

The Smile Centre (UK) Limited

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Inspection Report

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Overall summary

We carried out this announced inspection on 16 January 2018 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 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 not 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

The Smile Centre (UK) Limited is in the Whitefield area of Manchester and provides private dental treatment to adults.

Summary of findings

There is level access for people who use wheelchairs and pushchairs. A ground floor surgery is available but this is only suitable for patients requiring denture work. Car parking spaces are available near the practice.

The dental team includes one dentist, one trainee dental nurse, a treatment coordinator and a receptionist. The practice has recently enrolled the help of a compliance consultant. The practice has two 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. At the time of the inspection the practice did not have a registered manager in post.

On the day of inspection we spoke with one patient. This information gave us a positive view of the practice.

During the inspection we spoke with the dentist, the trainee dental nurse, the receptionist, the treatment co-ordinator, the compliance consultant and the company director. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Thursday from 9:00am to 7:00pm

Friday from 9:00am to 12:30pm

Our key findings were:

- The practice was clean and well maintained.
- The 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 dealt with complaints positively and efficiently.
- The practice's infection control procedures did not always reflect published guidance.

- Staff were unaware of how to use the oxygen cylinder and deliver oxygen to the patient in the event of an emergency. Some emergency medicines had passed their expiry date.
- The practice's systems to help them manage risk could be improved. For example, recommendations from the Legionella risk assessment had not been actioned and risks associated with non-responders to Hepatitis B had not been assessed.
- The practice's staff recruitment procedures could be improved. References were not sought for new members of staff and a Disclosure and Barring Service (DBS) check was not available for a staff member.
- Equipment was not maintained according to the current guidelines.
- Edentulous patients were not recalled in line with current guidelines.
- The service had recently subscribed to a computer based compliance system. Staff were unaware of how to access policies and had not seen them.
- There had recently been a staffing restructure. There was no clear leader within the service and there were no individual leads.

We identified regulations that were not being met and the provider must:

- Ensure care and treatment is provided in a safe way to patients.
- 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.

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

- Review the practice protocols and adopt an individual risk based approach to patient recalls taking into account National Institute for Health and Care Excellence (NICE) guidelines.

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 not providing safe care in accordance with the relevant regulations. The impact of our concerns, in terms of the safety of clinical care, is minor for patients using the service. Once the shortcomings have been put right the likelihood of them occurring in the future is low. We have told the provider to take action (see full details of this action in the Enforcement Action 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.

The practice had limited systems and processes in place to provide safe care and treatment.

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

Staff were qualified for their roles and the practice had completed some recruitment checks. There were no references for any staff and there was no DBS check for one member of staff.

The premises were clean and well maintained. Equipment was not serviced or validated according to manufacturers' and nationally recognised guidance. A cleaning schedule was not available on the day of inspection and there was only one mop for the whole of the premises.

A Legionella risk assessment had been carried out. Recommendations from the risk assessment had not been actioned.

A fire risk assessment had not been completed and no checks had been carried out on fire equipment.

Staff were not able to demonstrate that they could use the oxygen cylinder and deliver oxygen to a patient in the event of a medical emergency. Two medicines in the medical emergency kit had passed their expiry date. The system for checking emergency medicines and equipment was ineffective.

X-ray equipment had been examined. It was not clear if the recommendations from this examination had been actioned.

Enforcement 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. We were told that edentulous patients (those without any natural teeth) were not recalled unless they specifically requested an appointment. NICE guidance recommends recall intervals for such patients should not exceed 24 months.

No action



Summary of findings

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

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

Staff had completed most training relevant to their roles. There was not an effective system in place to monitor training or to ensure new members of staff had completed appropriate training.

Are services caring?

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

We received feedback about the practice from one patient. The patient was positive about all aspects of the service the practice provided. They told us staff were friendly and caring. They said the dentist listened to them and discussed treatment options. They also told us that they were made to feel at ease, especially as they were anxious about visiting the dentist.

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

No action



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 was efficient and met patients' needs. We were told that patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for disabled patients. A ground floor surgery was available, but this surgery was not set up for carrying out general dentistry. We were told they could source interpreter services if required.

The practice 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 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 Notices at the end of this report).

There had recently been staff restructuring and most staff were new to the practice. Leadership structures were unclear. A new computer based compliance system had recently been implemented. Staff were unaware of how to access policies and procedures. The policies were currently only on the computer system and had not been adapted to reflect the individual nature of the practice. There were no individual leads within the practice.

Requirements notice



Summary of findings

Systems and processes were not in place to ensure the service ran safely. For example, the recruitment process was not effective, there was no system in place to ensure medical emergency medicines did not exceed their expiry date and fire checks were not regularly carried out.

The practice team kept complete patient dental care records which were typed and stored securely.

Audit was not embedded within the culture of the service. The last infection control audit had been carried out in January 2017 and no audit of radiographs had been carried out.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

Staff described to us how accidents, incidents and significant events would be reported. We were told these would be documented and analysed for any learning. They would also be discussed at staff meetings to disseminate learning.

No significant events had been reported in the past 12 months. We asked to see the accident book. Staff were unable to locate the accident book. We were told a new one would be ordered.

On the day of inspection the practice had a system in place to receive alerts from the Central Alerting System (CAS). The practice did not have a system to receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). We saw a system to receive these alerts was set up on the day of inspection.

Reliable safety systems and processes (including safeguarding)

Staff knew their responsibilities if they had concerns about the safety of adults who were vulnerable due to their circumstances. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. We saw evidence that staff received safeguarding training. On the day of inspection the contact details for the local safeguarding team were not available. This was remedied on the day.

Staff were familiar with the concept of whistleblowing. Staff told us they felt confident they could raise concerns without fear of recrimination.

We looked at the practice's arrangements for safe dental care and treatment. A safer sharps system was in use at the practice and the dentist was responsible for handling sharps. There was no risk assessment to support this. The dentist told us they had not done any root canal treatment at the practice yet but they would use rubber dam in line with guidance from the British Endodontic Society.

Medical emergencies

Not all staff had completed training in emergency resuscitation and basic life support within the past 12 months. Staff were not confident in the use of the emergency oxygen cylinder.

Emergency equipment and medicines were available. We noted the buccal midazolam had expired in August 2017 and the glucagon had expired in November 2017. Staff had not identified that these had passed their expiry dates. A system to check emergency medicines and equipment was not in place.

Staff recruitment

A robust process was not in place to ensure the practice employs suitable staff. This reflected the relevant legislation. We looked at three staff recruitment records. There were no references for any of these staff and there was no DBS check for one member of staff.

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

Monitoring health & safety and responding to risks

The practice's approach towards risk management could be improved. A fire risk assessment had not been completed and there had been no regular checks on the fire alarm, emergency lighting or firefighting equipment. No fire drills had been carried out.

We observed that no record of the effectiveness of the vaccination to Hepatitis B was available for one of the staff. The practice did not have a risk assessment in place in relation to this member of staff working in a clinical environment when the effectiveness of the vaccination was unknown. This member of staff was also carrying out manual scrubbing of used instruments.

The practice had current employer's liability insurance.

A dental nurse generally worked with the dentist when they treated patients. We were told that the dentist doing denture work was not routinely supported by a dental nurse. This had not been risk assessed.

Infection control

The practice's infection prevention and control procedures did not always follow guidance in The Health Technical Memorandum 01-05: Decontamination in primary care

Are services safe?

dental practices (HTM01-05) published by the Department of Health. We noted used instruments were manually scrubbed under running water. Light magnification was not always used after the decontamination process.

Instruments from the ground floor surgery were transported on open trays. There was no risk assessment to mitigate the risks associated with not using lockable boxes. We noted some instrument pouches had passed their use by date and these had not been re-sterilised.

The practice last carried out an infection prevention and control audit in January 2017. Infection control audits should be carried out on a bi-annual basis.

A Legionella risk assessment had been carried out in November 2016. This had recommended the removal of a dead leg, monthly water temperature testing and weekly flushing of the tap in the office. None of these had been done. Staff were only flushing the dental unit water lines in the morning.

We were told the cleaner had a cleaning schedule for the premises. This was not available on the day of inspection. There was only one mop which was used for washrooms and the surgeries.

Equipment and medicines

We asked to see servicing documentation for the autoclave and the washer disinfectant. Staff were unable to produce any documentation for these. We were later sent evidence that servicing had been arranged.

Regular in house validation of the washer disinfectant had ceased in March 2017. In house validation of the autoclave followed HTM 01-05 guidance.

When required the dentist wrote private prescriptions for medicines. No medicines with the exception of emergency medicines were stored on site.

Radiography (X-rays)

The practice had a radiation protection folder. This had not been updated to reflect the current staff working at the practice. There were no local rules available within the folder. Both X-ray machines had been installed in 2015. These had both been critically examined by a competent person. The Orthopantomogram (OPT) critical examination had some recommendations including ensuring the dose was not too high. There was no evidence these recommendations had been considered or actioned.

We saw evidence that the dentist justified, graded and reported on the radiographs they took. Radiography audits had not been carried out.

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

The practice kept dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentist assessed patients' treatment needs in line with recognised guidance. We noted that edentulous patients (those without any natural teeth) were not recalled for regular appointments. NICE introduced guidance about recall intervals in 2004. The suggested recall intervals should not exceed 24 months. We were given an assurance that they would put in place a recall system for such patients.

Health promotion & prevention

The practice believed in preventative care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit. The dentist told us they provided oral hygiene and dietary advice including smoking cessation advice. High fluoride toothpaste was not provided for patients.

Staffing

There was no evidence new staff had a period of induction at the practice. We saw one induction sheet for the newest member of staff but this had not been completed.

Not all staff were up to date with the continuous professional development. One member of staff had not

completed basic life support training since February 2016 and one staff member who was involved in decontamination procedures had not completed infection control training.

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 NICE in 2005 to help make sure patients were seen quickly by a specialist.

Consent to care and treatment

The dentist understood the importance of obtaining and recording 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. The patient we spoke with confirmed the dentist listened to them and gave them clear information about their treatment.

The dentist understood their responsibilities under the Mental Capacity Act 2005 when treating adults who may not be able to make informed decisions. They were also familiar with Gillick competency and were aware of the need to consider this when treating young people under 16. The dentist 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.

The patient we spoke with commented positively that staff were friendly and caring. We saw that staff treated patients with dignity and respect and were friendly towards patients at the reception desk and over the telephone.

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

Involvement in decisions about care and treatment

The practice gave patients clear information to help them make informed choices. The patient we spoke with confirmed that staff listened to them, did not rush them and discussed options for treatment with them. The dentist described the conversations they had with patients to satisfy themselves they understood their treatment options. The consent process was supported by a treatment coordinator who spent time with the patient after initial consultation and planning. Options were discussed but we did not see records of the discussions.

The practice's website provided patients with information about the range of treatments available at the practice. These included general dentistry such as bridges, crowns and root canal treatment.

The upstairs treatment room had a screen so the dentist could show patients radiographs when they discussed treatment options.

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 that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Staff told us that they telephoned all patients the day before their appointment to make sure they could get to the practice.

Promoting equality

The practice made some reasonable adjustments for patients with disabilities. These included step free access and a ground floor toilet. A Disability Discrimination Act audit had not been completed.

They had access to interpreter services which included British Sign Language and braille.

Access to the service

The practice displayed its opening hours in their information leaflet 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. The answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Concerns & complaints

There were details of how patients could make a complaint on the back of all treatment plans and on the practice's website. There was no complaints procedure displayed in the waiting room.

The treatment co-ordinator was responsible for dealing with complaints when they arose. Staff told us they would tell the treatment co-ordinator about any formal or informal comments or concerns straight away so patients received a quick response.

The treatment co-ordinator told us they aimed to settle complaints in-house. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns was available on the treatment plan but not on the practice's website.

We looked at comments, compliments and complaints the practice received in the last 12 months. These showed the practice responded to concerns appropriately.

Are services well-led?

Our findings

Governance arrangements

There had recently been staff restructuring at the practice. Many staff had left the practice and had been replaced. There was no clear leadership structure within the practice. There were no individual leads for areas such as safeguarding, infection control or clinical governance.

The practice had recently implemented a computer based compliance system. All policies were currently held on the computer system and staff were not aware of how to access these. The policies themselves had not yet been adapted to reflect to individual nature of the service. Staff told us they had not been shown any policies as part of their induction. Procedures relating to decontamination procedures or what to do in the event of a sharps injury were not displayed in the practice. Risk assessments were either not present or recommendations resulting from the risk assessment had not been actioned.

Systems and processes to ensure the service was run safely were not in place. For example, there was no recruitment procedure to ensure all checks were carried out for new staff. There were no systems in place to ensure staff were made aware of how to use medical emergency equipment during their induction. There were no systems in place to ensure staff followed infection control procedures correctly. There were no systems in place to ensure medical emergency medicines and equipment were checked to ensure they did not pass their expiry date.

Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong.

Staff told us there was an open, no blame culture at the practice. They said the treatment co-ordinator 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 treatment co-ordinator was approachable, would listen to their concerns and act appropriately.

No regular staff meetings had been held at the practice.

Learning and improvement

Quality assurance was not embedded within the culture of the practice. No audits of radiographs had been completed. The last infection control audit had been completed in January 2017 and this did not have an action plan associated with it.

The practice did not have an effective system in place to monitor staff training. For example, one clinical member of staff had not completed basic life support training since February 2016 and a non-clinical member of staff who was involved in decontamination procedures had not completed infection control training.

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

We asked how the practice sought feedback from patients about the service. We were shown examples of patient feedback forms. The most recent ones were from 2016. No surveys had been done since then. Patients were able to leave feedback via social media.

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>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</p> <p>How the regulation was not being met</p> <p>There were no systems or processes that enabled 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 registered provider had not carried out any radiograph audits.• The registered provider had not carried out any infection prevention and control audits since January 2017. <p>There were no systems or processes that enabled 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">• There were no systems in place to ensure medical emergency medicines were regularly checked to ensure they do not pass their expiry date.• A sharps risk assessment had not been carried out. <p>There were no systems or processes that enabled the registered person to seek and act on feedback from</p>

Requirement notices

relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services. In particular:

- Patient satisfaction surveys had not been completed since 2016.

There was additional evidence of poor governance. In particular:

- Policies and procedures were not readily available for staff to reference.
- Policies and procedures had not been adapted to reflect the individual nature of the service.
- Individual leads had not been identified.

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

How the regulation was not being met

The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular:

- References were not sought as part of the recruitment process.
- One member of staff did not have a DBS check

Enforcement actions

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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users</p> <p>How the regulation was not being met</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none">• A fire risk assessment had not been carried out.• No regular checking of the fire alarm system, emergency lighting or firefighting equipment was carried out.• A Legionella risk assessment had been carried out. Recommendations had not been actioned. <p>Not all of the people providing care and treatment had the qualifications, competence, skills and experience to do so safely. In particular:</p> <ul style="list-style-type: none">• Not all staff had completed basic life support training in the last 12 months.• Not all staff involved in decontaminating instruments had completed infection control training. <p>The equipment being used to care for and treat service users was not safe for use. In particular:</p>

Enforcement actions

- The autoclave and washer disinfectant had not been validated by a competent person in line with nationally recognised guidance.
- The washer disinfectant had not been regularly validated by staff since March 2017.
- The provider could not demonstrate that the recommendations from the critical examination for the OPT machine had been actioned.
- Local rules were not available relating to the use of the X-ray machines.

There was no proper and safe management of medicines. In particular:

- The buccal midazolam and glucagon in the emergency drug kit had passed their expiry dates.

There was no assessment of the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated. In particular:

- Instruments were transported upstairs on open trays.
- Manual scrubbing was carried out under running water.
- Light magnification was not used after decontamination of used instruments.
- A cleaning schedule was not available.
- Only one mop was available for washrooms and treatment rooms.
- A risk assessment had not been carried out for staff who are unknown responders to the Hepatitis B vaccination who are carrying out exposure prone procedures.