

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

The Smile Studios: Richmond

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Date of Inspection: 15 May 2013

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

Care and welfare of people who use services	✓	Met this standard
Cleanliness and infection control	✓	Met this standard
Staffing	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	The Smile Studios Dental Spa
Registered Manager	Dr. Manoj Bhardwaj
Overview of the service	The Smile Studios Dental Spa is a private dental practice providing all aspects of dentistry, from oral hygiene and fillings through to advanced cosmetic dentistry. It is staffed by a team of dental specialists, nurses and hygienists. The practice is located in the centre of Richmond-upon-Thames.
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 15 May 2013, 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

People we spoke with told us that they were very happy with the care and treatment they received. We saw evidence that people who use the service understood the care and treatment choices available to them. The practice had written information available for people as well as individual consultations which took place prior to any agreement regarding treatment plans. People's needs were assessed and treatment was planned and delivered in line with their individual care plan.

People we spoke with confirmed they were happy with the cleanliness and hygiene of the practice. Equipment was in place to thoroughly clean and to decontaminate instruments used while examining and treating patients. Policies and procedures were in place for safe working practices and there were service contracts in place for the disposal of clinical waste and for sharp objects. This ensured the maintenance of a safe and hygienic environment both for staff and patients.

People we spoke with told us they were happy with the quality of staff at the practice. One person told us, "They are very professional and competent". We saw that staff received appropriate professional development.

There were safe and effective systems in place for the overall quality assurance of all aspects of the practice. There were clear audit trails for all aspects of the work carried out in the practice.

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

Care and welfare of people who use services

✓ Met this standard

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

People we spoke with told us that they were very happy with the care and treatment they received. One person told us, "They are very friendly, flexible in arranging appointments and take their time with you". We also saw other examples of positive comments about the care and treatment provided via letters and postings on the website.

We saw evidence that people who use the service understood the care and treatment choices available to them. The practice had written information available for people as well as individual consultations which took place prior to any agreement regarding treatment plans. Upon agreeing on a plan of care patients were provided time to reflect on their options, and treatment plans included information about any alternative course of action that could be taken. Patients were required to sign their agreement in the form of written consent. We saw that the practice had a website that provided comprehensive information, including the treatment options and the costs of this.

The practice had three surgery rooms where consultations could take place in private. The practice was able to demonstrate that it actively sought the views of patients by offering post-treatment consultations in case of any concern, and also in the various ways people could leave feedback, both written and via video.

People's needs were assessed and treatment was planned and delivered in line with their individual care plan. People completed a medical questionnaire prior to any treatment so the dentist was aware of any medical conditions people had or medicines they were taking. We viewed written and electronic dental records, which detailed an oral assessment, medical history, dental history, x-rays and the treatment plan with costs. The records also detailed the treatment that had been carried out and any after care advice the dentist had provided.

The Lead Dentist who was also the practice manager told us that the practice operated on the basis that patient welfare was a priority and clear communication was a key element in ensuring that people received the treatment they needed and also understood the

treatment that was carried out.

There were arrangements in place to deal with foreseeable emergencies. We saw that staff had received training in Cardio Pulmonary Resuscitation (CPR) and medical emergencies to ensure they were confident to deal with a medical emergency. Training records we viewed confirmed this.

Safety equipment was available in the event of a medical emergency including oxygen cylinder, first aid box and emergency medicines in each surgery. Procedures were in place for emergency situations and were readily available to staff.

We saw that the practice had modern equipment which had regular maintenance and servicing checks which were carefully and regularly audited. In addition the practice had clear procedures and practices which described the tasks and duties for each employee as well as detailed procedures for carrying out the various dental treatments. This was particularly useful in the case of any locum staff that were used and ensured that the practice maintained appropriate standards of care.

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 and were cared for in a clean, hygienic environment.

Reasons for our judgement

People we spoke with confirmed they were happy with the cleanliness and hygiene of the practice.

Equipment was in place to thoroughly clean and to decontaminate instruments used while examining and treating patients. A separate decontamination room had been proposed and we discussed the plans with the provider. Staff were trained in respect of infection control procedures and in the decontamination process and we were given a demonstration of the decontamination process, stage by stage. Staff were able to demonstrate each stage of the process to us and described how used instruments were checked for debris and residual matter after washing and before sterilisation. They also told us how sterilisers, autoclaves and other decontamination readings and equipment were checked and recorded. There was a clear process followed to ensure that clean instruments were not cross contaminated by dirty ones.

We saw evidence of records which demonstrated that the pieces of equipment used were serviced on a regular basis and that checks and audits were carried out to verify that they remained in working order.

Policies and procedures were in place for safe working practices and there were service contracts in place for the disposal of clinical waste and for sharp objects. This ensured the maintenance of a safe and hygienic environment both for staff and patients.

We saw that the practice had effective systems in place to reduce the risk and spread of infection. The three surgery rooms were clean and well equipped with clear, written procedures for cleaning routines. In addition all areas of the clinic, including waiting rooms and toilets were clean and provided good hand-washing facilities, thereby reducing the risk of cross-contamination. In addition to an employed cleaner, the dental team took responsibility for the cleaning schedule of the clinical areas.

We saw clear policies and procedures regarding infection control and on how to minimise risks to people. We also saw records which demonstrated that equipment such as X-ray, oxygen cylinder and pressure valves had been regularly maintained and tested within required timescales. We saw that staff had access to disposable gloves and aprons to

minimise risks to people.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

People we spoke with told us they were happy with the quality of staff at the practice. One person told us, "They are very professional and competent".

Staff received appropriate professional development. We saw samples of evidence of continuing professional development (CPD) certificates for members of the dental staff. These were appropriate to the safe delivery of treatment and services.

The practice manager showed us evidence that staff had read and understood the practice policies. We saw evidence that the practice had effective recruitment processes in place and had carried out appropriate checks before staff began work. There was evidence of criminal record bureau checks and registration with the General Dental Council.

We saw that the practice consisted of five dentists, four dental nurses and a hygienist. Two receptionists ensured that visits and calls to the practice were dealt with promptly. The practice had good arrangements in place for using any locum dentist, including induction processes, clear descriptions of tasks and procedures to be followed and clearly labelled areas 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 and 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

We found that the practice was overseen by the lead dentist who was also the practice manager. This included the administration of the business, maintenance of equipment, advising patients, data maintenance and overall quality of the service.

The practice manager worked closely with other dentists and the dental nurse to ensure that the practice ran safely and that patients were appropriately treated. There was a shared responsibility with regard to maintaining hygiene and cleanliness and the practice manager consulted closely with staff with regard to the contracts and maintenance of equipment.

We saw that supervision and appraisals took place as well as regular team meetings. Feedback from patients was discussed and the quality of service was monitored in light of any feedback received.

There were safe and effective systems in place for the overall quality assurance of all aspects of the practice. Guidance from the General Dental Council and the Care Quality Commission had been adapted into the practice's policies and procedures. There were clear audit trails for all aspects of the work carried out in the practice, including equipment maintenance, hygiene control, patient care and feedback and the storage and maintenance of confidential records.

The practice manager described how the dental team met daily and communicated freely with each other as a team which ensured that any issues could be identified early and acted upon.

We saw examples of positive feedback from patients and the information provided to patients described the standard of care patients should expect to receive. We also saw that there were effective systems in place to deal with any patient dissatisfaction, which included personal contact with the patient to identify what the practice could do to rectify any issues.

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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