Mr Andrew Egan

Just Smile

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 30 August 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well led?

We found that this practice was providing well-led care in accordance with the relevant regulations.

Background

Just Smile is a well-established small dental practice that provides private treatment to adults and children. The practice has about 500 registered patients. The team consists of one part-time dentist, one part-time hygienist, a dental nurse and receptionist. The practice has one treatment room, a separate room for the decontamination of instruments and a reception and waiting area.

It is open from 9am to 5pm on Mondays, Wednesdays and Thursdays, from 9am to 7pm on a Tuesday, and from 9am to 2pm on a Friday.

The dentist is registered with the Care Quality Commission (CQC) as an individual. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

Before the inspection we sent comment cards to the practice for patients to complete to tell us about their experience of the practice. We received feedback from 30 patients who commented positively about the quality of the service, the friendliness of staff and the presentation of the environment.

Our key findings were:

- The practice had systems to help ensure patient safety. These included safeguarding children and adults from abuse, responding to medical emergencies and managing radiographs.
- The practice was visibly clean and well maintained. Infection control and decontamination procedures were good, ensuring patients' safety.

Summary of findings

- There was appropriate equipment for staff to undertake their duties, and equipment was well maintained.
- There were sufficient numbers of suitably qualified and competent staff. Members of the dental team were up-to-date with their continuing professional development and supported to meet the requirements of their professional registration.
- Patients were treated in a way that they liked and were involved in decisions about their treatment.
- Patients received their care and treatment from well-trained and supported staff, who enjoyed their work.
- The practice listened to its patients and staff and acted upon their feedback.

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

- Implement robust processes for reporting, recording, acting on and monitoring significant events, incidents and near misses.
- Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA).
- Review availability of medicines and equipment to manage medical emergencies giving due regard to guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
- Review the practice's sharps handling procedures to ensure it complies with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Review whether the hygienist should be provided with the support of an appropriately trained member of the dental team.
- Review appraisal protocols to ensure that all staff working at the practice have their performance monitored and assessed.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

There were systems in place to help ensure the safety of staff and patients. These included safeguarding children and adults from abuse and maintaining the required standards for sterilising dental instruments. Equipment was well maintained and serviced regularly. However the practice did not receive safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and we found a number of out of date medical consumables that were not fit for use.

No action

Are services effective?

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

Staff had the skills, knowledge and experience to deliver effective care and treatment. The dental care provided was evidence based and focussed on the needs of the patients. Dental care records showed that patients were recalled in line with national guidance, and were screened appropriately for gum disease and oral cancer. Patients were referred to other services appropriately.

No action

Are services caring?

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

We collected 30 completed patient comment cards and obtained the views of a further five patients on the day of our visit. These provided a very positive view of the service and the staff. Patients commented on the cleanliness of the practice, the helpfulness of the staff and told us the dentist was good at explaining their treatment.

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 had good facilities and was well equipped to treat patients and meet their needs. Routine dental appointments were available, as were urgent on the day appointment slots and patients told us it was easy to get through on the phone to the practice. The practice had made some adjustments to accommodate patients with a disability. However, information about how to complain was not easily available to patients.

No action

Are services well-led?

We found that this practice was providing well-led care in accordance with the relevant regulations.

The practice had a number of policies and procedures to govern activity and held regular staff meetings. All staff, apart from the practice manager, received regular performance reviews. The practice team were an integral part of the management and development of the practice. The practice proactively sought feedback from staff and patients, which it acted on.

No action

Just Smile

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection was carried out on 30 August 2016 by a CQC inspector who was supported by a specialist dental adviser. During the inspection, we spoke with the dentist, the dental nurse and the practice manager/ receptionist. We reviewed policies, procedures and other documents relating to the management of the service. We received feedback from 35 patients about the quality of the service, which included comment cards and patients we spoke with during our inspection.

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 therefore formed the framework for the areas we looked at during the inspection.

No action

Are services safe?

Our findings

Reporting, learning and improvement from incidents

Staff we spoke with had a satisfactory understanding of their reporting requirements under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences) and details of how to report to this agency were available in the practice's health and safety policy. The practice kept a small notebook to record any significant events; however the information it contained about events was limited. For example, the nurse told us of a recent incident where she had accidently splashed cleaning fluid in her eye. The recording of the event was sparse in detail and there was no evidence of its analysis, how learning from it was shared or what action was taken to prevent its reoccurrence and protect staff.

Reliable safety systems and processes (including safeguarding)

Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff and clearly outlined whom to contact for further guidance if they had concerns about a patient's welfare. Records showed that all staff had received appropriate safeguarding training for both vulnerable adults and children. The dentist was the safeguarding lead within the practice and had received level three training in protecting children.

Staff we spoke with demonstrated they understood the importance of safeguarding issues. Contact details of relevant agencies involved in protecting vulnerable people were on display in the stock cupboard, making them easily accessible to staff. The practice had a whistle-blowing policy that contained details of the public concerns at work help-line for staff to ring if they needed to report concerns about a colleague's practice.

Staff spoke knowledgeably about action they would take following a sharps injury and a sharps risk assessment had been completed. A sharps' protocol was on display in the decontamination room to guide staff about what to do if injured. Only the dentist handled sharps, however he did not use a sharps safety system, as recommended in Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.

The British Endodontic Society uses quality guidance from the European Society of Endodontology recommending the use of rubber dams for endodontic (root canal) treatment. A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal work. The dentist confirmed that he routinely used rubber dams to ensure patient safety. However we noted that rubber dam clamps were not kept in sterile conditions prior to use.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies found in dental practice. There was an automated external defibrillator and staff had received training in how to use it. Staff had access to oxygen along with other related items such as manual breathing aids and portable suction in line with the Resuscitation Council UK guidelines. However we noted that a number of essential items were missing from the emergency kit such as a spacer device for inhaled bronchodilators, an adult's facemask and a size four oropharyngeal airway. We also found a number of out of date items in the kit including two syringes with an expiry date of 2004 and nitrile gloves dated 2011. Checks of the equipment and medicines were undertaken every week, however these had failed to identify the out of date equipment we found. The practice held training sessions each year for the whole team so that they could maintain their competence in dealing with medical emergencies. However, staff did not regularly rehearse emergency medical simulations so that they could keep their skills up to date.

The practice held emergency medicines as set out in the British National Formulary guidance for dealing with common medical emergencies in a dental practice.

Staff recruitment

We reviewed personnel records for the two mostly recently employed staff and found that some recruitment checks had been undertaken prior to their employment. For example, proof of their identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS). However, no references had been obtained for one member of staff, and no interview notes were recorded for either employee. Neither employee had received a formal induction to their new role.

No action

Are services safe?

Monitoring health & safety and responding to risks

There was a health and safety policy available with a poster in the decontamination room, which identified local health and safety representatives. The practice had completed a full health and safety risk assessment in July 2016. This covered a range of potential hazards in the practice including autoclaves, biological agents, display screen equipment and radiation. However we found that some control measures had not been implemented. For example, staff had not received any moving and handling training, and fire evacuations had not been rehearsed as recommended.

A legionella risk assessment had been carried out in November 2015 and water temperatures were monitored monthly to ensure they were at the correct level. Regular flushing of the dental unit water lines and dip slide testing was carried out in accordance with current guidelines to reduce the risk of legionella bacteria forming.

A fire risk assessment had been completed in May 2014 and fire detection and firefighting equipment such as extinguishers and smoke alarms were regularly tested, evidence of which we viewed**.** However regular evacuation drills were not completed with patients to ensure staff knew what to do in the event of a fire. There was clear signage indicating the location of fire exits, the AED and the use of x-rays to ensure staff and patients were protected.

There was a comprehensive control of substances hazardous to health folder in place containing chemical safety data sheets for all products used within the practice. The practice had a business continuity plan in place for major incidents such as the loss of utilities, a copy of which was kept off site by the dentist.

Infection control

Patients who completed our comment cards told us that they were happy with the standards of hygiene and cleanliness at the practice.

The practice had adequate infection control policies in place to provide guidance for staff on essential areas such as minimising blood borne viruses, waste disposal, blood spillage, hand hygiene and the use of personal protective equipment. Cleaning equipment was colour coded and stored according to guidance.

We observed that all areas of the practice were visibly clean and hygienic, including the treatment room, waiting area and toilet. We noted that the toilet had sensor operated taps and a hand drier to help maintain good hand hygiene. Surfaces including walls, floors and cupboard doors were free from dust and visible dirt. We checked treatment room drawers and noted that instruments had been pouched and stored correctly. However the treatment room did not have coved flooring, the bin was not foot operated, and the sharps bin was not wall mounted to ensure its safety.

The practice had a dedicated decontamination room that was mostly set out according to the Department of Health's guidance, Health Technical Memorandum 01- 05 (HTM 01-05), decontamination in primary care dental practices. However this room was very hot making it uncomfortable for staff to work in and there was no ventilation input or extraction.

The process of cleaning, inspection, sterilisation, packaging and storage of instruments followed a well-defined system of zoning from dirty through to clean. The practice used a system of manual scrubbing for the initial cleaning process. Following inspection with an illuminated magnifier, the instruments were placed in an autoclave (a device for sterilising dental and medical instruments). When the instruments had been sterilized, they were pouched and stored until required. All pouches were dated with an expiry date in accordance with current guidelines. We were shown the systems in place to ensure that the autoclaves used in the decontamination process were working effectively. Data sheets used to record the essential daily and weekly validation checks of the sterilisation cycles were complete and up to date.

The segregation and storage of clinical waste was in line with current guidelines laid down by the Department of Health. The practice used an appropriate contractor to remove clinical waste from the practice and waste consignment notices were available for inspection. Clinical waste was stored externally in a secured bin to the rear of the property to ensure its safety. The practice manager had recently undertaken a specific healthcare waste audit and the practice had been rated as green, indicating that its waste management systems met legislative requirements.

We noted that staff uniforms were clean, and their arms were bare below the elbows to reduce the risk of cross contamination. The dental nurse changed out of her uniform when leaving the practice at lunchtime. All dental staff had been immunised against Hepatitis B.

No action

Are services safe?

Equipment and medicines

The equipment used for sterilising instruments was checked, maintained and serviced in line with the manufacturer's instructions. Appropriate records were kept of decontamination cycles to ensure that equipment was functioning properly. All equipment was tested and serviced regularly and we saw maintenance logs and other records that confirmed this. Portable appliance testing had been undertaken in October 2015. Staff told us they had enough equipment for their work and that any repairs were undertaken quickly. Stock control was good, however a number of medical consumables we checked were out with the date for safe use, including filling material and the bodily fluid spillage kit.

Our review of dental care records showed that the batch numbers and expiry dates for local anaesthetics and antibiotics given to patients were always recorded. The dentist was aware of the need to report adverse drug reactions and had access to the British National Formulary as an app on his mobile phone. However, there was a no formal system in place to ensure that relevant patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Authority were received and actioned.

Temperature sensitive materials and glucagon were kept appropriately in a fridge, and its temperature was monitored daily to ensure it operated effectively.

Radiography (X-rays)

The practice had a radiation protection file and a record of the X-ray equipment including service and maintenance history (although only for the previous year). A Radiation Protection Advisor and Radiation Protection Supervisor had been appointed to ensure that the equipment was operated safely and by qualified staff only. However rectangular collimation was not used to confine x-ray beams. Local rules were available and records showed that the dentist had received training for core radiological knowledge under IR (ME) R 2000 Regulations. Dental care records showed that dental X-rays had been justified, reported on and quality assured.

Are services effective?

(for example, treatment is effective)

No action

Our findings

Monitoring and improving outcomes for patients

We spoke with five patients during our inspection and received 30 comments cards that had been completed by patients prior to our inspection. All the comments received reflected that patients were very satisfied with the quality of their dental treatment and the staff who provided it.

Our discussion with the dentist showed that that they were aware of, and worked to, guidelines from National Institute for Heath and Care Excellence (NICE) and the Faculty of General Dental Practice for best practice in care and treatment. Dental care records we reviewed demonstrated that NICE guidance was followed for patients' recall frequency, wisdom tooth extraction and antibiotic prophylaxis. We found that routine dental examinations for gum disease and oral cancer had taken place. Dental decay risk assessments had been completed for patients.

We saw a range of clinical and other audits that the practice carried out to help them monitor the effectiveness of the service. These included the quality of clinical record keeping, the quality of dental radiographs and infection control.

Health promotion & prevention

A number of oral health care products were available for sale to patients including interdental brushes, mouthwash and floss. Patients were asked about their smoking and alcohol intake as part of their medical history and dental care records we reviewed demonstrated the dentist had given oral health advice to patients, prescribed high fluoride toothpaste if required and made referrals to other dental health professionals when necessary. A hygienist was available at the practice one day a week to support patients with treating and preventing gum disease.

Staff told us the practice participated in National Smile Week, a national campaign to promote good oral health to the public. Leaflets about a range of oral health conditions such as gum disease, dry mouth and dental erosion were available in the practice, but these were kept in the stock cupboard making them inaccessible to patients.

Staffing

There was a stable and established staff team at the practice, most of who had worked there for many years. They told us there were enough of them for the smooth running of the service and a dental nurse always worked with the dentist. However, the dental hygienist worked alone and without support of a dental nurse. The General Dental Council (GDC) recommends that dental staff are supported by an appropriately trained member of the dental team at all times when treating patients.

Files we viewed demonstrated that staff were appropriately qualified and had current professional validation and professional indemnity insurance. The practice had appropriate Employer's Liability insurance in place. Training records we viewed showed that staff had undertaken a range of essential training such as information governance, Legionella management, cardiopulmonary resuscitation and infection control.

The practice manager conducted appraisals for the nurse and receptionist. The appraisal covered areas such as their knowledge of the job, appearance and punctuality. Staff told us they found their appraisal useful, although one told us it was not particularly in-depth given her professional role. However, the practice manager was not appraised, so it was not clear how her performance was monitored.

Working with other services

The practice made referrals to other dental professionals when it was unable to provide the necessary treatment themselves such as conscious sedation or oral surgery. Staff were aware of appropriate referral pathways and referrals we viewed contained the necessary patient information. A referrals log was kept so that referrals could be tracked and monitored, although patients were not routinely given a copy of the referral for their information.

Consent to care and treatment

The practice had a policy in place, which outlined the importance of obtaining patients' consent, how to manage consent forms, the treatment of young children and the refusal of treatment. Staff we spoke with understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 (MCA). The dentist told us of an incident where he had applied the MCA principles when treating a young disabled patient.

Patients told us that they were provided with good information during their consultation and the dentist explained treatments to them in a way that they

Are services effective?

(for example, treatment is effective)

No action

understood. Evidence of patients' consent to treatment had been recorded in six of the eight dental care records we reviewed. The practice used additional written consent forms for procedures such as teeth whitening and immediate dentures to ensure patients actively agreed to the treatment.

No action

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Before the inspection, we sent comment cards so patients could tell us about their experience of the practice. We collected 30 completed cards and obtained the views of a further five patients on the day of our visit. We received many positive comments about the caring, professional and friendly nature of staff. One patient told us that reception staff always chatted to her before her appointment which calmed her nerves and helped her feel more relaxed. The dental nurse told us of the additional measures she had taken to support a very dental phobic patient and the practice manager told us the dentist had visited an older patient at home to fix their dentures to save them from having to come into the practice.

Staff were aware of the importance of providing patients with privacy and maintaining their confidentiality. The reception area was not particularly private but the practice manager told us she always waited until it was empty to call patients, and that she could take the mobile phone to another room if needed. A radio was also played in the waiting room to distract patients from the reception desk. Patients' paper notes were kept in lockable cabinets and the computer screen at reception was not overlooked.

All consultations were carried out in the privacy of the treatment room and we noted that doors were closed during procedures to protect patients' privacy.

Involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and that advice was given clearly and treatments explained well by the dentist. The practice had undertaken its own patients' survey and one question asked if the dentist included them in decision making about their treatment: we noted that all 16 respondents stated that he had.

A plan outlining the proposed treatment was given to each patient so they were fully aware of what it entailed and its cost.

Are services responsive to people's needs?

(for example, to feedback?)

No action

Our findings

Responding to and meeting patients' needs

In addition to general dentistry, the practice offered a number of cosmetic treatments, including tooth whitening, veneers and crowns. A hygienist also worked at the practice to support patients with treating and preventing gum disease. However two patients told us they often had to wait a long time to get an appointment with the hygienist.

Patients told us they were satisfied with the appointments system and that getting through on the phone to the practice was easy. Patients were able to make an appointment by phone in person and could sign up for text or email reminders of their appointments. Although the dentist only worked at the practice about two days a week, he did provide appointments until 7pm on a Tuesday to accommodate the needs of patients who could not attend during normal working hours. During our inspection we noted that a patient popped by asking for an appointment and was fitted in that same day. The practice manager told us the dentist set aside half an hour each day in case a patient needed an emergency appointment.

Tackling inequity and promoting equality

The practice had taken some measures to meet the needs of patients with disabilities. Access to the premises was via a ramp and there was a large ground floor treatment room and disabled toilet (although there was no grab rail round the toilet seat to assist people). The reception desk had been lowered in places to make it easier to communicate with wheelchair users. However there was no portable hearing loop available despite a number of hearing impaired patients, or easy riser chairs in the waiting area to accommodate patients with mobility needs. The practice did not have any information in other formats such as large print, audio or braille.

Concerns & complaints

There was limited information available to patients about how to raise concerns. There was a poster in the waiting room, but it was difficult to see and it did not contain the details of external organisations that patients could contact if unhappy with their treatment. There was no information in the patient information leaflet about how to raise concerns.

It was not possible to assess how the practice managed its complaints as we were told none had been received since 2012, despite the practice manager telling us that patients did sometimes complain about the cost of their treatment.

No action

Are services well-led?

Our findings

Governance arrangements

The dentist had responsibility for the day-to-day running of the practice, supported by a receptionist. The practice had a set of policies and procedures to support its work and we viewed those in relation to patient consent, safeguarding people and complaints handling. Staff were required to confirm that they had read and understood them, although this was only evidenced for a small number of the policies we viewed. Communication across the practice was structured around a staff meeting, minutes of which we viewed.

Although the dental nurse and receptionist received regular appraisal, the practice manager did not, so it was not clear how her performance and training needs were identified.

Staff we spoke with told us they enjoyed their work and felt they could raise their concerns with the dentist, who listened to them.

Learning and improvement

Staff working at the practice were supported to maintain their continuing professional development as required by the General Dental Council.

Regular audits were undertaken to assess standards in radiography, infection control and the quality of clinical notes. We also noted a hand hygiene audit had been completed in July 2016 by the practice manager to ensure staff were using correct procedures. A healthcare waste audit had been conducted in July 2016 to assess how well the practice managed its clinical waste. However, results were not always used to make improvements. For example, the infection control audit had identified that one treatment room did not have a foot-operated bin back in 2015, and again in July 2015 but nothing had been done to rectify this shortfall. However following our inspection the practice manager sent us a photograph of a newly purchased foot operated bin.

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

The practice encouraged and valued feedback from its patients and staff. A patient satisfaction survey had been completed in June 2016, which asked for feedback about the friendliness of staff, time spent in the waiting room, the cleanliness of the practice and the overall quality of the service. 14 patients had responded, all rating the service highly. Another survey had been undertaken to assess patients' satisfaction with the quality of their check-up appointment.

The practice also gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with the dentist. We were given examples where staff's suggestions had been listened to. For example, the nurse had suggested better cleaning materials for the practice and these were now in use; the receptionist had suggested that details of any oral hygiene products recommended to patients was recorded in their notes and this now happens. Staff told us they had been consulted about improvements to the practice's web site.