

Smile Care (Cornwall) Ltd

# Smile Dental Care

## Inspection report

22 Meneage Street

Helston

TR13 8AB

Tel: 01326569323

[www.smile-dentalcare.co.uk/dentist-helston/](http://www.smile-dentalcare.co.uk/dentist-helston/)

Date of inspection visit: 16 August 2023

Date of publication: 11/09/2023

### Overall summary

We carried out this announced comprehensive inspection on 16 August 2023 under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

We planned the inspection to check whether the registered practice was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations.

The inspection was led by a Care Quality Commission (CQC) inspector who was supported by a specialist dental advisor.

To get to the heart of patients' experiences of care and treatment, we always ask the following 5 questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which reflected current legislation.
- Clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect. Staff took care to protect patients' privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system worked efficiently to respond to patients' needs.
- The frequency of appointments was agreed between the dentist and the patient, giving due regard to National Institute of Health and Care Excellence (NICE) guidelines.

# Summary of findings

- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The practice had information governance arrangements.
- The practice infection control procedures were not effective.
- Staff felt involved, but staff training and supervision was not effectively managed.
- Staff knew how to deal with medical emergencies, but improvements should be made regarding monitoring of stock control of first aid and emergency medicines.
- The practice had systems to manage risks for patients, staff, equipment and the premises, but improvements are recommended.
- There was a new in post practice manager, who was working to prioritise areas for improvement at the practice.

## Background

The provider is part of a corporate group Smile Dental Care, and this report is about Smile Dental Care - Helston.

Smile Dental Care is in Helston and provides NHS and private dental care and treatment for adults and children.

There is step free access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for disabled people, are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 3 dentists, 1 part-time dental nurse, 3 trainee dental nurses, 2 receptionists and a practice manager. The practice has 4 treatment rooms.

During the inspection we spoke with 3 dentists, 1 dental nurse, 3 trainee dental nurses, 1 receptionist, the practice manager, an area manager on behalf of Smile Dental Care, and the provider. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open: Monday to Friday 9.00am – 5.00pm. The practice is closed between 1.00pm – 2.00pm.

We identified regulations the provider is not complying with. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

### **Full details of the regulation the provider is not meeting are at the end of this report.**

There were areas where the provider could make improvements. They should:

- Implement an effective system for replenishing of out-of-date stock. In particular, for emergency medicines and first aid kits.
- Take action to implement any recommendations in the practice's Legionella risk assessment, taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.'
- Take action to implement any recommendations in the practice's fire safety risk assessment and ensure ongoing fire safety management is effective.

# Summary of findings

- The practice should ensure that, where appropriate, clinical audits have documented learning points and that the resulting improvements can be demonstrated.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Are services safe?</b>	<b>No action</b> ✓
<b>Are services effective?</b>	<b>No action</b> ✓
<b>Are services caring?</b>	<b>No action</b> ✓
<b>Are services responsive to people's needs?</b>	<b>No action</b> ✓
<b>Are services well-led?</b>	<b>Requirements notice</b> ✗

# Are services safe?

## Our findings

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

### **Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)**

The practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.

The practice had infection control procedures, which partly reflected published guidance. However, there were deficiencies in infection control practices. The practice had a decontamination room, used for the cleaning and sterilising of dental instruments. There was ineffective air flow in the decontamination room resulting in an excessively hot working environment. Staff worked with the door propped open to manage the heat. This further compromised air flow. The extractor fan in the decontamination room was visibly dirty. We saw there were chipped laminated surfaces, with chipboard exposed, which compromises effective cleaning. There were no records of weekly ultrasonic tests for protein residue contamination checks. The brush used for the manual cleaning of dental instruments was excessively worn and there were no records to indicate when changes of brushes should be made. There were broken boxes intended for transporting of dental instruments. We saw bur stands inside treatment rooms with fluff and cement on the burs inside. We saw frozen alginate impressions inside a fridge, which were therefore no longer suitable to be forwarded to the laboratory for making dentures and indicated poorly controlled fridge temperature. We saw a box of dry dirty instruments from the previous day's surgeries. These were processed after reminding staff.

There was a server located in a surgery, which was excessively dusty on top. Flooring required sealing in 2 surgeries and around dental chairs, to prevent bacterial build up and enable effective cleaning.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment. The risk assessment had recently been completed and recommended actions should be implemented. The management team assured us the recommendations would be addressed.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The practice had a recruitment policy and procedure to help them employ suitable staff, including locum staff. These reflected the relevant legislation.

Clinical staff were qualified, registered with the General Dental Council and had professional indemnity cover.

A fire safety risk assessment was carried out in line with the legal requirements. The fire risk assessment had recently been completed and recommendations actions should be implemented to ensure the effective management of fire safety. The management team assured us recommendations would be addressed.

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available. However, we noted that the Radiation Protection Supervisor seemed unaware they had been allocated this role and therefore may require additional training.

### **Risks to patients**

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety, sepsis awareness and lone working.

# Are services safe?

Emergency equipment and medicines were checked but improvements could be made. We noted it had been identified that one emergency medicine and contents of some first aid kits needed replenishing and we were shown orders had been placed. However, there was no plan or risk assessment discussed with the staff team for contingency actions whilst awaiting delivery.

Staff had completed training in emergency resuscitation and basic life support every year.

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health.

## **Information to deliver safe care and treatment**

Patient care records were complete, legible, kept securely and complied with General Data Protection Regulation requirements.

The practice had systems for referring patients with suspected oral cancer under the national two-week wait arrangements.

## **Safe and appropriate use of medicines**

An antimicrobial prescribing audit had been carried out. However, there was no action plan and the audit had not identified that updated guidance was not always followed when prescribing antibiotics.

## **Track record on safety, and lessons learned and improvements**

The practice had systems to review and investigate incidents and accidents. The practice had a system for receiving and acting on safety alerts.

# Are services effective?

(for example, treatment is effective)

## Our findings

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

### **Effective needs assessment, care and treatment**

We saw the provision of dental implants was in accordance with national guidance.

### **Helping patients to live healthier lives**

The practice provided preventive care and supported patients to ensure better oral health.

### **Consent to care and treatment**

Staff obtained patients' consent to care and treatment in line with legislation and guidance. They understood their responsibilities under the Mental Capacity Act 2005.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

### **Monitoring care and treatment**

The practice kept patient care records in line with recognised guidance.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients living with dementia or adults and children with a learning disability.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits six-monthly following current guidance. However, we noted audits lacked action plans to demonstrate where improvements had been made.

### **Effective staffing**

Newly appointed staff had a structured induction and clinical staff completed continuing professional development required for their registration with the General Dental Council.

Not all staff currently had the skills, knowledge and experience to carry out their roles, as supervision was not currently effective. A trained lead nurse had recently been allocated on two days a week to supervise and support trainee dental nurses. However, we found trainee dental nurses did not seem yet competent with the processing of dental instruments. The radiation protection supervisor seemed unaware that they held this role, and therefore requirements of this role. Additional training may be required. First aiders we spoke with seemed unaware of this role allocated to them. Additional training may be required.

### **Co-ordinating care and treatment**

Staff worked together and with other health and social care professionals to deliver care and treatment.

The dentists confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide.

# Are services caring?

## Our findings

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

### **Kindness, respect and compassion**

Staff were aware of their responsibility to respect people's diversity and human rights.

Patients feedback indicated staff were compassionate and understanding when they were in pain, distress or discomfort.

### **Privacy and dignity**

Staff were aware of the importance of privacy and confidentiality.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

### **Involving people in decisions about care and treatment**

Staff helped patients to be involved in decisions about their care and gave patients clear information to help them make informed choices about their treatment.

The practice's website provided patients with information about the range of treatments available at the practice.



# Are services responsive to people's needs?

## Our findings

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

### **Responding to and meeting people's needs**

The practice organised and delivered services to meet patients' needs and preferences.

Staff were clear about the importance of providing emotional support to patients when delivering care.

The practice had made reasonable adjustments for patients with access requirements with step free access and a ground floor treatment room. There was a disability access audit, which had been started, but was yet to be fully completed. The management team told us this would be reviewed. We noted the emergency pull cord in the accessible toilet was not working. The provider said they would get this repaired.

### **Timely access to services**

The practice displayed its opening hours and provided information on their website.

Patients could access care and treatment from the practice within an acceptable timescale for their needs. The practice had an appointment system to respond to patients' needs. The frequency of appointments was agreed between the dentist and the patient, giving due regard to NICE guidelines.

The practice's website and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

Patients who needed an urgent appointment were offered one in a timely manner. Patients with the most urgent needs had their care and treatment prioritised.

### **Listening and learning from concerns and complaints**

The practice responded to concerns and complaints appropriately. Staff discussed outcomes to share learning and improve the service.

# Are services well-led?

## Our findings

We found this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

### **Leadership capacity and capability**

There was a new practice manager in post. Staff welcomed a full-time managerial presence at the practice and told us they found the new appointee approachable. The manager was prioritising areas for improvement at the practice in cooperation with senior managers from the company.

### **Culture**

Staff discussed their training needs during annual appraisals and during clinical supervision.

### **Governance and management**

The practice had a governance system which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

We saw the processes for managing risks and issues and performance were not yet effective.

### **Appropriate and accurate information**

The practice had information governance arrangements and staff were aware of the importance of protecting patients' personal information.

### **Engagement with patients, the public, staff and external partners**

Staff gathered feedback from patients and demonstrated a commitment to acting on feedback.

Feedback from staff was obtained through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on where appropriate.

### **Continuous improvement and innovation**

The practice had systems and processes for learning and quality assurance. These included audits of patient care records, disability access, radiographs, antimicrobial prescribing, and infection prevention and control. We identified improvements could be made to ensure audits are informed by current guidance, are complete and contain action plans.

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <p><b>Infection Control</b></p> <ul style="list-style-type: none"><li>• The air flow management in the decontamination room was ineffective, resulting in excessive heat (27 degrees Celsius with the door open).</li><li>• The extractor fan in the decontamination room was dirty.</li><li>• There were chipped laminated surfaces with chipboard exposed in the decontamination room.</li><li>• There were no records of weekly ultrasonic tests for protein residue contamination checks.</li><li>• There were frozen impressions alginates in fridge in the decontamination room, unsuitable for sending to the laboratory.</li><li>• The brush used for the manual cleaning of dental instruments needed replacing, as it was excessively worn.</li><li>• There were bur stands with fluff and cement on the burrs inside.</li><li>• There were broken boxes for transporting dental instruments.</li><li>• The flooring needed sealing in 2 surgeries and around dental chairs.</li><li>• There were dry dirty dental instruments from the previous day's surgeries in the decontamination room.</li><li>• There was a server located in a surgery, which was excessively dusty on the top.</li></ul> <p><b>Staff training and supervision</b></p> <ul style="list-style-type: none"><li>• Trainee dental nurses did not seem to know how to process dental instruments effectively.</li></ul>

This section is primarily information for the provider

## Requirement notices

- The radiation protection supervisor seemed unaware that they held this role, and therefore what they needed to do.
- First aiders we spoke with seemed unaware of this role allocated to them.