

# Clean Smile Limited Orchard House Dental

## Inspection Report

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## Overall summary

We carried out this announced inspection on 24 May 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a Care Quality Commission (CQC) inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we 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 form the framework for the areas we look at during the inspection.

### 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

Orchard House Dental is in Beckenham, in the Greater London Borough of Bromley. The practice provides NHS and private treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces are available on the premises and in the surrounding streets.

The practice has five treatment rooms.

The dental team includes five dentists (one of whom is completing their foundation year dental training), a practice manager, a receptionist (who also undertakes a dental nursing role), four qualified dental nurses and a dental hygienist.

The practice is owned by a company, and as a condition of registration must have a person registered with the

# Summary of findings

CQC as the registered manager. Registered managers 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 registered manager at Orchard House Dental is the principal dentist.

On the day of this inspection, we obtained feedback from 32 patients by checking CQC comment cards filled in by patients and speaking with patients.

During the inspection we spoke with the principal dentist, the practice manager and the receptionist.

We checked practice policies and procedures and other records about how the service is managed.

The practice is open at the following times:

Monday 9am to 5pm

Tuesday and Wednesday 9am to 6pm

Thursday 10am to 7pm

Friday and alternate Saturdays 9am to 1pm

## **Our key findings were:**

- The practice appeared clean and well maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The provider had systems to help them manage risk to patients and staff.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff were providing preventive care and supporting patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider had proactively participated in improving oral health outcomes in the community. They delivered oral hygiene education sessions to young children in local schools and provided them with samples of toothpaste and toothbrushes.
- The provider had effective leadership and culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The provider asked staff and patients for feedback about the services they provided. Feedback from patients was positive regarding all aspects of the service.
- The provider dealt with complaints positively and efficiently.
- The provider had suitable information governance arrangements.

# 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 provider had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

Staff received training in safeguarding people and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice completed essential recruitment checks.

The premises and equipment were clean and properly maintained. The provider followed national guidance for cleaning, sterilising and storing dental instruments.

The provider had suitable arrangements for dealing with medical and other emergencies.

No action



### Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance.

Patients described the treatment they received as being outstanding, fantastic, amazing and excellent.

The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The provider had clear arrangements when patients needed to be referred to other dental or health care professionals.

The provider supported staff to complete training relevant to their roles and had systems to help them monitor this.

The practice team kept complete patient dental care records which were comprehensive, clearly typed and stored securely. They complied with the requirements of the General Data Protection Regulations.

No action



### Are services caring?

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

We received feedback about the practice from 32 people. Patients made positive comments about all aspects of the service the practice provided. They told us staff were very attentive, helpful, pleasant, professional, caring and friendly. They described the receptionists as being supportive and efficient.

No action



# Summary of findings

Patients told us staff treated them with dignity and respect. Patients who shared with us their anxieties about visiting the dentist commented that staff made them feel at ease. They said they would recommend the practice to their friends and family, and described the environment as being welcoming and calming.

Patients told us details about their care and treatment were thoroughly explained to them. They said their questions were always fully answered by staff. They said their dentist listened to them.

The provider had proactively participated in improving oral health outcomes in the community. They delivered oral hygiene education sessions to young children in local schools and provided them with samples of oral hygiene aids and information leaflets.

Staff protected patients' privacy and were aware of the importance of confidentiality.

## Are services responsive to people's needs?

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

The practice's appointment system took account of patients' needs. Patients could get an appointment quickly if they were experiencing dental pain.

Staff considered patients' different needs. The provider had undertaken a Disability Access audit to assess how they could continually improve support and access for patients with enhanced needs.

The provider had made reasonable adjustments such as providing a ramp for patients with mobility problems, and families with children. The practice had access to interpreter services and had described to us how they supported patients with sight or hearing loss.

The provider took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

No action



## Are services well-led?

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

The provider had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided.

The provider had clearly defined aims and objectives which included offering a high quality service and customer experience, involving patients in the service, continually working towards better practice, keeping up with professional training, and ensuring staff feel respected and happy.

There was a clearly defined management structure and staff felt supported and appreciated. They worked well as a team.

The provider monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff. They had carried out audits of various processes to monitor the quality of the service.

No action



# Are services safe?

## Our findings

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

The provider had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the Care Quality Commission (CQC).

The practice had a system to highlight vulnerable patients on records e.g. adults and children where there were safeguarding concerns, people with enhanced learning needs or a mental health condition, or those who required other support such as with mobility or communication.

The practice also had a system to identify patients that were in other vulnerable situations e.g. those who were known to have experienced modern-day slavery or female genital mutilation.

The provider had a whistleblowing policy. Staff felt confident they could raise concerns without fear of reprimand.

The dentists used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where the dental dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, they told us they would document this clearly in the patient's dental care record and complete a risk assessment.

The provider had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice.

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. We checked recruitment records for all staff and found the practice followed their recruitment procedure and the relevant legislation.

All clinical staff were qualified and registered with the General Dental Council; they also had professional indemnity cover.

The practice ensured that the facilities and equipment were safe, and that equipment was maintained according to the manufacturers' instructions, including electrical and gas appliances.

Records showed that fire detection equipment was regularly tested and serviced. The provider had undertaken a fire risk assessment and implemented all the recommended actions to minimise the risk of the spread of fire on the premises.

The provider had suitable arrangements to ensure the safety of the radiography equipment and had the required information in their radiation protection file.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The provider had begun a cycle of radiography audits following current guidance and legislation.

Clinical staff completed continuing professional development in respect of dental radiography.

### **Risks to patients**

There were effective systems to assess, monitor and manage risks to patient safety.

The provider's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. This included risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

The provider had employer's liability insurance.

We checked the provider's arrangements for safe dental care and treatment. The staff followed the relevant safety regulation when using needles and other sharp dental items. They had undertaken a sharps risk assessment and this was regularly updated.

The provider had a system in place to ensure all clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year.

# Are services safe?

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks of these to make sure these were available, within their expiry date, and in working order.

A dental nurse worked with the dentists when they treated patients, in line with General Dental Council's (GDC) Standards for the Dental Team. They could strengthen arrangements by undertaking a risk assessment for when the dental hygienist worked without chairside support.

The provider had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health and Social Care.

The provider had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance.

Staff completed infection prevention and control training and received updates as required.

The provider had systems in place to ensure that any dental work was disinfected prior to being sent to a dental laboratory and before treatment was completed.

The provider had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. They had actioned all recommendations. Records of water testing and dental unit water line management were in place.

We saw cleaning schedules for the premises. The practice appeared visibly clean when we inspected it.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The provider carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

## Information to deliver safe care and treatment

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

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were legible, kept securely, and complied with General Data Protection Regulation (GDPR) requirements.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with current guidance.

## Safe and appropriate use of medicines

The provider had reliable systems for the appropriate and safe handling of medicines.

There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

The provider stored and kept records of NHS prescriptions as described in current guidance.

The dentists were aware of current guidance with regards to prescribing medicines.

## Track record on safety, lessons learned and improvements

The provider documented, investigated and reviewed incidents. They discussed incidents with the rest of the dental team to prevent such occurrences happening again in the future. This helped them understand risks and gave a clear, accurate and current picture that led to safety improvements.

There was a system for receiving and acting on safety alerts. The practice's staff learned from external safety events as well as patient, equipment and medicine safety alerts. We found they were shared with the team and acted upon if required.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

The dental practitioners kept up to date with current evidence-based practice.

Clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

### Helping patients to live healthier lives

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentist prescribed high concentration fluoride toothpaste and fluoride varnish if a patient's risk of tooth decay indicated this would help them.

The dental clinicians, where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

The principal dentist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition. Patients with more severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice. They told us the dentist referred patients with gum disease to their dental hygienist or a periodontal specialist according to the patients' need.

### Consent to care and treatment

Staff obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The provider's consent policy included information and guidance to staff about mental capacity. The team

understood their responsibilities under the Mental Capacity Act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

### Monitoring care and treatment

Staff kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

The provider audited patients' dental care records to check that the dentists recorded the necessary information.

### Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

Staff new to the practice had a period of induction based on a structured programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

The provider discussed learning needs, general wellbeing and aims for future professional development with staff during annual appraisals. Staff discussed their training needs during informal discussions, appraisals, and clinical supervision. We saw evidence of completed appraisals.

The provider supported and encouraged staff to complete CPD. Staff completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. Staff had completed training in infection prevention and control, safeguarding children and vulnerable adults, fire safety, radiography, oral cancer, periodontal disease management, dementia, information governance, legal and ethical issues, and managing complaints. The principal dentist was undertaking a practice management course.

### Co-ordinating care and treatment



# Are services effective?

(for example, treatment is effective)

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

The dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

The provider had systems to identify, manage, follow up, and where required refer patients, for specialist care when presenting with dental infections.

The provider also had systems for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by the National Institute for Health and Care Excellence (NICE) in 2005 to help make sure patients were seen quickly by a specialist.

Staff monitored all referrals to make sure they were dealt with promptly.



# Are services caring?

## Our findings

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. They were aware of their responsibility to respect people's diversity and human rights. They treated patients with kindness and respect, and were friendly towards patients at the reception desk and over the telephone.

We received feedback from 32 patients who commented positively about all aspects of the service the practice provided. They told us staff were very attentive, helpful, pleasant, professional, caring and friendly. They described the receptionists as being supportive and efficient.

Patients told us staff treated them with dignity and respect. Patients who shared with us their anxieties about visiting the dentist commented that staff made them feel at ease. They said they would recommend the practice to their friends and family, and described the environment as being welcoming and calming.

Parents who had children who were patients at the practice said they were happy with the level of service their children had received from the staff.

Patients told us details about their care and treatment were thoroughly explained to them. They said their questions were always fully answered by staff. They said their dentist listened to them.

Information was available for patients to read in the waiting area.

The provider had proactively participated in improving oral health outcomes in the community. They delivered oral hygiene education sessions to young children in local schools and provided them with samples of oral hygiene aids and information leaflets.

### Privacy and dignity

Staff respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of the reception and waiting areas provided privacy when reception staff were dealing with patients. If a patient asked for more privacy, staff told us they could take them into another room.

The computer screens at the reception desk were not visible to patients, and staff did not leave patients' personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

### Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and were aware of the

Accessible Information Standards (a requirement to make sure that patients and their carers can access and understand the information they are given). They understood, and had a policy on, the requirements under the Equality Act.:

- Interpretation services were available for patients who did not speak or understand English as a first language.
- Staff communicated with patients in a way that they could understand. They told us they could provide communication aids and documents in larger fonts.
- Staff helped patients and their carers find further information and access community and advocacy services.

The provider gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The provider's website and information leaflet provided patients with information about the range of treatments available at the practice. They displayed their treatment and cost list at the entrance of the practice.

The principal dentist described to us the methods they used to help patients understand their diagnosis and treatment options discussed. These included the use of photographs taken with a camera, dental models, videos, and radiograph images.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The provider organised and delivered services to meet patients' needs. They took account of patient needs and preferences.

Staff were clear on the importance of emotional support needed by patients when delivering care.

Patients described high levels of satisfaction with the responsive service provided by the practice.

They told us staff made efforts to accommodate their needs.

The provider had made reasonable adjustments for patients with limited mobility and vision. These included step-free access, a hand rail along the ramp at the entrance of the practice, and a magnifying glass.

The provider had undertaken a Disability Access audit and formulated an action plan to identify how they could continually improve support and access for patients with enhanced needs.

### Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs. They confirmed they could make routine and emergency appointments easily.

The provider displayed the practice's opening hours in the premises, and included it in their information leaflet and on their website.

The provider had an appointment system to respond to patients' needs. Patients told us they had enough time during their appointments and did not feel rushed. Patients who requested an urgent appointment were usually seen the same day; the provider had an arrangement with two local practices if they could not accommodate these patients.

The provider's website, information leaflet displayed at the practice's entrance, and their answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

### Listening and learning from concerns and complaints

The provider took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The provider had a policy providing guidance to staff on how to handle a complaint. There was also information available to patients about how to make a complaint. Information was available about organisations patients could contact if they were not satisfied with the way the practice dealt with their concerns.

The practice manager and principal dentist were responsible for dealing with complaints.

The provider aimed to settle complaints in-house and encouraged patients to speak with them to discuss these.

We checked comments and complaints the practice received in the last 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

# Are services well-led?

## Our findings

### Leadership capacity and capability

We found the principal dentist had the capacity and skills to deliver high-quality, sustainable care. They were knowledgeable about issues and priorities relating to the quality and future of their services.

The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. The practice manager described to us positively how the principal dentist had trained them from the role of dental nurse to take on management duties.

### Vision

The provider had clearly defined aims and objectives which included offering a high quality service and customer experience, involving patients in the service, continually working towards better practice, keeping up with professional training, and ensuring staff feel respected and happy.

The provider was aware of health and social priorities in the local area. They had planned their services to meet the needs of the practice population.

### Culture

The provider prioritised compassionate and inclusive leadership. They had an open, family-like friendly culture that was focused on well-being, communication and patient-focused care. They had processes in place to manage behaviour that was not in line with their culture and vision.

Staff stated they felt respected, supported and valued. They appeared proud to work in the practice. They told us the practice manager and principal dentist were approachable. Staff we spoke with told us they could raise concerns and were encouraged to do so; they had confidence that any concerns would be addressed.

The provider showed openness, honesty and transparency when responding to incidents and complaints. They were aware of, and had systems to ensure compliance with, the requirements of the Duty of Candour.

### Governance and management

There were clear responsibilities, roles and systems of accountability to support good governance and management, and these were understood by all staff we spoke with.

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

There were clear and effective processes for managing risks, issues and performance.

### Appropriate and accurate information

The provider acted on appropriate and accurate information.

They used quality and operational information to improve performance and combined this information with the views of patients.

They had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

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

The provider involved patients and staff and external partners to support high-quality sustainable services.

The provider used patient surveys, a suggestion box and verbal comments to obtain patients' views about the service. The provider had analysed their most recent patient survey results to identify what they were doing well and where they could improve. They had extended their opening hours and improved the décor of the premises in response to feedback from patients.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used.

The provider gathered feedback from staff through meetings, appraisals, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on. In

## Are services well-led?

response to feedback from staff, the provider had made improvements to ensure their stock of dental materials was more effectively managed. They had also implemented staff appraisals.

### **Continuous improvement and innovation**

There were systems and processes for learning, continuous improvement and innovation.

The provider had quality assurance processes to encourage learning and continuous improvement. These included

audits of dental care records, access for disabled patients, radiographs, handwashing, cleaning processes, practice management, security of the premises, and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.