

Perfect-Smiles Limited

Smilestyle Signature Dental Care

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 31 January 2024 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:

- The dental clinic appeared clean and well-maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were not all available.

Summary of findings

- The practice had systems to manage risks for patients, staff, equipment and the premises. We found that monitoring tasks to reduce the risk and spread of legionella were not always carried out.
- Safeguarding processes were in place. We identified scope for improvement in staff knowledge regarding 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.
- There was effective leadership and a culture of continuous improvement. Required audits of radiography and infection prevention and control were not always carried out in line with guidance.
- Staff felt involved, supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The practice had information governance arrangements.

Background

Smilestyle Signature Dental Care is in Nottingham and provides 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 4 dentists, 5 dental nurses, 1 trainee dental nurse, 1 treatment coordinator and 1 practice manager. The practice has 3 treatment rooms.

During the inspection we spoke with 2 dentists, 3 dental nurses, the treatment coordinator and the practice manager. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday to Thursday from 8.30am to 5.30pm.

Friday from 8.30am to 4.30pm.

Saturday by appointment.

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

- Implement an effective system for monitoring and recording the fridge temperature to ensure that medicines and dental care products are being stored in line with the manufacturer's guidance.

Summary of findings

- 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.' In particular, ensure that monitoring of water temperatures and flushing of seldom used outlets is carried out and recorded.
- Take action to ensure audits of radiography and infection prevention and control are undertaken at regular intervals to improve the quality of the service. Practice should also ensure that, where appropriate, audits have documented learning points and 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.

Are services safe?	No action ✓
Are services effective?	No action ✓
Are services caring?	No action ✓
Are services responsive to people's needs?	No action ✓
Are services well-led?	No action ✓

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 that reflected current guidance. We identified scope for improvement in ensuring all staff were aware of their roles and responsibilities for safeguarding vulnerable adults and children.

The practice had infection control procedures which reflected published guidance.

The practice procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, were not carried out in line with guidance or their own risk assessment. We found that routine monitoring of water temperatures, bacteriological testing and flushing of seldom used outlets was not always carried out. Following our inspection, the provider submitted evidence that action had been taken to address this issue and updated recording processes implemented.

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

The practice appeared clean and there was an effective schedule in place to ensure it was kept clean.

The practice had a recruitment policy to help them employ suitable staff, including for agency or locum staff. These reflected the relevant legislation. We identified scope for improvement in ensuring that records of all required pre employment checks were kept and available for all staff.

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

The practice ensured equipment was safe to use, maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations.

A fire safety risk assessment was carried out in line with the legal requirements. The management of fire safety was effective.

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available. This included cone-beam computed tomography (CBCT). We identified scope for improvement in ensuring protection information was available relating to the safe use and storage of dental lasers. The provider submitted evidence following our inspection that this information was now available.

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.

Emergency equipment and medicines were not always available in accordance with national guidance. The provider offered sedation for nervous patients; we noted that a second oxygen cylinder was not available as required in guidance. The provider immediately ordered a second cylinder and submitted evidence when it was available at the service. We found that some medicines were stored in a fridge. Records of the temperature of the fridge were not recorded so the provider could not be assured that medicines were stored in line with guidance. We identified scope for improvement in ensuring that checks of the availability and effectiveness of equipment were carried out at required intervals. Following the inspection, the provider submitted evidence that recording processes were updated.

Are services safe?

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Immediate life support training (or basic life support training plus patient assessment, airway management techniques and automated external defibrillator training) was also completed by staff providing treatment to patients under sedation.

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 2-week wait arrangements.

Safe and appropriate use of medicines

There was scope for improvement in the providers systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were not carried out and monitoring of the use and issue of prescription pads was not robust. Following our inspection, the provider submitted evidence that action had been taken to address these issues.

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

The practice had systems to keep dental professionals up to date with current evidence-based practice.

The practice offered conscious sedation for patients. The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training.

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.

Staff were aware of and involved with national oral health campaigns and local schemes which supported patients to live healthier lives, for example, local stop smoking services. They directed patients to these schemes when appropriate. The provider was working with the local authority to produce videos about oral health for local schools.

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 detailed 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. Staff had received training in how to support people with additional needs.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits annually rather than 6-monthly intervals as stated in current guidance. We found that action plans were not always developed from these. Following our inspection, the provider submitted evidence that action had been taken to address these issues.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

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

Co-ordinating care and treatment

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

On the day of inspection, we spoke with 4 patients and reviewed a range of patient feedback. All 4 patients we spoke with told us they valued the treatment, care and support they received from staff at Smilestyle Signature Dental Care. The kindness of all staff and particularly the principal was mentioned in all feedback. We noted that a number of patients chose to travel considerable distances to receive their treatment from the provider as they valued their approach. This was reflected in the online feedback we reviewed and our observations of interactions between staff and patients throughout the inspection.

Patients said staff were compassionate and understanding when they were in pain, distress or discomfort. A number of patients told us they were previously dental phobic but the care and understanding they received at the service had helped them overcome this and enabled them to access treatment.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

The practice had installed closed-circuit television to improve security for patients and staff. Relevant policies and protocols were in place.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records secure. A separate room was available away from the reception area for people to hold conversations in private if required.

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 and information leaflet provided patients with information about the range of treatments available at the practice.

The dentists explained the methods they used to help patients understand their treatment options. These included photographs, study models, videos, X-ray images and an intra-oral camera.

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 including level access, dedicated parking spaces, an accessible toilet, hearing loop, spare reading glasses and ground floor treatment rooms for patients with access requirements. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

Timely access to services

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

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. Patients had enough time during their appointment and did not feel rushed.

The practice's website, information leaflet 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. When the practice was unable to offer an urgent appointment, they worked with partner organisations to support urgent access for patients. 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 providing well-led care in accordance with the relevant regulations.

Leadership capacity and capability

The practice staff and provider demonstrated a transparent and open culture in relation to people's safety.

There was strong leadership with emphasis on people's safety and continually striving to improve.

Systems and processes were embedded, and staff worked together in such a way that where the inspection highlighted any issues or omissions, action was taken swiftly to address these.

The information and evidence presented during the inspection process was generally clear.

We saw the practice had effective processes to support and develop staff with additional roles and responsibilities.

Culture

Staff showed how they endeavoured to provide high-quality sustainable services and demonstrate improvements over time. We identified scope for improvements in the completion of required monitoring tasks for legionella risk mitigation and the completion of audits in recommended timescales.

There was an established, skilled staff team who were committed to the providers ethos for the practice. Staff stated they felt respected, supported and valued by the leadership team. We were given numerous examples of support received by staff from the provider which demonstrated this. All the staff we spoke with told us they were proud to work in the practice.

Staff discussed their training needs during annual appraisals and clinical supervision. They also discussed learning needs, general wellbeing and aims for future professional development.

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals.

Governance and management

Staff had clear responsibilities, roles and systems of accountability to support good governance and management. We identified scope for improvement in ensuring these were applied consistently.

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 there were clear and effective processes for managing risks, issues and performance.

Appropriate and accurate information

Staff acted on 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, the public and external partners and demonstrated a commitment to acting on feedback.

Feedback from staff was obtained through meetings, surveys 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.

Are services well-led?

Continuous improvement and innovation

The practice had systems and processes for learning, quality assurance and continuous improvement. These included audits of infection prevention and control, patient care records and disability access. Audits of radiographs were not always carried out at recommended intervals. At the time of our inspection the provider had not carried out an antimicrobial prescribing audit and records of the results of audits were not always analysed to develop action plans to promote improvements. The provider submitted evidence that these issues had been addressed.