

***We are the regulator:*** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## Smilepod - Soho

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Date of Inspection: 30 October 2013

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December 2013

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Cleanliness and infection control</b>	✓	Met this standard
<b>Supporting workers</b>	✓	Met this standard
<b>Complaints</b>	✓	Met this standard

## Details about this location

Registered Provider	Smilepod Limited
Registered Manager	Dr. Harvey Grahame
Overview of the service	Smilepod - Soho provides general and cosmetic dental care to private patients. The practice provides treatment to adults and children.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 30 October 2013, talked with people who use the service and talked with staff. We reviewed information given to us by the provider.

We also reviewed satisfaction survey results from 2012 to 2013.

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### What people told us and what we found

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We looked at satisfaction survey results since June 2012 until October 2013 to which 104 people had responded. Overall respondents expressed good levels of satisfaction with the service they had received. 94% of respondents said they would recommend the service to a friend.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People's dental needs were assessed before any treatment was planned. They were required to complete a medical history form prior to their initial consultation. Any health conditions, allergies and hygiene habits were discussed.

There were systems in place to reduce the risk and spread of infection. The practice appeared clean and well maintained on the day of the inspection. New dental nurses were required to complete an induction programme of training and shadowing of experienced dental staff. One dental nurse talked us through their induction at the practice.

There was a complaints lead across all of the provider's practices and this was detailed in the complaints policy.

You can see our judgements on the front page of this report.

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases

we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

**People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

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### Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

People who use the service were given appropriate information regarding their care or treatment. The provider had a website which informed people of the range and costs of dental treatments on offer and this information was displayed in large print in the waiting area of the practice. Printed information was available on the various dental treatments. The dentists took x-rays and pictures of people's teeth when required to explain treatment options via a TV screen. Written consent was obtained for certain dental treatments. The dentist we spoke with confirmed they would always verbally explain the risks and benefits involved in treatment.

One person we spoke with on the day of the inspection said they had used the service regularly over the past few weeks. During their initial consultation the dentist had discussed their hygiene habits and dental issues, and a full oral examination was done and x-rays and pictures of their teeth were taken. They said they were informed of their dental costs in advance of treatment being started and had been given a copy of their treatment plan. They felt they had sufficient time during their appointments to discuss any issues they had with the dentist.

People's diversity, values and human rights were respected. All consultations took place in private. We were told that most people using the service spoke English. Where English was not a person's first language, they would usually bring someone to their appointment to translate on their behalf. Staff could access interpreter services if required. The provider's website informed people of the range of languages the dentists spoke. There was a translated section in a number of languages to provide general information on the various Smilepod practices in London that people could access.

There was no wheelchair access at this location. If a person required wheelchair access, staff would refer people on to their one of their other branches in Canary Wharf.

We looked at satisfaction survey results since June 2012 until October 2013 to which 104 people had responded. Overall respondents expressed good levels of satisfaction with the service they had received. 94% of respondents said they would recommend the service to a friend. Free text comments included: "Great service, good advice and a fantastic practice", "the staff were fantastic, very friendly, and professional and put you at ease straight away. Good value for money" and "near to work. Good availability for appointments." One respondent had raised an issue about not being informed of the cost of treatment upfront. In response an action plan had been drawn up. All staff had been reminded of the importance of communicating this information with people in advance of treatment.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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**Reasons for our judgement**

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Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People's dental needs were assessed before any treatment was planned. They were required to complete a medical history form prior to their initial consultation. Any health conditions, allergies and hygiene habits were discussed. One of the dentists we spoke with confirmed that a person's medical history was checked at each follow-up appointment and any changes were recorded. A full oral examination would be carried out and a digital x-ray and picture of their teeth would be taken if needed. We looked at one person's treatment record and saw this information was documented electronically.

There were arrangements to refer people onto specialists and follow-up appointments were arranged with people within set timeframes determined by their oral health needs. Normal or emergency appointments could be booked via the provider's website, by phone, face to face or by email. There was a central phone booking system for all of the provider's practices. If one of the practices' were busy, staff at another practice would take the person's call and inform the other practice to get back to the person when they were free.

One person told us they found the service "pretty good" and "professional."

There were arrangements to deal with foreseeable medical emergencies. One staff member told us they had received training in cardiopulmonary resuscitation in May 2013. However the certificates for staff were not available to see on the day of the inspection. One staff member told us they us that if there were incidents in any of the other practices, learning from the incidents were discussed with staff across all the practices. There was a first aid kit, an emergency kit for drugs and sterile equipment and an oxygen cylinder which were checked twice a week and found to be in date.

The provider may wish to note there was no automated external defibrillator onsite as recommended in the Resuscitation Council UK's guidance on Medical Emergencies and Resuscitation - Standards for clinical practice and training for dental practitioners and dental care professionals in general dental practice, revised and updated in December 2012.



**People should be cared for in a clean environment and protected from the risk of infection**

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**Our judgement**

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The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

People were cared for in a clean, hygienic environment.

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**Reasons for our judgement**

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There were systems in place to reduce the risk and spread of infection. The practice appeared clean and well maintained on the day of the inspection. There was an infection control policy and an infection control lead who was responsible for ensuring that all protocols were followed. There were adequate hand washing facilities and personal protective equipment, such as gloves and protective eye wear which were accessible to staff. Non-clinical areas were cleaned once a week by a cleaner and the dental nurse was responsible for cleaning all areas of the practice for the remainder of the week. The chair and surrounding surfaces were cleaned in between appointments.

No decontamination or sterilization of dental instruments took place in the practice. The provider had arrangements in place for dental staff in each of their practices to package the dirty dental instruments in containers and courier them over to another designated branch to be cleaned and sterilized. The clean instruments were then couriered back to the practice and stamped with the dates of sterilization and expiry. The provider may wish to note that when we checked through the drawers of one of the surgery rooms, we found that some of the dental instruments did not have a date stamped on these.

There were procedures for dealing with blood borne viruses and the safe transfer of dental instruments to keep staff safe. The practice had arrangements for the storage and disposal of clinical and sharps waste. However we found that a sharps bin in one of the treatment rooms did not document when the bin had been assembled and by whom

The provider completed an infection control audit in September 2012. We saw where actions had been identified these had been signed off and dated as complete.

A legionella risk assessment was last completed in June 2012 by an external agency. All results indicated the water was of satisfactory quality. These checks were completed to monitor the growth of legionella and other microorganisms in the water and take action if required. The practice used purified portable water in its dental lines and staff told us they were flushed daily.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## **Our judgement**

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## **Reasons for our judgement**

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New dental nurses were required to complete an induction programme of training and shadowing of experienced dental staff. One dental nurse talked us through her induction at the practice.

We saw one of the dentist's certificate of registration of membership with the General Dental Council (GDC). We were informed that staff had completed mandatory training relevant to their practise and we saw examples of training certificates.

Staff received appropriate professional development. We were told that staff received formal appraisals and the documentation was held centrally for staff at another branch. The manager told us she received her last appraisal in 2012. Her performance, training needs and objectives had been discussed. The dental nurse at the practice told us they received updates on the practice from their manager.

## Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

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### Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

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### Reasons for our judgement

There was a complaints lead across all of the provider's practices and this was detailed in the provider's complaints policy. The policy was available on the website. This detailed the timeframes to which complaints would be dealt with and how to escalate a complaint further if people were not satisfied with the outcome of the investigation. We looked at a formal complaint that had been raised in March 2013. We saw the person's complaint had been responded to within the required timeframe and there had been correspondence between the provider and the person raising the complaint. We did not see whether the complaint had been resolved with the person but we were informed that the practice had tried to make further contact with them. The manager told us that actions had been taken following the complaint and learning was discussed with all staff.

The code of practice for complaints was displayed in the kitchen for staff. If people raised concerns informally we were told that staff would take details of the complaint and resolve if possible. If they were unable to resolve the issue they would refer the concerns to the complaints manager or principle dentist. If people complained in writing this would be passed on immediately to the complaints manager.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.


You can tell us about your experience of this provider on our website.


## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.



## Contact us

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