

Perfect Smile Surgery Limited

Perfect Smile West Hampstead

Inspection Report

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Overall summary

We carried out this announced inspection on 28 and 29 December 2017 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 advisor.

We told the NHS England area team that we were inspecting the practice. They did not provide any information.

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 not providing well-led care in accordance with the relevant regulations.

Background

Perfect Smile West Hampstead is in Hampstead in the London borough of Camden. The practice provides NHS and private treatment to patients of all ages.

Summary of findings

There is level access for people who use wheelchairs and those with pushchairs. Restricted car parking spaces, including those for patients with disabled badges, are available near the practice.

The dental team includes five dentists, a qualified dental nurse, a dental hygienist, a practice manager and a receptionist. The practice has three treatment rooms.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission 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 Perfect Smile West Hampstead was one of the company's directors.

On the day of inspection we obtained feedback from 13 patients. This information gave us a positive view of the practice.

During the inspection we spoke with two dentists, two dental nurses (one of whom had been drafted in from another practice owned by the provider) and the company's general manager and area manager. We checked practice policies and procedures and other records about how the service is managed.

The practice is open at the following times:

Monday, Tuesday, Friday: 9am-6pm

Wednesday: 9am-7pm

Alternate Saturdays: 9am-1pm

Our key findings were:

- The practice was clean and well maintained.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- 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.
- The appointment system met patients' needs.
- The practice asked staff and patients for feedback about the services they provided.

- The practice dealt with complaints positively and efficiently.
- Staff felt involved and supported.
- The practice had infection control procedures, though improvements could be made to ensure the infection control audit was carried out in line with current national guidance.
- Improvements could be made to ensure the practice used rectangular collimators on all radiography equipment in line with guidance and legislation.
- The practice had systems to help them manage risk, though improvements could be made to ensure risk assessments were carried out effectively.
- The practice lacked established recruitment procedures and processes.
- Improvements could be made to ensure the practice had processes to enable them to monitor training needs.
- Improvements could be made to establish a process for receiving and sharing safety alerts such as those from the Medicines and Healthcare Products Regulatory Agency.
- The practice lacked effective leadership. Risks from the lack of effective recruitment checks, and the lack of systems to monitor quality had not been suitably identified and mitigated.

The provider assured us following our visit that they would address these issues and put immediate procedures in place to manage the risks. We have since been sent evidence to show

that improvements are being made. We will check these improvements have been sustained and embedded when we carry out a follow-up inspection of the practice.

We identified regulations the provider was not meeting. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

Full details of the regulations the provider was not meeting are at the end of this report.

Summary of findings

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

- Review the practice's system for documentation of actions taken, and learning shared, in response to incidents with a view to preventing further occurrences and ensuring improvements are made as a result.
- Review its responsibilities with regard to the Control of Substances Hazardous to Health (COSHH) Regulations 2002 and ensure all documentation is up to date and staff understand how to minimise risks associated with the use and handling of these substances.
- Review the protocols and procedures for use of radiography equipment taking into account Guidance Notes for Dental Practitioners on the Safe Use of X-ray Equipment.
- Review the practice's protocols for completion of dental care records taking into account guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.
- Review the practice's protocols for referral of patients and ensure all referrals are monitored suitably.
- Review the current staffing arrangements to ensure all dental care professionals are adequately supported by a trained member of the dental team when treating patients in a dental setting taking into account the guidance issued by the General Dental Council.
- Review its responsibilities to meet the needs of people with a disability, including those with hearing difficulties and the requirements of the Equality Act 2010.

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

Staff received training in safeguarding and those we spoke with knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles. Improvements could be made to ensure the practice established thorough recruitment procedures.

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

Improvements could be made to ensure the infection control audit was carried out at the recommended frequency in line with national guidance.

The practice had arrangements for dealing with medical and other emergencies.

No action



Are services effective?

We found 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 safe and of high quality. The dentists discussed treatment with patients so they could give informed consent; improvements could be made to ensure dentists suitably recorded this in dental care records.

The practice had arrangements when patients needed to be referred to other dental or health care professionals; improvements could be made to ensure these arrangements were effective.

The practice told us they supported staff to complete training relevant to their roles. Improvements could be made to ensure there were effective systems to help them monitor this.

No action



Are services caring?

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

No action



Summary of findings

We received feedback about the practice from 13 patients, the majority of whom were positive about the service the practice provided. They told us staff were friendly, professional and helpful. They said they were given thorough and helpful explanations about dental treatment, and said their dentist listened to them.

Patients said staff treated them with dignity and respect.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality.

Are services responsive to people's needs?

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

The practice's appointment system was efficient and met patients' needs. Patients were able to get an appointment quickly if they were experiencing dental pain.

Improvements could be made to ensure the practice reviewed its responsibilities to meet the needs of people with a disability, including those with hearing difficulties.

The practice 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 not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of these actions in the Requirements Notice section at the end of this report).

There was a clear management structure and staff felt supported and appreciated.

The practice had arrangements to ensure the smooth running of the service, though improvements were needed in areas, such as for maintaining records, ensuring training needs were monitored effectively, ensuring appropriate policies and procedures were available and established, and ensuring thorough recruitment procedures were implemented,

Improvements could be made to ensure various risk assessments were completed and appropriately followed up.

Risks from the lack of effective systems to keep up to date with safety alerts, such as those from the Medicines and Healthcare Products Regulatory Agency, had not been identified and mitigated.

The practice team stored patient dental care records securely, though improvements were needed to ensure they contained the necessary information.

Requirements notice



Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had a policy and procedures to report, investigate, respond to and learn from accidents, incidents and significant events. They had recorded and responded to incidents to reduce risk and support future learning. Improvements could be made to ensure relevant sections on incident reports were completed.

The practice was not able to demonstrate that any of the incidents recorded in the last 12 months had been shared with staff; none of the staff we spoke with knew about these.

The practice was not able to demonstrate that it had established a system for receiving and disseminating national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). None of the staff members we spoke with were aware of any arrangements to share safety alerts with them.

Reliable safety systems and processes (including safeguarding)

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 practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse.

We saw evidence that all but two members of staff had received safeguarding children and adults training. Shortly after the inspection the practice ensured these members of staff received the necessary training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. All but one member of staff we spoke with were aware of the practice's safeguarding leads. The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of reprimand.

We checked the practice's arrangements for safe dental care and treatment. The practice followed relevant safety laws when using needles and other sharp dental items. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

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

Medical emergencies

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

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order. Improvements could be made to ensure expired Glucagon (a medicine used to treat hypoglycaemia) was replaced. Shortly after the inspection the practice told us they had ordered this medicine.

Improvements could be made to remove signs indicating emergency equipment was stored in a cupboard we found did not contain any emergency equipment.

Staff recruitment

Improvements could be made to ensure the practice established thorough recruitment procedures. The practice had a staff recruitment policy to help them employ suitable staff, though they had not always followed this policy. We checked four recruitment records and found the practice had not obtained two references for two members of staff; one reference was in place for a staff member, which was not in line with their policy.

Of the four recruitment records we checked, the practice had not carried out a Disclosure and Barring Service (DBS) check for a dentist, and a DBS check for another dentist was not at the required enhanced level. The practice told us they had initiated a new enhanced DBS check for this member of staff and they were awaiting the results. They said they had a new policy to carry out a risk assessment if a new applicant's previous DBS check had been carried out within the previous 12 months, though we found no documented risk assessment or policy on DBS checks in place.

Improvements could be made to ensure an immunisation report for a dentist written in a foreign language was updated with a report written in English.

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

Are services safe?

Monitoring health & safety and responding to risks

The practice had health and safety policies and risk assessments covering general workplace and specific dental topics; however, the majority of the risk assessments had not been completed appropriately or followed up on to ensure recommendations for improvements were implemented. Where risks had been identified the practice had not always recorded an appropriate action plan.

The practice told us they had contacted a company to carry out new risk assessments after the inspection for fire safety, Legionella and health and safety.

A dental nurse worked with the dentists when they treated patients. Improvements could be made to ensure the practice assessed and mitigated risks associated with the hygienist working without chairside assistance.

The practice had employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They generally followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health.

We confirmed most staff completed infection prevention and control training though records of this training were not available for three members of staff.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

The practice carried out infection prevention and control audits in July 2014, March 2016 and July 2017.

Improvements could be made to ensure they carried these out twice a year in line with current guidance. The latest audit showed the practice was meeting the required standards.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. Improvements could be made to ensure the practice maintained records of actions they had completed in response to recommendations from the risk assessment. Shortly after the inspection the practice told us they had booked a new Legionella risk assessment to be carried out in January 2018.

We saw cleaning schedules for the premises. The practice appeared clean when we inspected and patients confirmed this was usual.

Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations.

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

Radiography (X-rays)

The practice had arrangements to ensure the safety of the radiography equipment. Improvements could be made to ensure these arrangements met current radiation regulations and had the required information in their radiation protection file such as the names of the practice's radiation protection advisor and supervisor.

Improvements could be made to ensure the practice used rectangular collimators in line with current regulations.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The practice had carried out two radiography audits in January and July 2017.

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

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

Dentists assessed patients' treatment needs and kept dental care records containing information about the patients' current dental needs, past treatment and medical histories. We checked dental care records and found the quality of record keeping was not consistent; improvements could be made to ensure key information was recorded in all dental care records.

The practice had audited patients' dental care records to check that the dentists recorded the necessary information. They had identified improvements required.

Health promotion & prevention

The practice provided preventative care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit. They had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

A dentist told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for all children based on an assessment of the risk of tooth decay for each child.

The dentists told us they discussed smoking, alcohol consumption and diet with patients where applicable during appointments. Improvements could be made to ensure this was suitably recorded in dental care records.

Staffing

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

Staff told us they discussed training needs at appraisals. We saw evidence of completed appraisals in personnel records.

Working with other services

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by the National Institute for Health and Clinical Excellence (NICE) in 2005 to help make sure patients were seen quickly by a specialist.

The practice had implemented referral tracker logs in 2016 to help them monitor all referrals. Improvements could be made to ensure these logs were completed with the necessary information about referral outcomes. In 2017 the practice had received a complaint regarding a missed non-urgent referral; they were able to resolve this complaint and ensured the referral was re-processed successfully.

Consent to care and treatment

The practice team understood the importance of obtaining patients' consent to treatment. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Improvements could be made to ensure consent and details of treatment options discussed was always recorded in patients' dental care records. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the Act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence; the dentists we spoke with were aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Staff we spoke with were aware of their responsibility to respect people's diversity and human rights. We observed that they treated patients with courtesy and in a friendly manner at the reception desk and over the telephone.

We received feedback from 13 patients who commented positively that staff were friendly, professional and helpful. They said they had received treatment they considered to be of high quality and would recommend the practice to others. Patient said they were given thorough and helpful explanations about dental treatment and said their dentist listened to them.

Nervous patients commented that staff were compassionate and understanding, and treated them with dignity and put them at ease.

Patients could choose whether they saw a male or female dentist.

Staff were aware of the importance of privacy and confidentiality. Reception staff told us they would take patients into another room if they required more privacy. The reception area's computer screens were not visible to patients and staff did not leave 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.

The practice played music in the treatment rooms and provided information leaflets in the waiting area for patients to read.

Involvement in decisions about care and treatment

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

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

The practice's website provided patients with information about the range of treatments available at the practice. These included general dentistry, treatments for gum disease and more complex treatments.

Each treatment room had a screen so the dentists could show patients photographs and radiograph images when they discussed treatment options. Staff also used visual aids to explain treatment options to patients needing more complex treatments.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

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

The practice had an efficient appointment system to respond to patients' needs. Staff told us patients who requested an urgent appointment could be seen the same day. Patients told us they had enough time during their appointment and did not feel rushed. They said the practice was flexible in accommodating their appointment requests. The practice managed appointments well during the inspection.

Promoting equality

The practice made adjustments with regard to providing step-free access for patients who used wheelchairs. Improvements could be made to ensure the practice formally assessed the needs of people with a disability, including those with hearing loss. Improvements could be made to ensure the practice updated their disability policy as it stated various facilities including braille should be available to patients, though we found this was not the case.

Practice staff told us they could provide information in different formats, such as large print, to meet individual patients' needs. They had access to interpreter/translation services including British Sign Language.

Access to the service

The practice displayed its opening hours in the premises and on their website.

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day. They had a 'sit and wait' emergency appointment system in place daily at 9am and 2pm daily. The practice's answerphone and patient information leaflet provided telephone numbers for patients needing emergency dental treatment when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and the majority said they were rarely kept waiting for their appointment.

Concerns & complaints

The practice had policies providing guidance to patients on how to make a complaint, and to staff on how to handle a complaint. The practice manager was responsible for dealing with complaints. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager was not available during the inspection; the area manager told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We checked comments, compliments and complaints the practice received within the last year. 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

Governance arrangements

The registered manager 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 majority of staff knew the management arrangements and their roles and responsibilities and improvements. Improvements could be made to ensure all staff had a good awareness and understanding of the Control of Substances Hazardous to Health (COSHH) Regulations 2002, the Duty of Candour, and details of the practice's safeguarding leads.

The practice had policies available for the smooth running of the practice. Improvements could be made to ensure these policies were reviewed and contained information that was reflective of arrangements in the practice.

The practice had carried out risk assessments to support the management of the service and to protect patients and staff. Improvements could be made to ensure they were completed appropriately and recommendations followed up on to monitor the quality and safety of the service and make the necessary improvements. Improvements could be made to ensure wherever risks had been identified there were suitable time-bound action plans.

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

Leadership, openness and transparency

The majority of staff we spoke with were aware of the Duty of Candour requirements to be open, honest and to offer an apology to patients if anything went wrong.

The practice had a mission statement explaining their values and various processes and policies.

Staff told us there was an open culture at the practice. They said the practice manager encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the practice manager was approachable, would listen to their concerns and act appropriately.

Staff attended monthly meetings where they could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information. The practice worked as a team and dealt with issues professionally.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiography and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements. Improvements could be made to ensure the practice carried out infection control audits six monthly in line with national guidance.

Improvements could be made to ensure the practice reviewed its responsibilities to meet the needs of people with a disability, including those with hearing difficulties, taking into consideration the requirements of the Equality Act 2010.

Arrangements were in place to ensure the whole staff team had appraisals where they discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

The General Dental Council (GDC) requires clinical staff to complete continuous professional development. Staff told us they completed key training, including medical emergencies and basic life support, each year. We confirmed most staff had completed key training, though evidence of training was not available for some staff. Improvements could be made to ensure the practice established an effective system for monitoring training needs.

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

The practice used verbal comments to obtain feedback from staff about the service.

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. Results from the practice's November 2017 FFT showed positive feedback from patients.

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
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>Regulation 17 Good governance</p> <p>The service provider 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 may be at risk. In particular:</p> <ul style="list-style-type: none">• The service provider had not completed effective risk assessments in relation to fire safety and health and safety.• The provider had not established an effective system for receiving and disseminating safety alerts.• The service provider had not identified and mitigated risks from the lack of suitable recruitment procedures. <p>The service provider had systems or processes in place that operated 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:</p> <ul style="list-style-type: none">• The service provider had not conducted infection control audits six-monthly in line with national guidance. <p>There were limited systems and processes to ensure the service provider maintained securely such records as are necessary to be kept in relation to persons employed, and in the management of the regulated activities. In particular:</p> <ul style="list-style-type: none">• The service provider had not established suitable processes for monitoring training needs.

This section is primarily information for the provider

Requirement notices

Regulation 17(1)

Regulated activity

Diagnostic and screening procedures
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulation 19 Fit and proper persons employed

The service provider had systems or processes in place that operated ineffectively, in that they failed to enable the service provider to establish and operate effective recruitment procedures. In particular:

- The practice had not followed their recruitment procedure with regard to carrying out key recruitment checks for recently recruited staff prior to them commencing employment at the practice.

Regulation 19(3)