

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

Smile Essential

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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
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Dr Niketkumar G Patel
Overview of the service	Smile Essential provides primary care dentistry for approximately 2,000 NHS patients.
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'.

	Page
<hr/>	
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
<hr/>	
Our judgements for each standard inspected:	
Consent to care and treatment	5
Care and welfare of people who use services	6
Cleanliness and infection control	8
Requirements relating to workers	10
Assessing and monitoring the quality of service provision	11
<hr/>	
About CQC Inspections	12
<hr/>	
How we define our judgements	13
<hr/>	
Glossary of terms we use in this report	15
<hr/>	
Contact us	17

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 27 November 2012, talked with people who use the service and talked with staff.

What people told us and what we found

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. We spoke with a dentist about how they obtained the consent of people who used the service. We were told about the process of describing treatment options that were available to people and how to present this in a way the person understood.

We spoke with three people who had received treatment at the time of our visit. We asked them about the care and treatment they had received. Comments included: - "they always take their time, there's no rush", "their manner is excellent" and "I love it, I travel further to come here".

There were effective systems in place to reduce the risk and spread of infection. We reviewed the infection prevention and decontamination policies and found them to be up to date and comprehensive with responsibilities clearly defined.

We found there were effective recruitment and selection processes in place and the provider had an effective quality assurance system to monitor the quality of service provided.

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 care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

We spoke with three people following their consultation with the dentist and asked them if their treatment options had been explained to them in a way they understood. People told us treatment options had been explained properly and they had made an informed decision about whether to go ahead with treatment. One person told us the dentist had fully explained what their treatment involved and had talked to them about aftercare.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. We spoke with a dentist about how they obtained the consent of people who used the service. We were told about the process of describing treatment options that were available to people and how to present this in a way the person understood. People were provided with a written treatment plan, the associated fees (where applicable) and leaflets to help them make an informed decision. The dentists also told us how visual aids and models were used to support written information given to people.

We also viewed the dental records of three people using the service and found they had signed their treatment plan following their visit. This demonstrated that people were asked to consent to care and treatment.

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We spoke with three people who had received treatment at the time of our visit. We asked them about the care and treatment they had received. Comments included: - "they always take their time, there's no rush", "their manner is excellent" and "I love it, I travel further to come here". One person told us they were very grateful to the dentist who had made a referral to the hospital on their behalf following an appointment. This was because the dentist had noticed something that may have required further investigation during a check up. Another person told us the dentist had seen them quickly when they had been in pain and they said they had no problem in getting an emergency appointment immediately. This showed that people were able to access the service at times when they most needed to.

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. Dental records viewed on the day of our inspection contained clear information relating to peoples' medical history, their known allergies, ongoing assessments, consent and treatment plans. At each appointment people were required to confirm and update their medical history. This meant that treatment was planned and delivered in a way that ensured people's safety and welfare. Information provided to us by people we spoke with was consistent with the information recorded by the dentist within their dental records. For example, one person told us they were allergic to penicillin and we saw that this was clearly recorded within their records. Records showed that people had been given advice about their diet, oral hygiene and aftercare following treatment.

The dentist and practice manager told us they had arrangements in place to track referrals they had made to the hospital or other specialist. We saw examples of letters that had been sent and saw that the practice followed up referrals when there had not been a response. This showed that the practice was working effectively with other professionals.

There were arrangements in place to deal with foreseeable emergencies. We saw that staff had an emergency protocol to follow should they be confronted by an emergency situation and if needed there was an emergency drugs box and emergency equipment available. The emergency protocol was comprehensive and people's responsibilities were well described. We saw that emergency equipment was regularly checked. All staff received annual training in cardiopulmonary resuscitation (CPR) and medical emergencies. Staff discussed how to deal with medical emergencies periodically throughout the year during team meetings.

The service was accessible to people who used wheelchairs. There were ground floor treatment rooms and an accessible toilet. The practice told us about other adjustments they had made for people who spoke different languages or had other disabilities. For example, we were told that appointments were made at a quiet time and at the beginning of a session for patients with autism who may have become distressed by waiting in a busy waiting room. This demonstrated that the practice was accessible to everybody who needed to use it.

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.

Reasons for our judgement

We spoke with three people following their appointment with the dentist and asked them whether the dentist wore protective clothing when undertaking an examination or treatment. All people we spoke with told us the dentist and dental nurse had worn gloves and a mask, and when carrying out treatment had worn goggles. People told us that treatment rooms were always clean and hygienic whenever they had visited.

There were effective systems in place to reduce the risk and spread of infection. We reviewed the infection prevention and decontamination policies and found them to be up to date and comprehensive with responsibilities clearly defined. We saw records of cleaning schedules which showed that treatment rooms had been disinfected and cleaned between patients and there were cleaning routines for daily, weekly and monthly tasks. This ensured that treatment rooms were cleaned to an appropriate standard.

We looked at the decontamination room accompanied by one of the dental nurses. This decontamination room is where nurses wash and rinse the instruments before using the autoclave to sterilise them to ensure they reach the approved level of sterilisation. Clean instruments were stored in vacuum packaging and dated according to national guidelines. We saw there was a process in place for decontamination equipment maintenance and records were available of checks carried out to ensure that decontamination equipment was functioning as it should be.

We asked the nurse to describe the decontamination process and they fully explained the steps as set out in the practices decontamination policy. We saw that the nurse used appropriate personal protective equipment (PPE) whilst decontaminating instruments at the time of our visit.

The practice had a named person with responsibility for infection control practices within the service. We saw evidence that issues relating to infection control were discussed at monthly staff meetings and that training had been provided to staff about infection control.

The practice undertook annual audits to confirm continued compliance with decontamination regulations and infection prevention best practice. We saw that the practice was meeting the recommended standards.

We saw evidence that the practice had a risk assessment for Legionella (a bacterium that

can contaminate water supplies and cause serious illness) in place and a system for managing and controlling the risk from Legionella. We also saw that the practice had appropriate arrangements in place for the disposal of clinical waste.

This demonstrated that there were effective systems in place to reduce the risk and spread of 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.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

There were effective recruitment and selection processes in place. We looked at the records of all staff members. We saw that the practice required a copy of people's Curriculum Vitae (CV), confirmed their identities and requested a Criminal Records Bureau (CRB) disclosure. All staff records we looked at had a CRB check on file. However, the provider may find it useful to note that the practice had not directly sought its own CRB check for three members of staff. Also, it had not made a record of the references that had been obtained by telephone for a new member of staff.

All dental treatment was provided by qualified dentists and dental nurses registered with the General Dental Council (GDC), the professional regulator of dental practitioners. We saw that the GDC register had been checked prior to the employment of dentists or dental nurses to ensure practitioners were registered and suitably qualified to carry out the work.

Records we looked at showed staff undertook an ongoing training programme including training in safeguarding vulnerable adults, child protection and infection control. Staff we spoke with also told us about external course they regularly went on for continuing professional development and to develop their clinical skills.

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 people who use the service and others.

Reasons for our judgement

People who used the service were asked for their views about the service and they were acted on. The service undertook regular patient satisfaction surveys. We looked at the outcome of the most recent survey and saw the results were very positive. The results of the survey had been discussed at staff meetings and we were told that changes had been made as a result. For example, Wi-Fi had been made available in the waiting room.

The practice also had a suggestion box in its waiting room. One person had commented "overall great services and great team".

The practice undertook a number of audits at varying times. These included infection control audits, routine autoclave testing, cleaning schedules, and the maintenance of equipment. Policies and procedures were reviewed on a yearly basis. Additional audits included a clinical waste audit, an accessibility audit, record keeping audits and an audit of the cleanliness of dental instruments. We looked at these audits and found they had been completed regularly and when issues had been identified they resulted in an action plan for improvements. This demonstrated that the practice was assessing and monitoring the quality of service people received.

We saw that staff meetings were held regularly and used to discuss a number of issues. This included satisfaction survey results, infection control practices, complaints and training. Meetings were recorded and staff received a copy of the minutes. This showed that staff were kept up to date with issues affecting the service provided.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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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