

Dr. Peter James

Smiles Dental & Cosmetic Care

Inspection report

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Overall summary

We undertook a follow up focused inspection of Smiles Dental & Cosmetic Care on 11 May 2021. This inspection was carried out to review in detail the actions taken by the registered provider to improve the quality of care and to confirm that the practice was now meeting legal requirements.

The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We undertook a comprehensive inspection of Smiles Dental & Cosmetic Care on 11 May 2021 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We found the registered provider was not providing safe or well led care and was in breach of regulation 13 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can read our report of that inspection by selecting the 'all reports' link for Smiles Dental & Cosmetic Care on our website www.cqc.org.uk.

As part of this inspection we asked: Remove as appropriate:

- Is it safe?
- Is it well-led?

Our findings were:

Are services safe?

We found this practice was not providing safe care in accordance with the relevant regulations.

Summary of findings

The provider had made some improvements regarding Safeguarding. We found insufficient evidence of improvement in other areas. The provider had not responded to other regulatory breaches we found at our inspection on 07 August 2019.

Are services well-led?

We found this practice was not providing well-led care in accordance with the relevant regulations.

The provider had made insufficient improvements to put right the shortfalls and had not responded to the regulatory breaches we found at our inspection on 07 August 2019.

Background

Smiles Dental & Cosmetic Care is in Headcorn and provides private treatment for adults and children.

There is no level access for people who use wheelchairs and those with pushchairs. The practice is situated on the first floor accessed by a flight of stairs. Car parking spaces, including spaces for blue badge holders, are available near the practice.

The dental team includes a dentist, a dental nurse and a receptionist. The practice has one treatment room.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

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

The practice is open:

Monday, Tuesday and Thursday 9am to 5pm

Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- The provider had infection control procedures which did not reflect published guidance.
- The clinical staff did not provide patients' care and treatment in line with current guidelines regarding Covid 19 guidance.
- Staff did not have sufficient knowledge on how to deal with emergencies. Appropriate medicines and life-saving equipment were not all available.
- The provider did not have sufficient systems to help them manage risk to patients and staff.

Summary of findings

- The provider had implemented safeguarding processes and staff were sure of their responsibilities for safeguarding vulnerable adults and children.
- The provider did not have staff recruitment procedures which reflected current legislation.
- There was not a culture of continuous improvement.

We are mindful of the impact of COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering a) when to inspect and b) what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?

Enforcement action



Are services well-led?

Enforcement action



Are services safe?

Our findings

We found this practice was not providing safe care in accordance with the relevant regulations

We are considering enforcement action in relation to the regulatory breaches identified. We will report further when any enforcement action is concluded.

We originally inspected this provider on 07 August 2019 and at this inspection we judged the practice was not providing safe care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notice. We carried out a follow up inspection on 11 May 2021 and we found the practice had not made sufficient improvements to comply with the regulation(s):

- Staff were not prepared to deal with a medical emergency should one occur. Training for the team had expired and was last conducted in May 2019. One member of staff could not demonstrate any medical emergency training had been completed.
- Medicines and equipment had not been checked regularly. We found five of the medicines had expired. The oxygen cylinder which had been identified as expired at the 07 August 2019 inspection had not been replaced.
- We found that the Automated External Defibrillator (AED) was not complete. The battery had been removed. Staff could not initially find the battery when asked. When it was produced we observed it had expired in November 2020. We noted that the pads which had expired in 2016 for the AED, had been noted at the August 2019 inspection, had not been replaced.
- The practice did not have a portable inflating bag with mask available.
- We saw that the autoclave and compressor had not been serviced regularly. The last recorded service for the autoclave was dated August 2019 and the last recorded servicing for the compressor was dated 2016. This is not in line with the pressure systems safety regulations 2000.
- We noted that the suction pump did not have an amalgam separator fitted as required to prevent amalgam particles entering the public water supply as required under the Hazardous Waste Regulations 2005
- We saw that no servicing of the radiography equipment had taken place as required under the Ionising Radiation Regulations 2017 (IRR17)
- A five year electrical wiring safety check had not been completed. This had been identified at the August 2019 inspection.
- No portable appliance testing (PAT) had been carried out. This had been identified at the August 2019 inspection.
- No fire risk assessment had been conducted, there was no agreed method to alert people if a fire occurred. No fire drills had been carried out. this had been identified at the August 2019 inspection.
- Infection control was not being maintained effectively or in line with Health Technical Memorandum 01-05 Infection prevention and control in primary dental practices (HTM 01-05) we saw that unwrapped instruments were not processed daily and had been exposed to repeated aerosols without re-sterilisation.
- We saw that instruments that were wrapped were processed in a non vacuum autoclave, this requires wrapping post sterilisation to ensure a sufficient level of cleanliness.
- We observed that standard operating procedures for dental practices in response to providing aerosol generating procedures (AGPs) during the Covid 19 Pandemic were not being observed. A fifteen minute fallow time was observed. No calculations were available to determine that this amount of time between patients was sufficient to ensure re-contamination of surfaces. Cleaning schedules following AGPs did not include areas exposed to the aerosol, such as one of the work surfaces and the overhead light fitting. Staff were not wearing the correct Personal protective equipment (PPE) such as respirator masks, face shields, eye protection or gowns / aprons to protect clothing in line with current guidance.

Are services safe?

- Recruitment had not been conducted safely. A new member of staff had been working at the practice for six months. There were no recruitment documents available as required under Schedule 3 of the Health and Social Care Act 2008. No Disclosing and Barring service check, no references, no immunisation information and no training certificates.
- No induction had taken place for the new staff member.

At our previous inspection on 07 August 2019 we judged the practice was not providing safe care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notice. At the inspection on 11 May 2021 we found the practice had made the following improvements to comply with the regulation:

- A safeguarding policy for children and vulnerable adults had been created. The contact details for the local authority were available should staff need to refer any safeguarding concerns. Two members of staff had completed safeguarding training to the correct level. One member of staff had not completed safeguarding training.

These improvements showed the provider had taken some action to comply with the regulation when we inspected on 11 May 2021. However, this was not sufficient to change our overall judgement.

Are services well-led?

Our findings

We found this practice was not providing well-led care in accordance with the relevant regulations.

We are considering enforcement action in relation to the regulatory breaches identified. We will report further when any enforcement action is concluded.

At our previous inspection on 07 August 2019 we judged the provider was not providing well led care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notice. At the inspection on 11 May 2021 we found the practice had not made the following improvements to comply with the regulation:

- We saw that some policies had been created since we had inspected in August 2019. These policies were incomplete in some areas, such as, the infection control policy did not have any information regarding Covid 19 measures. All of the policies were dated August or October 2019 and had not been reviewed or updated.
- We noted that the practice had not completed any audits for infection control, the quality of dental X-rays or patient records. This had been identified at the August 2019 inspection.
- Records relating to persons employed at the practice were not available for the most recent member of staff recruited. Improvements had been made for another member of staff where the required documents had not been available at the previous inspection.
- One risk assessments had been carried out that had been identified at the August 2019 inspection for the general dental practice. The risk assessment had failed to identify a fire hazard in another room where boxes of paperwork was stored. Other risk assessments relating to fire safety and legionella had not been carried out.
- Medicines dispensed were not logged in and out of the practice. No audits or stock checks were conducted as required by The Medicines Act 1968.
- Patient dental records were not complete. No information had been recorded regarding a persons Basic periodontal score (BPE) their current gum health. Oral health instruction, cancer checks, checks of the soft tissues both facial and in the mouth, lymph node checks, jaw checks (temporomandibular joint) (TMJ) or justification for taking X-rays and reports of the outcome of any X-rays taken.
- Ensure that staff are up to date with training, learning and development needs at appropriate intervals, including infection control, medical emergencies and fire safety. Ensure an effective process is established for any on-going assessments.