

Pearl Smile (Oldham) Limited

# Pearl Smile Oldham Limited

## Inspection report

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Date of inspection visit: 03 December 2021  
Date of publication: 15/03/2022

### Overall summary

We carried out this announced focussed inspection on 3 December 2021 under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a Care Quality Commission, (CQC), inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we asked the following three questions:

- Is it safe?
- Is it effective?
- 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 this practice was not providing safe care in accordance with the relevant regulations.

##### **Are services effective?**

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

##### **Are services well-led?**

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

# Summary of findings

## Background

Pearl Smile Oldham Limited is in Failsworth, Manchester and provides NHS and private dental care and treatment for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces are available near the practice.

The dental team includes three dentists, three dental nurses, a receptionist and a practice manager. 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 CQC as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Pearl Smile Oldham Limited is the principal dentist.

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

The practice is open:

Monday to Thursday from 9am to 5:30pm

Friday from 8:30am to 5:30pm

## Our key findings were:

- The practice appeared to be visibly clean.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Emergency medicines and equipment were not available as described in nationally recognised guidance.
- The risks associated with fire and substances which are hazardous to health were not being appropriately managed.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Not all staff had been subject to a up to date Disclosure and Barring Service (DBS) check.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff provided preventive care and supported patients to ensure better oral health.
- Staff felt involved and supported and worked as a team.
- The provider asked staff and patients for feedback about the services they provided.

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

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

# Summary of findings

## The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	Requirements notice	✗
Are services effective?	No action	✓
Are services well-led?	Requirements notice	✗

# Are services safe?

## Our findings

We found this practice was not providing safe 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 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 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.

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

Staff had clear systems to keep patients safe.

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

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication, within dental care records.

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

The provider had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05.

*The provider had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.*

The provider had implemented standard operating procedures in line with national guidance on COVID-19. Screening and triaging were undertaken prior to patients attending the premises and immediately upon arrival to identify COVID-19 positive individuals and those who may have been exposed to the virus.

The staff had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations in the assessment had been actioned and records of water testing and dental unit water line management were maintained.

We saw effective cleaning schedules to ensure the practice was kept clean. When we inspected, we saw the practice was visibly clean.

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

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

The provider had a Speak-Up policy. Staff felt confident they could raise concerns without fear of recrimination.

# Are services safe?

The dentists used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where dental dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, we saw this was documented in the dental care record and a risk assessment completed.

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at six staff recruitment records. We noted when we reviewed recruitment records that three of the six Disclosure and Barring Service (DBS) checks were more than three months old at the point of employment and there was no risk assessment in place to mitigate the risks. We discussed the need to have a current DBS check for new members of staff.

We observed that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

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

A fire risk assessment had been carried out in October 2018. There were some recommendations within the risk assessment. These related to measures to limit fire spread and development, provision of emergency lighting and upgraded the fire detection system. These had not been addressed.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The provider carried out radiography audits every year following current guidance and legislation.

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

## **Risks to patients**

We looked at the practice's arrangements for safe dental care and treatment. The staff followed the relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken. However, the sharps risk assessment did not reflect the systems used within the practice. It stated that safer sharps were used when conventional syringes were used in conjunction with a re-sheathing device. We were told this would be addressed.

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

Staff had an awareness of the risks associated with sepsis. Sepsis prompts for staff and patient information posters were displayed throughout the practice. This helped ensure staff made triage appointments effectively to manage patients who present with dental infection and where necessary refer patients for specialist care.

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

The practice held a stock of emergency equipment and medicines to treat medical emergencies. We noted they did not have the dispersible aspirin. In addition, there was no child sized oxygen mask or razor with the automated external defibrillator (AED). We were told the equipment and medicines were regularly checked and we saw signed lists to confirm this. However, this system had not identified the issues we found on the day of inspection.

A dental nurse worked with the dentists when they treated patients in line with General Dental Council Standards for the Dental Team.

# Are services safe?

The provider had risk assessments to minimise the risk that can be caused from substances that are hazardous to health. During the inspection we were told they had been given a substance to disinfect the water lines. This was sent over from the sister practice. We were told that it was a white powder in a sealed bag with no safety data sheet or instructions. We discussed the importance of labelling substances that are hazardous to health and having the appropriate safety measures in place in the event of an incident involving the substance.

## **Information to deliver safe care and treatment**

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

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at dental care records with clinicians to confirm our findings and observed that individual records were typed and managed in a way that kept patients safe. Dental care records we saw were complete and legible. We noted that some historical paper dental care records were stored throughout the premises. These were not in locked rooms or cabinets and therefore not secure. We were told this would be addressed.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist.

## **Safe and appropriate use of medicines**

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

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

We saw staff stored and kept records of NHS prescriptions as described in current guidance.

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

Antimicrobial prescribing audits were carried out. The most recent audit indicated the dentists were following current guidelines.

## **Track record on safety, and lessons learned and improvements**

The provider had implemented systems for reviewing and investigating when things went wrong. There were comprehensive risk assessments in relation to safety issues. Staff monitored and reviewed incidents. This helped staff to understand risks which led to effective risk management systems in the practice as well as safety improvements.

Where there had been a safety incident, we saw these were investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again.

The provider had a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

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

### **Helping patients to live healthier lives**

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

The dentists prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

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

The dentist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice and recording detailed charts of the patient's gum condition.

Records showed patients with severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

### **Consent to care and treatment**

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

The practice team understood the importance of obtaining and recording patients' consent to treatment. The staff were aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who are looked after. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this documented in patients' records.

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 might not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves in certain circumstances. Staff were aware of the need to consider this when treating young people under 16 years of age.

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

### **Monitoring care and treatment**

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

The provider had quality assurance processes to encourage learning and continuous improvement. Staff kept records of the results of these audits, the resulting action plans and improvements.

### **Effective staffing**

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

# Are services effective?

(for example, treatment is effective)

Staff new to the practice had a structured induction programme. We confirmed clinical staff completed the 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 dentist confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide.



# 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 Notices 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.

### Culture

Staff discussed their training needs at annual appraisals. They also discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

The staff focused on the needs of patients.

We saw the provider had systems in place to deal with staff poor performance.

Openness, honesty and transparency were demonstrated when responding to incidents. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

### Governance and management

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

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

Systems and processes were not working effectively to ensure the risks associated with the carrying out of the regulated activities were appropriately managed:

- The risks associated with fire were not managed appropriately. Actions highlighted in the fire risk assessment dated October 2018 had not been actioned.
- The system to ensure medical emergency medicines and equipment were available and did not pass their expiry date was not effective. The practice did not have the dispersible aspirin. In addition, there was no child sized oxygen mask or razor with the automated external defibrillator (AED).
- The system in place to ensure a current DBS check was sought at the point of employment was not effective. We noted that three of the Disclosure and Barring Service (DBS) were more than three months old at the point of application and there was no risk assessment in place to mitigate the risks.
- The system to ensure substances that are hazardous to health are appropriately managed was not effective. We were told a white powder was used in the dental unit water lines which was not labelled and there were no written instructions with it.
- The sharps risk assessment did not reflect the process used by staff.

### Appropriate and accurate information

Staff acted on appropriate and accurate information.

Quality and operational information, for example NHS Business Services Authority performance information, surveys, audits and external body reviews were used to ensure and improve performance. Performance information was combined with the views of patients.

# Are services well-led?

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

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

Staff involved patients, the public, staff and external partners to support the service.

The provider used patient surveys to obtain staff and patients' views about the service.

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

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

## **Continuous improvement and innovation**

The provider had systems and processes for learning, continuous improvement and innovation.

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.

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

Staff completed 'highly recommended' training as per General Dental Council professional standards. The provider supported and encouraged staff to complete continuing professional development.

## 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 12 HSCA (RA) Regulations 2014 Safe care and treatment</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"><li>• Recommendations in the fire risk assessment had not been actioned.</li><li>• The aspirin in the emergency kit was not dispersible.</li><li>• There was no child sized oxygen mask or razor with the automated external defibrillator (AED).</li><li>• Substances which are hazardous to health were not managed appropriately.</li></ul> <p>Regulation 12 (1)</p>

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>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 may be at risk. In particular:</p> <ul style="list-style-type: none"><li>• The system in place to ensure the risks associated with fire were appropriately managed was not effective.</li><li>• The system in place to ensure a current DBS check was sought at the point of employment was not effective.</li><li>• The system to ensure substances that are hazardous to health are appropriately managed was not effective.</li><li>• The sharps risk assessment did not reflect processes which were used by staff.</li></ul>

This section is primarily information for the provider

## Requirement notices

Regulation 17 (1)