

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

Smilemakers

Beaufort House, Hamble Lane, Bursledon,
Southampton, SO31 8BR

Date of Inspection: 12 June 2013

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

Respecting and involving people who use services	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Cleanliness and infection control	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Thomas Darling
Overview of the service	Smilemakers provides NHS and private dental treatment and care. The practice consists of two dentists, two hygienists and dental nurses who work either solely for this practice or also with a separately registered practice at the same location. The clinic offers planned and emergency appointments for adults and children.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

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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 unannounced 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 12 June 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

Patients who use the service were very positive about the service they had received. One patient said staff treated them discreetly and another told us if they weren't happy with it they "wouldn't stay" with the practice. Patients told us they were well informed about their treatment and had opportunities to discuss options. We found patients were involved in decisions about their treatment and this was documented as were their medical histories, concerns and treatment plans. The most recent patient survey showed they thought the practice was "excellent" or "good".

Patients received a service in a clean and hygienic environment. Systems were in place to review infection prevention and control practices and take action to make improvements when identified. The provider had systems in place to recruit suitable staff and to regularly assess the quality of the service that patients received.

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

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

Our judgement

The provider was meeting this standard.

Patients views and experiences were taken into account in the way the service was provided and delivered in relation to their care. Patients who use the service were given appropriate information and support regarding their care or treatment.

Reasons for our judgement

Patient's who use the service were given appropriate information and support regarding their care or treatment. Patients were able to find out about the registration of dental staff working at the practice as their General Dental Council (GDC) registration details were available at the entrance of the building. Various leaflets were available in the reception which provided information about various treatments, services and costs. Information was also provided in treatment plans. A new practice website and leaflets were being developed but were not available to patients. The provider told us in the interim period they would make details, such as times of clinics, available to patients but gave an undertaking to ensure it was available in a written format. Patients were able to read the practice policy on data protection which the practice manager said had been made available because many patients were interested in what happened to their personal information. This meant patients were able to obtain information about the services provided by the practice.

Patients who use the service understood the care and treatment choices available to them. We saw a sample of records of two visits and one treatment plan for patients which showed treatment options were described to them and costs had been explained. Two dental nurses told us when further treatment was needed plans were recorded at the end of each examination and were offered to patients as they left the surgery. Some patients signed their consent to treatment at that point and others when they returned. We saw an example of one treatment plan signed by a patient. Patients consented to their treatment and this was recorded.

Patients expressed their views and were involved in making decisions about their care and treatment. The two patients we spoke with told us they had been provided with enough information to make decisions about their treatment. One of the dental nurses was employed as a treatment co-ordinator. Part of their working day was spent liaising with patients to talk about treatment options, cost estimates and consent. Patients at times also made appointments for discussions with the dental nurse between dental appointments.

This meant patients were able to request additional discussions and find out more information about proposed treatments and options. These arrangements showed the commitment of the practice to patients' choice and decision-making.

People's diversity, values and human rights were respected. Patients told us they felt respected by the staff of the practice. One person commented that the staff were polite and their explanations meant they were "made to feel calm". Another told us they knew what was going to happen as their treatment had been discussed with the dentist. This encouraged patients to use the service as they felt their individual needs were met.

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

Our judgement

The provider was meeting this standard.

Patients experienced care, treatment and support that met their needs and protected their rights. The assessment planning and delivery of patients treatment promoted dental health.

Reasons for our judgement

Patients' needs were assessed and care and treatment was planned and delivered in line with their individual treatment plan. One of the dental nurses and the practice manager told us that all patients were offered a six monthly check up or more often if needed, and treatment when necessary. This included a discussion with the patient, and a basic periodontal examination (BPE) with scoring to assess the condition of their teeth. X-rays were taken if necessary. In the sample of two patients' records we saw these checks had been documented. With a patient's consent we observed their dental appointment and found their treatment was provided as they expected it. The patient was undergoing a course of treatment. Information and records were available to the dentist which were added to during the appointment. This meant arrangements were in place to ensure planned treatment was delivered.

Care and treatment was planned and delivered in a way that was intended to ensure patients' safety and welfare. Staff told us new patients completed a confidential medical health questionnaire when they registered with the practice. We saw these in a sample of two patients' records. Patients told us checks were made at appointments to update the information. We saw these records were held electronically and available for the dentists to consult, and nurse to update, throughout the appointment. A system on the computer was in place to record risks associated with patients health or medical conditions and to draw the dentist's attention to medical alerts such as for allergies or phobias. Records were held of appointments attended and treatment received. An additional room near the reception area was available for private discussions about treatment. Systems were in place to check information with patients and minimise the risks to their well-being.

There were arrangements in place to deal with foreseeable emergencies. We saw that an emergency medical kit was available for use. Staff told us two staff were present in surgeries for appointments. A telephone was located in each surgery in case of emergencies and the need to request help from other staff. Staff told us the last annual training for dealing with medical emergencies had taken place in May 2013. Oxygen and medicines were available for emergencies and we saw records of checks of these to ensure they were in place, functioning and in date. A member of staff told us it was their

responsibility to ensure these checks were routinely completed. We also saw a policy document detailing what staff should do in case of various medical emergencies which a member of staff told us had been updated since an audit identified the need in March 2013. They told us the practice held regular fire evacuation drills to ensure staff were aware of their roles to maintain the safety of patients. The last fire drill had been completed in January 2013. This meant the practice had made preparations for emergencies.

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

Our judgement

The provider was meeting this standard.

Patients were protected from the risks of infection because appropriate guidance had been followed. The provider had a system in place that regularly monitored decontamination and infection control practices and standards.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection. All areas of the practice were clean. Staff told us about their responsibilities throughout the day to ensure surgeries were clean. The surgery viewed was clean and uncluttered and equipped with cleaning materials and hand washing facilities. One patient told us the practice was clean and that reassured them. In the surgery we saw protective clothing and other equipment used to minimise the risk of cross infection by the dental professionals. For example they changed disposable gloves for different tasks during the treatment, put used instruments in lidded boxes ready to go to the decontamination room and cleaned areas of the surgery after the appointment. This demonstrated that action taken to minimise cross infection was integrated into day to day practices.

A dental nurse was identified for decontamination of equipment on a daily basis and to oversee trainee dental nursing staff when they were involved in these tasks. One dental nurse showed us the room dedicated to decontamination. The facilities enabled a flow from dirty to clean to avoid recontamination of sterilised instruments. Equipment in use included three ultrasonic machines and two autoclaves for cleaning and sterilisation of instruments. Two sinks were also available and used for the cleaning processes with a separate basin for hand washing. The dental nurse demonstrated aspects of the processes for cleaning instruments. This ended with sterilised instruments in sealed packets. These were date stamped to ensure those used in the surgeries were in date. The decontamination room was clean and the dental nurse described the continual cleaning processes used to achieve this. We also saw a system was in place to ensure dirty and clean instruments were transported separately from room to room within the practice. A member of staff told us they thought the practice addressed infection control issues well and all staff had a responsibility to ensure correct procedures were followed.

We sampled other aspects of infection prevention and control systems in the practice. Staff showed us a range of checks of the effectiveness of the equipment used. They took place throughout the cleaning and sterilising processes. Two staff told us about the systems in place. We saw a sample of records of checks in the log books and saw that daily, weekly and quarterly checks were routinely documented. A member of staff told us

that recent checks of the autoclave had revealed cracked face panels which had been replaced. We saw other equipment was available to minimise risks of infection and contamination such as a mercury spillage kit, an eyewash kit and a sharps container for used needles. Staff told us a clinical waste contract was in place.

A member of staff told us an infection control lead was identified who monitored practices at the surgery. An infection control policy was in place as were regular audits based on Department of Health guidance. These were completed every three months and was last completed in March 2013. This had identified some improvements were needed. We saw that improvements had taken place such as provision of sharps containers in surgeries and that clear containers used for transporting sealed packets of sterilised equipment were cleaned. A staff member told us of other improvements and that a further audit had taken place in May 2013 and was to be summarised. This showed a system was in place to monitor and reduce the risk of cross infection.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

Patients were care for, or supported by suitably qualified, skilled and experienced staff. Appropriate checks were undertaken before staff began work.

Reasons for our judgement

Appropriate checks were undertaken before staff began to work. We looked at records for two staff and saw that pre-employment checks had taken place. These included evidence of Criminal Record Bureau (CRB) checks and medical fitness for the role. The practice manager told us they had held verbal conversations with referees and we saw that this was documented. The provider may wish to note however this verbal information had been supported by only one written reference. As trainees they were not required to be registered with the General Dental Council but we found for other staff checks had been made of their registration and that professional indemnity insurance was in place. Arrangements were in place to check the suitability of new staff before they started work.

There were effective recruitment processes in place. The practice manager told us they had a high level of interest in the posts when advertised and had shortlisted six people for interviews based on set questions. Successful candidates with relevant previous experience had been placed on an apprenticeship scheme. We saw their initial induction had been documented which had introduced them to the policies and procedures of the practice. This had been followed by commencement of a programme of learning, assessment and shadowing by established staff at the practice. Systems were in place to recruit and induct staff in to the policies and procedures 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 in place to identify, assess and manage risks to the health, safety and welfare of patients who use the service and others. The provider had an effective system to regularly assess and monitor the quality of service that patients receive.

Reasons for our judgement

Patients who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. The practice had a system in place to carry out an annual survey by distributing forms to patients who visited this practice and the other registered practice in the building. This was last completed in December 2012 and January 2013. The practice manager told us it had been distributed to 200 people. Findings had been summarised and recorded. The outcome noted that 72 % said the practice was "excellent" and 28% "good". The practice manager and a member of staff told us the findings had been discussed at a staff meeting and we saw that the suggested recommendations had been recorded. They gave examples of changes made such as increasing the number of hours a dental hygienist was available and the surgery staying open later into the early evenings each week. We saw that a suggestions box was also available in the practice's reception area so patients could make comments about the practice at any time.

A range of audits and checks were in place to monitor the quality of the service. A member of staff told us recent audits had taken place of the patients' records. They also explained the processes in place to safeguard staff from X-ray exposure and regular checks in place of the X-ray equipment. The practice manager told us checks were in place of staff training folders to ensure staff received training they required for their individual continuing professional development (CPD). The provider may wish to note that a record of this was reported to be in place but not held at the practice. The practice manager told us aspects of the standards required to meet our regulations were discussed at each staff meeting to remind them of their responsibilities. We saw that the safeguarding policy had been changed to include the protection of vulnerable adults policy and safeguarding of vulnerable adults training was planned. This meant the service had regular reviews in place to remind staff of the quality of the service required.

The provider listened to complaints and comments. A policy and procedure was displayed in the reception area for patients to read. This included details of the Dental Complaints

Service for any patient not satisfied with the surgery's responses. Staff told us there had not been any recent complaints but records were held of any made. We saw this was in place and the practice record demonstrated the last complaint had been followed up to the patient's satisfaction. This meant the service was receptive to comments and complaints although on this occasion improvements to the service had not been required.

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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