

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

The Perfect Smile Studios Ltd

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Date of Inspection: 21 January 2014

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	The Perfect Smile Studios Limited
Registered Manager	Dr. Rahul Doshi
Overview of the service	The Perfect Smile Studios provides private dental treatment and cosmetic dentistry
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

Why we carried out this inspection

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.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 21 January 2014, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with staff.

What people told us and what we found

When we inspected The Perfect Smile Studios on 21 January 2014 we found that people were provided with information about their treatment and they were asked for their consent. One person told us, "I sat with [the practice manager] who went through everything and then asked me if I wanted to come back for a consultation. Then [the dentist] explained everything in so much detail." Another person said, "[The dentist] explained all the advantages and disadvantages so I knew exactly what I was getting."

People's needs were assessed and treatment was planned and delivered in line with those individual needs. People told us that they experienced an unhurried, individualised service and that they felt in control of the process throughout. One person told us, "I've always been treated as an individual and the way I was feeling [during treatment] has always come first."

There were effective systems in place to reduce the risk and spread of infection. The instrument decontamination process was in accordance with the Department of Health guidance on decontamination for dental practices. One person told us, "[They are] very clean and hygienic." Another person told us, "It's spotless."

Staff received appropriate professional development that was relevant to their role. This included professional development and other key training. Staff were supported through an effective supervision and communication system.

The provider carried out a range of audits and was responsive to the findings.

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

More information about the provider

Please see our website 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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

When we inspected The Perfect Smile Studios on 21 January 2014 we found that people were provided with information about their treatment and they were asked for their consent. We spoke with the practice manager who explained the processes for obtaining consent from people for cosmetic dental treatment that the practice specialised in. The consent process was part of a comprehensive assessment and treatment pathway. The process began with a pre-treatment consultation where people were given information about the services and treatments offered at the practice. This enabled people to understand what the outcomes of the treatment might be and how it would be carried out. They were then asked for explicit consent to proceed to the next stage, a clinical assessment.

After their clinical assessment, and before agreeing to go ahead with the proposed treatment, the dentist presented people with their treatment plan. This presentation included an explanation about the findings from their assessment and the risks, benefits and financial costs of proposed treatment options. People were then asked for formal, signed consent to undergo the treatment.

People's experience of this process was of an informative discussion where they were enabled to understand precisely what their treatment would entail. One person told us, "I sat with [the practice manager] who went through everything and then asked me if I wanted to come back for a consultation. Then [the dentist] explained everything in so much detail." Another person said, "[The dentist] explained all the advantages and disadvantages so I knew exactly what I was getting."

We looked at people's records and saw that consent had been signed separately for different aspects of the treatment pathway. For example, people signed to agree to proceed to the clinical assessment stage and then signed again to agree to proceed to treatment. They also signed to agree to photographs being taken and for information about their health to be discussed with their GP.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We found that the layout and environment of the practice promoted confidentiality and the provision of personalised treatment. For example, the consultation area was private and separated from the reception area. This meant that staff could speak confidentially to people during their consultation.

People's needs were assessed and treatment was planned and delivered in line with those individual needs. After the initial consultation people had the opportunity to return at a later time to undergo a thorough clinical assessment by the dentist as part of the pre-treatment process. We saw that this assessment involved the use of x-rays and extensive photograph. People's general health and medical history was considered alongside a full oral health screen and was reviewed at each subsequent visit to the practice. This resulted in a comprehensive written treatment plan with options that were designed specifically for each person.

We looked at people's records which were comprehensively completed. The records confirmed that a detailed assessment of people's cosmetic dental needs had been carried out including an assessment of their wishes, motivations and their budget. We saw that the records also contained treatment plans that reflected those needs.

People told us that they experienced an unhurried, individualised service and that they felt in control of the process throughout. One person told us, "I have always had a fear of dentists and they invested a lot of time in making me feel comfortable and at ease." Another person said, "They have done great work in improving some previous treatment I had [elsewhere]." A third person told us, "I've always been treated as an individual and the way I was feeling [during treatment] has always come first."

We found that there were arrangements in place to deal with medical emergencies. All of the staff undertook annual training in cardio-pulmonary resuscitation and the use of an automatic external defibrillator (AED). Emergency oxygen, medicines and an AED were all accessible and regularly checked.

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

Our judgement

The provider was meeting this standard.

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

People were treated in a clean, hygienic environment.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection. Each of the dental nurses was trained in decontamination techniques with one of the nurses designated as decontamination lead for each day according to a rota. We saw that the practice operated an infection control policy that described a hygienic start-up and close-down procedure for the decontamination facilities for each day.

The practice had a dedicated decontamination room. The designated decontamination nurse for that day demonstrated the process for cleaning and sterilising dental instruments. We saw that the process included automatic cleaning using a washer-disinfector, a manual scrub and rinse, a visual examination and high temperature steam sterilisation. This process was in accordance with the Department of Health guidance on decontamination for dental practices.

The instruments that were used for each person were subjected to their own, independent, decontamination cycle. The operating parameters of the decontamination equipment were checked for each cycle and were logged against each person's patient record. This enabled the practice to be assured of the integrity of the instruments used for each person.

We noted that the physical environment was clean and that there were arrangements in place for disposing effectively of clinical waste. People's perception of the practice was one of a clean and safe environment with staff that worked hygienically. One person that we asked about this said, "Very clean and hygienic. They always change their gloves. A very high standard." Another person told us, "It's spotless. They are always fastidious about cleaning and changing their masks and gloves."

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

Our judgement

The provider was meeting this standard.

People were treated by staff who were supported to deliver treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development that was relevant to their role. We saw records that showed that the dentists and the dental nurses undertook continuing professional development (CPD) that ensured they maintained their professional registration. CPD generally took place at events arranged through an external training provider whilst some training took place through on-line learning programmes. We noted, for example, that staff members had received training in infection control and decontamination, basic life support and safeguarding.

We also saw that training in non-clinical skills was made available to staff. For example, the practice manager told us that staff had received training in communication skills and staff members we spoke with confirmed that this was the case. One dental nurse told us, "[The provider] is very good at ensuring we are educated to the highest level and we go on lots of courses."

We saw that staff took part in monthly one-to-one supervision and development meetings with the practice manager according to a schedule. Staff members we spoke with told us they felt supported by these arrangements. They also said they felt able to discuss any issues with the provider or practice manager at any time and that the rest of the team were always supportive of each other.

We saw records that showed that weekly practice meetings took place where issues affecting the practice were discussed, such as any comments or feedback from people who used the service. We also noted that meetings took place at the beginning and end of each day to allocate particular tasks and to discuss the day's business. This showed that the provider supported staff to understand the day-to-day running of the practice.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

The provider took proper steps to identify, assess and manage risks to the health, safety and welfare of people using the service and to monitor the quality of service people received. We saw that the provider carried out a range of audits. These included daily and weekly monitoring of the decontamination equipment and an infection control audit that used a self-assessment tool based on the Department of Health guidance. The provider was responsive to the findings of these audits.

We noted, for example, that the infection control audit of October 2013 had identified that hand-washing diagrams and manual cleaning protocols should be prominently displayed. We saw an action plan arising from the audit that required laminated hand-washing diagrams to be placed in the three treatment rooms and a laminated manual cleaning protocol to be displayed in the decontamination unit. We saw that these actions were delegated to a particular person and time-bound. During our observations we saw that these notices were displayed, which showed that the audit had been effective.

We saw that an 'action grid' that arose from the monthly practice meetings and the daily management meetings provided an effective mechanism for ongoing quality management and improvement. For example, we noted that a particular staff member had been allocated an action to ensure that every person who used the practice was given a particular leaflet. We saw that this was shown as having been 'achieved'.

We saw that the provider also took account of comments from people who used the service. We asked people if they had been given the opportunity to provide feedback. One person told us, "They are very responsive. I messed up my appointments because of [personal circumstances] and they did everything they could to accommodate me." Another person said, "[The dentist] always asks me how it went and then I get asked again if I want to leave any feedback. I know I can go on the internet and leave feedback if I want to."

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.

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.

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.

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

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)

(Registered) Provider

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'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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