding issues, which was in line with what we saw in the policies. The practice had not had any situations which they had needed to refer for consideration by safeguarding teams.

The practice had safety systems in place to help ensure the safety of staff and patients. For example they had infection control, and health and safety policies, Control of Substances Hazardous to Health 2002 (COSHH) regulations procedures and had carried out risk assessments. Risk assessments had been undertaken for issues affecting the health and safety of staff and patients using the service.

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 people first signed up at the practice and was updated when patients visited the practice for a check-up or treatment. 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 medicines that the patients were on that could affect their treatment. However, we found the practice did not follow national guidelines in regards the 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] The Area Manager told us this would be something that they would speak to the dentists about.

Medical emergencies

There were arrangements in place to deal with on-site medical emergencies. Staff had received first aid training-both face to face and online. The practice had a medical emergency kit which included emergency medicines and equipment. We checked the medicines and we found that most medicines were within their expiry date. We found that the Glyceryl Trinitrate had expired in September 2014. The practice manager removed it from the medicinal emergency box and ordered a replacement. The emergency equipment included oxygen, and an automated external defibrillator (AED). (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 undertake various checks such as obtain a full employment history, check the authenticity of qualifications, follow up 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 carried out all necessary checks for staff who worked in the practice. However, we found that the practice did not always maintain accurate, complete and detailed records relating to employment of staff. For example we found only one reference each in three of the five staff records we checked. The provider said they had sometimes taken telephone references but not recorded them.

Are services safe?

Monitoring health & safety and responding to risk

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. This included for example risk assessments for use of display screens, building environment risks, risk from the use of equipment. The assessments identified risks and actions the practice should take to mitigate risks. For example a July 2015 fire risk assessment had recommended staff be sent on fire awareness training and we saw that this was being arranged. Staff had received training for responding to sharps injuries (needles and sharp instruments).

The practice had a 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 a problem with the building the practice was based in, fire and staffing issues. For example the plan included plans of what to do if the compressor broke down. Staff were instructed to continue to examine patients but not to carry out any treatment while the machine was being repaired.

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 to this there was a copy of the Department of Health's guidance document- Health Technical Memorandum 01-05- Decontamination in primary care dental practices (HTM 01-05), for guidance. 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); placing in the autoclave; pouching and then date stamping.

We saw records of the daily, weekly and monthly checks that were carried out on the autoclave to ensure it was 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 on a regular basis.

The surgery was visibly clean and tidy. There were stocks of PPE (personal protective equipment) for both staff and patients such as gloves and aprons. 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 May 2015 and the results were negative for bacterium [legionella is a bacterium that can grow in contaminated water]. 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 Regulations 2002(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 manufacturer's instructions. This included the equipment used to clean and sterilise the instruments and X-ray equipment. 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.

The practice had clear guidance regarding the prescribing, recording and stock control of the medicines used in the

Are services safe?

practice. The systems we reviewed were complete, provided an account of medicines prescribed, and demonstrated that patients were prescribed their medicines as recorded. The medicine stored at the practice was those found 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. Detailed X-ray audits were undertaken at least on an annual basis; the last audit was undertaken in March 2015. 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. We saw there were CPD records related to dental radiography for all staff that undertook radiography tasks. This included Ionising Radiation (Medical Exposure) Regulations (IR (ME) R) 2000 training.

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 wisdom tooth extraction and 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 detailed assessments that were individualised. This included having an up to date medical history visit, details of the reason for visit, medical alerts, and 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 diet, smoking cessation and oral health and where relevant patients were given information leaflets on smoking cessation.

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 external and in-house training. Examples of staff training included on core issues such as health and safety, fire safety, safeguarding, medical emergencies and infection control. Staff that were involved in radiography

had completed IR(ME)R 2000 training. 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 made to other practices owned by the same organisation who specialised in specific treatments such as orthodontic or dental implants. Internal referrals were made to the hygienists. Referrals were also made to hospitals' specialist dental services for further investigations and treatment, this included urgent two week referrals for suspected oral cancer. The practice completed referral forms or letters to ensure otherservice had all the relevant information required. Dental care records we looked at contained details of the referrals made and the outcome that came back 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 24 comments cards. Patients said they had been 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 patient records and noted signed consent forms for treatment and details of treatment options patients had been given. Staff had received Mental Capacity Act 2005 (MCA) training and refresher training was being organised for all staff to take place by September 2015. The Mental Capacity Act 2005 (MCA) 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

Are services effective?

(for example, treatment is effective)

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 people and reviewed 24 completed CQC comment cards and reviewed the results of the practice's patient satisfaction surveys. All the feedback we received was positive. Staff were described as caring, friendly 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.

We observed interaction with patients and saw that staff interacted well with patient 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 the patients understood what treatment was available so they were able to make an informed choice. The dentists we spoke with 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. Patients feedback confirmed what staff had told us. Patients said they were always involved in decisions about their treatment.

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 they had 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 that included access to telephone translation services. The building was accessible to people in wheelchair through the use of a temporary ramp.

We observed reception staff dealing with a customer in a wheel chair. We saw that they used the ramp to ensure the person could access the practice.

Access to the service

The practice displayed its opening hours at the front of the premises and on the practice website. The practice had 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. Patients we received feedback from told us they had good access to the service.

Concerns & complaints

The practice had effective arrangements in place for handling complaints and concerns. The practice had 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. However the policy did not include contact details of external organisations that patients could contact if they were not satisfied with the provider's response to a complaint. There had been no complaints in the last twelve months.

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 including the complaints and safeguarding policies. The practice had regular meetings involving all staff and had arrangements for identifying, recording and managing risks.

The practice manager undertook quality audits at the practice. This 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 a new safer type of syringe had been ordered by the practice following an infection control 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 infection control and training. Staff told us they had the opportunity and were happy to raise issues at any time. We saw for example that MHRA alerts were discussed at one meeting and results of a patient survey discussed at a 2015 meeting.

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 infection control and radiography.

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 also 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.