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Sunny Smiles Dental Innovations - Brentwood

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 16 February 2023 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 practice 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 advisor.

To get to the heart of patients' experiences of care and treatment, we always ask the following 5 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:

- The dental clinic appeared clean and well-maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were mostly available. Following the inspection, the provider confirmed some of those items missing had been purchased.

Summary of findings

- The practice systems to help them manage risk to patients and staff were not robust or effective. Specifically, fire safety and risk assessments to minimise the risk that could be caused from substances that are hazardous to health.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which reflected current legislation.
- Patient dental care records did not comply with recommended guidance.
- Patients were treated with dignity and respect. Staff took care to protect patients' privacy and personal information.
- Not all the required radiation protection information was available for the X-ray equipment or the cone-beam computed tomography (CBCT).
- Evidence of the provider operator training for the CBCT and the required 5 hours *Ionising Radiation (Medical Exposure) Regulations* (IR(ME)R) training for the dentist were not available.
- The appointment system worked efficiently to respond to patients' needs. Although the dentist was only available for 2 days, the practice was open to book patient appointments and to refer to other local practices for emergency appointments when the dentist was not available.
- The frequency of appointments was agreed between the dentist and the patient, giving due regard to National Institute of Health and Care Excellence (NICE) guidelines.
- There was no system to ensure that required audits of disability access and radiographs or other audits including antibiotic prescribing were undertaken at recommended intervals and used to improve the quality of the service.
- Staff felt involved, supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The dental clinic had some information governance arrangements.

Background

Sunny Smiles Dental Innovations - Brentwood is in Brentwood, Essex and provides private dental care and treatment for adults and children.

The service is situated on the first floor of a high street premises. People who use wheelchairs and those with pushchairs are referred to a local sister practice with step free access. Car parking spaces, including dedicated parking for disabled people, are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 1 dentist, 2 dental nurses, 1 dental hygienist, 1 practice manager, 1 cleaner and 1 receptionist. The practice has 1 treatment room.

During the inspection we spoke with 1 dentist, 1 dental nurse, 1 receptionist and the practice manager. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday from 9am to 6pm for reception only.

Tuesday from 8.45 to 6pm for dental appointments.

Wednesday from 9am to 5pm for hygienist appointments.

Thursday from 9am to 3.30pm for dental appointments.

Summary of findings

Friday from 9am to 4pm for reception only.

We identified regulations the provider was not complying with. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Full details of the regulation the provider is not meeting are at the end of this report.

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

- Take action to ensure audits of disability access and radiographs are undertaken at regular intervals to improve the quality of the service. Practice should also ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated. In addition; implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the College of General Dentistry.
- Implement protocols for the use of closed-circuit television cameras taking into account the guidelines published by the Information Commissioner's Office.
- Take action to ensure clinicians record in the patients' dental care records or elsewhere, the reason for taking X-rays, a report on the findings and the quality of the image in compliance with Ionising Radiation (Medical Exposure) Regulations 2017.

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?	No action ✓
Are services effective?	No action ✓
Are services caring?	No action ✓
Are services responsive to people's needs?	No action ✓
Are services well-led?	Requirements notice ✗

Are services safe?

Our findings

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

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

The practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.

The practice had infection control procedures which reflected published guidance.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment.

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

The practice appeared clean and there was an effective schedule in place to ensure it was kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff, including for agency or locum staff. These reflected the relevant legislation.

Clinical staff were qualified, registered with the General Dental Council and had professional indemnity cover.

The practice ensured equipment was safe to use, maintained and serviced according to manufacturers' instructions. We noted the autoclave and compressor were scheduled for servicing the week following the inspection. However, evidence of this servicing was not provided following the inspection.

The practice ensured the facilities were maintained in accordance with regulations.

A fire safety risk assessment was carried out in line with the legal requirements. However, we found there were no records to support the weekly or monthly checks of smoke alarms and no records to demonstrate emergency lighting had been tested or serviced.

The practice had some arrangements to ensure the safety of the X-ray equipment. However, we found not all the required radiation protection information was available for the X-ray equipment or the cone-beam computed tomography (CBCT). There was no documentation to demonstrate notification to the Health and Safety Executive (HSE) for radiation registration. There were no records of monthly checks or tests for the CBCT equipment. Evidence of the provider operator training for the CBCT and the required 5 hours *Ionising Radiation (Medical Exposure) Regulations* (IR(ME)R) training for the dentist were not available. Following the inspection, the dentist provided evidence that this training had been scheduled for 3 April 2023.

Risks to patients

The practice had implemented some systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety and lone working.

Emergency equipment and medicines were mostly available and checked in accordance with national guidance. However, there was no spacer device available to use with an inhaler. The practice did not have an automated external defibrillator (AED), we were told there was access to an AED at another dental surgery, which was located 1 to 2 minutes from the practice. We discussed this concern with the practice manager and provider. Immediately following the inspection, the practice confirmed an AED had been purchased. However, we did not receive confirmation that a spacer device had been ordered.

Are services safe?

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

The practice had some protocols to minimise the risk that could be caused from substances that were hazardous to health. However, we did not see any risk assessments to minimise the risk that could be caused from substances that are hazardous to health.

Information to deliver safe care and treatment

Dental care records we saw were legible, were kept securely and complied with General Data Protection Regulation requirements. There was scope to ensure these were more detailed.

The practice had systems for referring patients with suspected oral cancer under the national two-week wait arrangements.

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines. However, antimicrobial prescribing audits were not carried out to ensure the clinicians were prescribing according to National Institute for Health and Care Excellence (NICE) guidelines.

Track record on safety, and lessons learned and improvements

The practice had systems to review and investigate incidents and accidents. The practice had a system for receiving and acting on safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems to keep dental professionals up to date with current evidence-based practice.

The practice offered conscious sedation for patients. The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training. It was noted that prior to the inspection, sedation was provided without an automated external defibrillator (AED) on site.

We saw the provision of dental implants was in accordance with national guidance.

The practice had access to digital and Dental Cone Beam (Computed Tomography) X-rays to enhance the delivery of care.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health.

Oral health advice and preventative care was provided by the dentist and the hygienist.

Consent to care and treatment

Staff obtained patients' consent to care and treatment in line with legislation and guidance. They understood their responsibilities under the Mental Capacity Act 2005.

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 conveyed an understanding of supporting more vulnerable members of society such as patients living with dementia or adults and children with a learning disability.

Not all the dental care records we reviewed evidenced the dentist justified, graded and reported on the radiographs they took. Radiography audits were not undertaken six-monthly in order to identify the dentist was not following the latest guidance.

Effective staffing

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

Newly appointed staff had a structured induction and clinical staff completed continuing professional development required for their registration with the General Dental Council.

Co-ordinating care and treatment

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 for treatment the practice did not provide.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff were aware of their responsibility to respect people's diversity and human rights. Staff gave examples of how they had supported patients. We saw staff treated patients respectfully and were friendly towards patients at the reception desk and over the telephone.

We looked at social media feedback and noted patients said staff were compassionate and understanding when they were in pain, distress or discomfort.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

The practice had installed closed-circuit television to improve security for patients and staff. However, not all the relevant policies and protocols were in place.

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 gave patients clear information to help them make informed choices about their treatment.

The practice's website and information booklets provided patients with information about the range of treatments available at the practice.

The dentist explained the methods they used to help patients understand their treatment options. These included photographs and X-ray images.

Are services responsive to people's needs?

Our findings

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs and preferences.

Staff were clear about the importance of providing emotional support to patients when delivering care.

The practice had made reasonable adjustments for patients with disabilities. Following the inspection, the practice had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

Timely access to services

The practice displayed its opening hours at the practice. The practice website and social media pages provided information on treatments and oral health advice, but there was no information provided on these sites regarding the practice opening hours.

Patients could access care and treatment from the practice within an acceptable timescale for their needs. The practice had an appointment system to respond to patients' needs. The frequency of appointments was agreed between the dentist and the patient, giving due regard to NICE guidelines. Patients had enough time during their appointment and did not feel rushed.

The practice's website, social media pages, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

Patients who needed an urgent appointment were offered one in a timely manner. When the practice was unable to offer an urgent appointment, they worked with partner organisations to support urgent access for patients. Patients with the most urgent needs had their care and treatment prioritised.

Listening and learning from concerns and complaints

The practice responded to concerns and complaints appropriately. Staff discussed outcomes to share learning and improve the service.

Are services well-led?

Our findings

We found this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notice section at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

Leadership capacity and capability

We identified several issues in relation to the assessment and management of risk from fire, substances that are hazardous to health, general risk assessment and auditing systems, which indicated that governance and oversight of the practice needed to be strengthened. Not all the required radiation protection information was available for the X-ray equipment or the cone-beam computed tomography (CBCT). Evidence of the provider operator training for the CBCT and the required 5 hours *Ionising Radiation (Medical Exposure) Regulations* (IR(ME)R) training for the dentist were not available.

The practice manager was new to the practice and was in the process of developing and reorganising the practice. We were told a lot of paperwork was missing following a brief closure of the practice during the pandemic. The provider was in the process of reviewing the practice systems and processes. We noted staff worked together in such a way that where the inspection highlighted issues or omissions, the practice took some actions to rectify these.

The information and evidence presented during the inspection process was not always clear or well documented.

There were processes to support and develop staff with additional roles and responsibilities.

Culture

Staff stated they felt respected and valued, they told us they enjoyed their work. They described the lead dentist as approachable. Staff were proud to work in the practice.

Staff discussed their training needs during annual appraisals, 1 to 1 meetings and during clinical supervision. They also discussed learning needs, general wellbeing and aims for future professional development.

System to ensure staff training was up-to-date and reviewed at the required intervals operated ineffectively.

Governance and management

Staff had clear responsibilities, roles and systems of accountability to support good governance and management.

The practice had a governance system which included policies, protocols and procedures that were accessible to all members of staff. The practice manager confirmed that as they moved forward these would be reviewed on a regular basis.

Processes for managing risks and issues were either not in place or, where recently implemented, were not embedded.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

The practice had information governance arrangements and staff were aware of the importance of protecting patients' personal information.

Engagement with patients, the public, staff and external partners

Staff gathered feedback from patients, the public and external partners and demonstrated a commitment to acting on feedback.

Are services well-led?

Feedback from staff was obtained through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on where appropriate.

Continuous improvement and innovation

The practice manager was in the process of reviewing the systems and processes for learning, quality assurance and continuous improvement. These included audits of patient care records, radiographs and infection prevention and control. There was scope to ensure these included audits of antimicrobial prescribing. In addition, the practice should ensure audits are undertaken as frequently as recommended in guidance and ensure results of these audits are documented, include a summary of findings and the resulting action plans and improvements.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Surgical procedures Treatment of disease, disorder or injury Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. How the Regulation was not being met The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular: • Not all the required radiation protection information was available for the X-ray equipment or the cone-beam computed tomography (CBCT). • There was no documentation of registration or notification to the Health and Safety Executive (HSE) for radiation registration. • There were no records of monthly checks or tests for the CBCT equipment. • Evidence of the provider operator training for the CBCT and the required 5 hours <i>Ionising Radiation (Medical Exposure) Regulations</i> (IR(ME)R) training for the dentist were not available. The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who might be at risk. In particular: • There were no records to support the weekly or monthly checks of smoke alarms. • There were no records to support testing or servicing of the emergency lighting.

This section is primarily information for the provider

Requirement notices

- Risk assessments to minimise the risk that could be caused from substances that are hazardous to health were not in place.
- Disability access audits were not undertaken.