

Sharing Smiles Orthodontics Ltd

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Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 5 March 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. Improvements could be made to ensure clinical waste was stored in compliance with guidance issued in the Health Technical Memorandum 07-01: Safe management of healthcare waste.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to manage risks for patients, staff, equipment and the premises. Most recommendations from a recent fire safety risk assessment had been actioned, with plans to complete the outstanding items shortly after our inspection.

Summary of findings

- 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.
- There was effective leadership and a culture of continuous improvement.
- 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

Sharing Smiles Orthodontics Ltd is in Luton and provides NHS orthodontic treatment to children. The practice treats a small number of adult patients on a private basis.

The practice is on the first floor of a high street building and is not accessible for people who use wheelchairs and those with pushchairs. Referral dental practices are aware of this, and will refer service users with access requirements to other orthodontic practices in the area. Car parking spaces are available near the practice.

The dental team includes 1 orthodontist, 3 dental nurses, 1 orthodontic therapist, 1 practice manager, who is also an orthodontic therapist, and 4 receptionists. The dental team works closely with 1 dental technician and 1 laboratory assistant, who have a laboratory on site. The practice has 2 treatment rooms, with 3 dental chairs across the 2 rooms.

During the inspection we spoke with the principal orthodontist, 2 qualified dental nurses, 1 orthodontic therapist, 2 receptionists 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 Friday 9am to 5pm.

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

- 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 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 and staff knew their responsibilities for safeguarding vulnerable adults and children.

The practice had infection control procedures which reflected published guidance.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment.

The practice had policies and procedures in place to ensure clinical waste was segregated in line with guidance. However, clinical waste awaiting collection was stored in an area which was accessible to members of the public. The practice assured the inspection team that immediate measures had been taken to ensure that clinical waste was stored securely and in line with Health Technical Memorandum 07-01: Safe management of healthcare waste (HTM 07-01) published by the Department of Health.

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

The practice had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. However, although the practice had obtained evidence of immunisation against Hepatitis B, 1 staff member did not have a record of their blood titre levels which confirms their immunity against Hepatitis B. The practice took immediate action and ensured the staff member had obtained evidence of immunity within 48 hours of the inspection.

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, on 13 January 2024 by an external fire assessor. They identified 17 significant findings. The service had acted in a reasonable timeframe to address most of the shortfalls, including the installation of emergency lighting, installation of fire blankets and ensuring that 2 staff members had received fire marshal training. At the time of our inspection, there were 4 outstanding actions. New fire doors and windows were expected to be fitted in the week following the inspection, along with a survey of the fire alarm system. The practice had booked for another fire safety risk assessment to be completed once these works had been completed, to ensure ongoing fire safety management is effective.

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available.

Risks to patients

The practice had implemented some systems to assess, monitor and manage risks to patient and staff safety. This included sepsis awareness. Further improvements could be made to ensure that risks associated with the practice manager being alone in the surgery had been risk assessed and mitigated. The practice took immediate action and carried out a lone worker risk assessment immediately following our inspection.

Are services safe?

Emergency equipment and medicines were available and checked in accordance with national guidance. However, oromucosal midazolam, which is a medicine used to treat seizures, had expired in January 2024. New oromucosal midazolam had been purchased and made available before the inspection team left the practice. Further improvements could be made to ensure there is an effective system for identifying and replenishing of out-of-date stock and emergency medicines.

Staff knew how to respond to a medical emergency and 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.

Safe and appropriate use of medicines

The practice did not prescribe medicines. If antibiotics were required, the practice referred patients back to their general dental practitioner.

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 orthodontist carried out a patient assessment in line with recognised guidance from the British Orthodontic Society.

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. The principal orthodontist demonstrated a commitment to improving oral health in children in the local area. They were a member of the Dental Wellness Trust, which aims to provide free innovative oral health education programmes to nurseries and schools across the country.

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 children with a learning disability.

We saw evidence the orthodontist justified, graded and reported on the radiographs they took. The practice carried out radiography audits 6-monthly following current guidance.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. Dental nurses had received additional training in radiography and taking dental impressions.

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 practice was a referral clinic for orthodontics and we saw staff monitored all incoming referrals.

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 3 patients. Patients we spoke with were complimentary about the service. The practice routinely collected patient feedback. We looked at patient feedback given between January and March 2024. Out of 40 patients, 100% said they would recommend the service to friends and family.

Patients said staff were compassionate and understanding.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality. One treatment room had 2 dental chairs located within it. Patients were informed to notify staff if they wanted to speak privately while being treated in this room.

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

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

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. Patients were encouraged to listen to music or bring soft toys into the treatment room if it would help relax them.

Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients. Referral dental practices were aware that the practice was located on the first floor, and referred patients with access requirements to other orthodontic practices when required.

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

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. 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 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 mostly embedded, and staff worked together in such a way that the inspection did not highlight significant issues or omissions. The practice had taken action in response to the recent fire safety risk assessment in a timely manner. Staff were responsive to feedback given during our inspection, in relation to emergency medicines and the storage of clinical waste.

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

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

Culture

Staff could show how they ensured high-quality sustainable services and demonstrated improvements over time.

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

Orthodontic therapists discussed their training needs during clinical supervision. The practice manager had recently introduced staff meetings and annual appraisals for all staff to discuss 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.

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 informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on where appropriate.

The practice was also a member of a good practice certification scheme.

Continuous improvement and innovation

Are services well-led?

The practice had some systems and processes for learning, quality assurance, and continuous improvement. These included audits of patient care records, disability access, radiographs, and infection prevention and control. Staff kept records of the results of these audits. Improvements could be made to also document action plans for the audits of patient care records or radiographs to identify any improvements or learning.