

Smiles Ahead (Corby) Limited

# Smiles Ahead – Corby Limited

## Inspection report

181 Farmstead Road  
Corby  
NN18 0LL  
Tel: 01536269298  
[www.smilesaheadcorby.co.uk](http://www.smilesaheadcorby.co.uk)

Date of inspection visit: 1 February 2022  
Date of publication: 11/02/2022

### Overall summary

We carried out this announced focused inspection on 1 February 2022 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 provider 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 adviser.

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

- Is it safe?
- Is it effective?
- Is it well-led?

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

### Our findings were:

- The practice appeared to be visibly clean and well-maintained.
- The provider had infection control procedures which reflected published guidance.
- The provider had systems to help them manage risk to patients and staff.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures which reflected current legislation.
- The provider had effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.

# Summary of findings

## Background

Smiles Ahead - Corby Limited provides private dental care and treatment for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including parking for people with disabilities, are available just outside the practice.

The dental team includes two dentists, a practice manager, three dental nurses, three dental hygienists/therapists, and a receptionist. The practice has two treatment rooms.

During the inspection we spoke with the practice manager, the principal dentist, a dental therapist, two dental nurses and the receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open on Mondays, Wednesday and Thursdays from 8.30am to 5.30pm; on Tuesdays from 8.30pm to 6pm and on Fridays from 9am to 1pm.

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

Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the College of General Dentistry.

# Summary of findings

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

We asked the following question(s).

Are services safe?	No action	✓
Are services effective?	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 provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.

The provider had infection control procedures which reflected published guidance. The provider had introduced additional procedures in relation to COVID-19 in accordance with published guidance.

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

We noted good level of cleanliness and hygiene throughout the premises. There were effective cleaning schedules in place to ensure the practice was kept clean.

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

The provider had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation.

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

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions including fire, electrical and gas appliances.

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

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

### **Risks to patients**

The provider had implemented systems to assess, monitor and manage risks to patient safety including sharps' safety.

Emergency equipment and medicines were available and regularly checked as described in recognised guidance.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year.

The provider had completed assessments to minimise the risk that could be caused from substances that were hazardous to health.

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

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

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

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

# Are services safe?

The provider had systems for appropriate and safe handling of medicines and prescription pads. However, antimicrobial prescribing audits were not carried out annually as recommended to ensure clinicians were prescribing them according to national guidance.

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

The provider had implemented systems for reviewing and investigating when things went wrong.

The provider had a system for receiving and acting on national safety alerts.

# Are services effective?

(for example, treatment is effective)

## Our findings

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

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

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

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

Patients could access care and treatment within an acceptable timescale for their needs.

### **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. Staff engaged with local schools to promote oral hygiene and good dental care.

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

Staff obtained patient consent to care and treatment in line with legislation and guidance.

Staff understood their responsibilities under the Mental Capacity Act 2005.

### **Monitoring care and treatment**

The practice kept detailed dental care records in line with recognised guidance.

Staff conveyed a good understanding of supporting more vulnerable members of society such as patients with dementia.

We saw evidence the dentists justified, graded and reported on the radiographs they took. Radiography audits were completed twice a year following current guidance and legislation.

### **Effective staffing**

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

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 dentist confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide. Patient referrals were monitored to ensure they were dealt with in a timely way.

# Are services well-led?

## Our findings

We found this practice was providing well-led care in accordance with the relevant regulations.

There was strong, effective leadership in the practice and emphasis on continually striving to improve. Systems and processes were embedded, and staff worked together in such a way that the inspection did not highlight any serious issues or omissions. Staff could show how they provided high-quality sustainable services and demonstrated improvements over time.

### **Leadership capacity and capability**

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

We saw the provider had effective processes to develop staff leadership, capacity and skills. Staff within the practice had lead roles to help with the management of the service.

The practice manager was responsible for the day to day running of the service and the evidence presented during the inspection process was comprehensive, clear and well documented.

### **Culture**

The practice had a culture of high-quality sustainable care.

Staff stated they felt respected, supported and valued, citing good communication systems and teamwork as the reasons.

Staff discussed their training needs at an annual appraisal and one to one meetings. All had personal development plans in place.

### **Governance and management**

Staff had clear responsibilities, roles and systems of accountability to support good governance and management.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis by the practice manager.

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

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

Staff involved patients, the public, staff and external partners to support the service.

The provider gathered feedback from staff 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.

Patients' views were actively sought and used to help improve the service.

### **Continuous improvement and innovation**

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs, ultrasonic bath cleanliness, and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.

Staff training was encouraged, and they had undertaken additional courses in areas such as oral health education, radiography and impression taking.