

Smile Care Salford Ltd

Smile Dental Care Salford

Inspection report

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Date of inspection visit: 13 January 2015
Date of publication: 05/03/2015

Overall summary

We carried out a comprehensive inspection of Smile Dental Care Salford on 13 January 2015.

The practice offers NHS treatment services for its patient population. Smile Dental Care Salford has four dentists, a practice manager, four dental nurses and a receptionist. One of the dental nursing staff is a trainee.

The practice manager is legally responsible for making sure the practice meets CQC requirements as the registered manager.

We spoke with five patients who used the service on the day of our inspection and reviewed six completed CQC comment cards that had been completed by patients prior to the inspection. The patients we spoke with were complimentary about the service. Patients told us that they found the staff to be extremely person-centred and felt they were treated with respect. The comments on the cards provided by CQC were also complimentary about the staff and the service provided.

During the inspection we toured the premises and spoke with staff including one dentist. We also spoke with the Smile Dental Care Business Director and Business Manager who were visiting from the provider headquarters. To assess the quality of care provided by the practice, we looked at practice policies and protocols and other records. Our key findings were as follows:

- Staff reported incidents and learning took place. There were sufficient staff on duty to deliver the service. There was enough equipment available for staff to undertake their duties and we saw the premises were in a good state of repair and clean and tidy.
- Patient's needs were assessed and care was planned and delivered in line with current best practice guidance. This included the promotion of good oral health. We saw evidence that staff had received training appropriate to their roles and further training needs were identified and planned through the appraisal process.
- We observed patients being treated with kindness and respect by staff. It was reported that communication with patients and their families, and access to the service and to the dentists was good. Patients reported good access to the practice with emergency appointments available the same day.
- The practice took into account any comments, concerns or complaints to improve the practice.
- The practice had an accessible and visible management team, at the practice and from Head Office. Staff felt supported and all reported that

Summary of findings

patients were at the heart of the practice. This included the promotion of good oral health. Staff had received training appropriate to their roles. And had an effective appraisal system in place for all staff.

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?

Staff were aware of their responsibilities to raise concerns and report incidents and accidents. There were regular practice meetings that provided opportunities for the staff team to learn from incidents and the practice was committed to providing a safe service for its patient population. All information about safety was recorded, monitored, appropriately reviewed and addressed. The practice assessed risks to patients and managed these well. There were also safe systems in place for infection prevention and control, management of medical emergencies, both in the dental chair and in the practice in general, and dental radiography. We found that all the equipment used in the dental practice was well maintained.

Are services effective?

National Institute for Health and Care Excellence (NICE) and local clinical guidelines were considered in the delivery of dental care and treatment for patients. The treatment provided for the patients was effective, evidence based and focussed on the needs of the individual. Staff received training appropriate to their roles. Continuing professional development (CPD) for staff was supported by the management team. This enabled staff to meet the requirements of the professional registration. There was evidence that the practice worked together with other health professionals.

Are services caring?

The patients we spoke with told us they were treated with compassion, dignity and respect and they were involved in all their care and treatment decisions. The comment cards and patient questionnaires we reviewed demonstrated that patients, their families and carers felt well supported and involved with their treatment plans. There was sufficient information available for patients to help them understand the dental care available. We observed that staff treated patients with kindness and respect and were aware of the importance of confidentiality.

Are services responsive to people's needs?

We saw evidence that patients had good access to appointments at the practice and that emergency appointments were available the same day. There were good dental facilities in the practice and sufficient, well maintained equipment, to meet the dental needs of their patient population. There was a clear complaints system with evidence that demonstrated that the practice responded quickly to issues raised. The practice used complaints and concerns to improve the quality of the service.

Are services well-led?

There was a visible, transparent and open leadership culture in the practice. The practice had the ethos of continuing improvement of the service they provided. There was a defined leadership structure and staff felt supported by the business team from head office and the practice manager and dentists. The practice had an organised management system and met regularly with staff to review all aspects of the delivery of dental care and the management of the practice. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients and this was acted upon.

Smile Dental Care Salford

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by the CQC.

- We carried out an announced inspection on 13 January 2015. This inspection was carried out by a CQC inspector.

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

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

Before our inspection we reviewed information we held and asked other organisations and key stakeholders to share what they knew about the service. We reviewed the information we had about this provider from the previous inspection. The practice sent us their statement of purpose and a summary of complaints information. We also reviewed further information on the day of the inspection. This did not highlight any significant areas of risk across the five key question areas.

Are services safe?

Our findings

Learning and improvement from incidents

Staff we spoke with were aware of, and had access to, the incident reporting system. This allowed staff to report all incidents including near misses where patient safety may have been compromised. We reviewed incident and accident reports and saw evidence that action was taken when necessary. For example we saw that a needle stick injury had occurred, appropriate first aid undertaken and a referral had been made to occupational health for the staff member. This demonstrated that the practice acted appropriately and had managed the incident in accordance with policies and procedures, with the care of the person at the heart of the incident review.

Reliable safety systems and processes including safeguarding

During our visit we found that the care and treatment of patients was planned and delivered in a way that ensured patients' safety and welfare. A written medical history was obtained prior to the commencement of dental treatment in all cases and this was reviewed on every further visit. The clinical records we reviewed were well-structured and contained sufficient detail. This enabled another dentist if required to tell what the treatment plan was, what was done so far, what are the next steps and details of any possible alternative treatment. This demonstrated that the dentists and other staff were always aware of any risks to patients and would ensure they were safe during a consultation.

Each staff member we spoke with was able to describe their responsibilities in safeguarding patients in their care and they had an understanding of the different types of abuse. We saw staff had received training at induction Staff were able to tell us who they should report a safeguarding concern to.

We saw that there were notices displayed in the waiting area that advised what people should do should do if they were aware of, or suspected abuse of a vulnerable adult or child. Contact details for the local authority safeguarding team were available and accessible to all staff. We also looked at the practice policies and procedures for child protection and safeguarding vulnerable adults. These had been reviewed by the practice in September 2014 and were therefore current.

Infection control

We observed that the practice appeared clean and well maintained. We reviewed the cleaning plan. This was supported by cleaning specifications for each surgery and the decontamination room. We also saw that all cleaning equipment was stored appropriately. The practice had identified a dental nurse as the lead for infection prevention and control in the practice. They were supported by an external infection prevention and control link worker from Salford City Council. We saw records that demonstrated all staff had received training in infection prevention and control. There was a current policy in place for infection control.

We saw evidence the practice was compliant with the essential quality requirements of Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05). HTM01-05 is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination. We saw the practice had undertaken an audit demonstrating compliance with HTM01-05 standards. We also saw evidence of an external audit undertaken the Salford City Council authority infection control team that demonstrated the practice was compliant with HTM01-05.

Decontamination of dental instruments was carried out in a designated decontamination room. There was a protocol in place for the manual cleaning of dental instruments. The lead nurse for infection control demonstrated the decontamination process from taking the dirty instruments through to clean and ready for use again. It was clearly observed by us that dirty instruments did not contaminate clean processed instruments. The process of cleaning, disinfection, inspection, sterilisation, packaging and storage of instruments followed a well-defined system of zoning from dirty through to clean. The practice used a system of manual scrubbing and rinsing, known as temporal separation, followed by inspection of each item under a magnifying lamp before sterilisation.

When instruments had been sterilised they were pouched and stored until required. All pouches were dated with an appropriate expiry date. The lead nurse also demonstrated to us that systems were in place to ensure that the autoclave used in the decontamination process was working effectively. An autoclave is a pressure chamber used to sterilise equipment. We noted that data sheets were used to record the essential daily and weekly

Are services safe?

validation checks of the sterilisation cycles. We also saw the six monthly maintenance schedules were in date, ensuring that equipment was maintained to the standards set out in current guidelines.

The segregation and storage of dental waste was in line with current guidelines issued by the Department of Health. The treatment of sharps waste was in accordance with current guidelines. We saw sharps containers were well maintained and correctly labelled. The practice sharps injury protocol was clearly understood when talking with practice staff. This meant staff were protected against contamination by blood borne viruses. The practice uses an appropriate contractor to remove dental waste from the practice. Waste consignment notices were available for inspection; we reviewed these and found them to be in order.

The dental unit water lines were maintained in accordance with current guidelines to prevent the growth and spread of Legionella bacteria. Flushing of the water lines was carried out in accordance with current guidelines and supported by an appropriate practice protocol. A Legionella risk assessment had been carried out by an appropriate external company and documentary evidence was provided.

Equipment and medicines

We found that all of the equipment used in the practice was maintained in accordance with the manufacturer's instructions. This included the equipment used to clean and sterilise the instruments and the x-ray equipment. There was a method in place that ensured tests of equipment were carried out at the correct intervals and there were records of service histories. Portable appliance testing (PAT) was completed in accordance with good practice guidance. PAT is the name of a process which electrical appliances are routinely checked for safety.

A recording system was in place for the prescribing and recording of the medicines and drugs used in clinical practice. The systems we viewed were complete, provided an account of medicines prescribed, and demonstrated patients were given their medicines as prescribed. The batch numbers and expiry dates for local anaesthetics were always recorded. These medicines were stored safely for the protection of patients.

Monitoring health & safety and responding to risks

The practice manager showed us a very comprehensive file of risk assessments covering all aspects of health and safety and clinical governance. These were maintained, up to date and included risk assessments for the autoclave, biological agents (the risk of infection from blood, saliva, bacteria etc.) and waste disposal.

There was a fire risk assessment that had been reviewed annually. Fire extinguishers were also serviced annually and fire drills were held at regularly intervals and recorded.

Medical emergencies

There were arrangements in place to deal with foreseeable emergencies and we reviewed the practice medical emergencies policy. The practice had suitable equipment including an Automated External Defibrillator (AED), emergency drugs and oxygen available for dealing with medical emergencies. This was in line with the Resuscitation UK guidelines. The emergency medicines were all in date and securely kept along with emergency oxygen in a central location known to all staff. The expiry dates of drugs and equipment was monitored using a check sheet which enabled staff to replace out of date medicines and equipment in a timely manner. There were staff on duty who were qualified in first aid.

Staff recruitment

There was a practice recruitment policy in place that included the principles of The Equality Act 2010, Employment Rights Act 1996 and Human Rights Act 1998. This policy set out the standards it followed when recruiting staff.

Records we looked at contained evidence that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body. All the dentists had criminal records checks through the Disclosure and Barring Service (DBS). For other staff there was a non DBS risk assessment which included staff having to declare if they had any criminal convictions, dismissal for misconduct or any fitness to practice proceedings.

Radiography

We were shown a well maintained radiation protection file and there was a designated radiation protection adviser and supervisor. This file contained all the necessary documentation pertaining to the maintenance of the X-ray

Are services safe?

equipment. These included critical examination and acceptance reports of X-ray equipment along with the maintenance logs. A copy of the local rules was displayed with each x-ray set. The clinical records we saw showed that dental X-rays were justified, reported on and quality assured every time. We also saw a copy of the most recent

radiological audit. This was an audit to improve the quality of bitewing X-rays. We saw this met the criteria of the clinical audit cycle and was used to improve clinical dental practice. The measures described meant patients and staff were protected from unnecessary exposure to radiation.

Are services effective?

(for example, treatment is effective)

Our findings

Consent to care and treatment

Patients who used the service were given appropriate information and support regarding their dental care and treatment. We spoke to five patients who used the service. We were told they were given very clear treatment options which were discussed in easy to understand language by the dentists. This was also confirmed when we spoke to the dentists. This evidence was supported by the results of the in house patient questionnaire. The patients we spoke with also confirmed they understood and consented to treatment. The practice had a policy for consent to examination or treatment that had been recently reviewed. We saw consent was consistently recorded when we reviewed patient records

The dentist we spoke with explained how they would support a patient who lacked the capacity to consent to dental treatment. They explained how they would involve the patient and carers to ensure that the best interests of the patient were met. This meant where patients did not have the capacity to consent, the dentist acted in accordance with legal requirements and vulnerable patients were treated with dignity and respect.

Monitoring and improving outcomes for people using best practice

Patients' needs were assessed and care and treatment was planned and delivered in line with their individual dental treatment plan. We looked at a sample of treatment records. The records contained details of the condition of the teeth, gums and soft tissues lining the mouth. These were carried out at each dental health assessment and meant that the patient was made aware of changes in their oral condition. Where patients were diagnosed with more aggressive forms of gum disease then a more detailed assessment of the gums was carried out by individual pocket depth charting. Patients would then be provided with more complex care by the dentist. The dentist determined the recall interval by using a risk based approach based on current NICE guidelines. The recall interval was set following discussion of these risks with the patient.

Working with other services

The practice worked proactively with other dental providers to co-ordinate care and meet patient's needs

when required. The practice involved other professionals and dental therapists in the care of their patients where this was in the best interest of the patient. Patients were referred to hospital services appropriately. There was a patient referral form which included urgent two week referrals for mouth cancer and also for referrals to an orthodontic specialist if required.

Health promotion & prevention

Each patient we spoke to was aware they were treated under the NHS arrangements. The practice used posters displayed in the waiting areas and surgeries to give details of NHS dental charges. There was also information and contact details displayed on how patients could get urgent dental care if required. We also saw that the practice has a comprehensive website. This had information about the choices available on the NHS and clear information about fees and detailed treatment plans for the patient.

Staffing

Staff received appropriate professional development. We were told the practice ethos was that all staff should receive appropriate training and development. This was demonstrated by making the time available for professional development and the training programme in place to ensure patients receive high quality care. This included training in safeguarding vulnerable adults and children, infection control and decontamination in dentistry, cardiopulmonary resuscitation (CPR), and dental emergencies. Staff we spoke with confirmed they had undertaken this training.

The business manager showed us the system in place for recording training that had been attended by staff working within the practice. We also reviewed information retained in the human resources file on continuing professional development (CPD), current criminal records bureau (CRB) certificates for dentists (now known as disclosure and barring service (DBS) checks), current GDC registration and immunisation status and found them all to be in order. We also reviewed information about the induction programme to the practice, contract of employment and other employment policy documents, and this demonstrated that patients were receiving the appropriate care from properly trained, supported and qualified staff.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The practice had a patient privacy, dignity and confidentiality policy that had been recently reviewed. We observed all staff treating patients with dignity and respect. All the patients we spoke with were positive about the care and treatment they had received from the practice. They told us they were given choices and options with respect to their dental treatment in language that they could understand. They said they were treated with respect and dignity at all times.

Staff were clear on the importance of emotional support needed when delivering care for patients who were very nervous or phobic of dental treatment. Staff were sensitive to the needs of their patients and there was a strong focus on reducing anxiety and supporting people to feel comfortable in the surroundings.

Maintaining patient confidentiality was high on the agenda at this practice. This was captured as part of the patient questionnaire. We observed staff were careful to follow the practice's confidentiality policy when discussing patient's treatments so that confidential information was kept private. We noted the waiting area was located away from the reception desk which helped keep patient information private.

Staff and patients told us all consultations and treatments were carried out in the privacy of a surgery and we

observed this to be the case. We noted that treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

Staff told us if they had any concerns or observed any instances of discriminatory behaviour or where patients' privacy and dignity was not being respected, they would raise these with the practice manager. These would then be investigated and any learning identified would be shared with staff at practice meetings.

Involvement in decisions about care and treatment

The dentist and dental nursing staff we spoke with confirmed treatment options, risks and benefits were discussed with each patient to ensure the patient understood what treatment was available so they were able to make an informed choice. During appointments the dentists asked questions about each patient's current oral hygiene practice and gave suggestions how this could be improved to prevent oral health problems. Where a patient's carer attended an appointment with the patient they ensured the carer was involved in the discussion. Patients who had received treatment were given explanations about what to do to minimise discomfort and prevent problems. Patients were also offered a copy of their treatment plan however all the patients we spoke with said they did not require one as they understood the treatment to be carried out.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice was responsive to the needs of patients and had systems in place to maintain the level of service provided. Each patient contact with a dentist was recorded in the patient's record card. Patients who were new to the practice were asked to complete a comprehensive medical history and a dental questionnaire. This enabled the practice to gather important information about their previous dental, medical and social history. They also aimed to capture details of the patient's expectations in relation to their needs and concerns through discussion with them. This helped to direct the dentists in providing the most effective form of care and treatment for them.

The practice ensured there were time slots available for emergencies each day. During our inspection we observed a new patient joining the practice. They required an emergency appointment immediately and were offered an appointment on the afternoon of our visit..

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services.

The practice had access to online and telephone translation services for patients whose first language was not English. Staff we spoke with confirmed they were aware of the equality and diversity policy. When we reviewed the policy we noted that all staff had signed to say they had read and understood the policy. There was also an equality and human rights policy in place.

The premises and services had been adapted to meet the needs of people with disabilities and a Disability Discrimination Act (DDA) self-assessment had been undertaken annually to ensure the practice continued to be suitable for its patient population.. There was a ramp at the front of the building for wheelchair use access and wheelchair accessible toilet facilities were available. Although no designated disabled parking, there was parking available at the side of the surgery. There was also a wheelchair ramp at the rear door for wheelchair use access.

Access to the service

Comprehensive information was available to patients about appointments in the practice and on the practice website. This included how to arrange urgent appointments. There were also arrangements to ensure patients received urgent dental assistance when the practice was closed.

Patients were generally satisfied with the appointments system. Comments received from patients showed that those in need of emergency treatment had been able to make appointments on the same day of contacting the practice. The opening hours for the practice at the time of our inspection were:

- Monday 08:30 – 17:30
- Tuesday 08:30 – 20:00
- Wednesday 08:30 – 17:30
- Thursday 08:30 – 20:00
- Friday 08:30 – 17:30

Patients can book appointments in person, via the phone and online.

Concerns & complaints

We arranged for a Care Quality Commission (CQC) comments box to be placed in the waiting area of the practice several days before our visit and six patients chose to comment. All of the comment cards completed were complimentary about the service provided.

The practice had a system in place for handling complaints and concerns. Information on how to complain was on the practice website, in the practice leaflet and displayed in the waiting area. Any verbal complaints were handled in the practice by the practice manager. If a written complaint was made then this would be forwarded to head office and the business director would deal with this directly. Patients we spoke with knew how to raise concerns or make a complaint. Although patients were aware how to complain, the patients we spoke with never felt the need to complain.

We looked at complaints received over the last year and saw they had been satisfactorily handled and dealt with in a timely manner. This included writing to the complainant to inform them of the outcome of the complaint.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Our findings

Leadership, openness and transparency

We saw the practice had a statement of purpose which gave the aims and objectives of the service, types of service provided, details of registered manager, contact details and detail of the location which the services provided for the purposes of carrying on the regulated activity.

The practice statement of purpose indicated the overall ethos of the practice was to provide high quality dental care to their patients. This included consultations, x-rays, treatment of periodontal disease, fillings, prosthetics, root canal treatment and surgical treatments. They focussed on promoting good oral health, to have an environment that was comfortable, friendly and relaxing for patients. The practice also ensured all patients were fully involved in any decisions on dental treatment.

We reviewed minutes from team meetings, which were held regularly. There was an agenda for the meeting that included updates on training and policies and information on subjects such as infection prevention and control and health and safety. Staff told us there was an open culture within the practice and they had the opportunity and were happy to raise issues at any time.

The practice manager was responsible for human resource policies and procedures that had been circulated by head office to support the day to day work in the practice. We reviewed a number of policies which were in place to support staff. This included a bullying and harassment policy, and a whistleblowing policy.

Governance arrangements

The business director and business manager carried out quality checks on the service. This included checks on health and safety, risk assessments, waste management, staffing and safeguarding. The information we reviewed demonstrated the practice was performing at a satisfactory level in these areas. We reviewed information from a recent record keeping audit. This included results of the audit, outcomes and actions and follow up. This was a favourable audit that highlighted the importance of good record keeping as there were no immediate actions to be taken. There were plans in place to regularly repeat this audit to maintain good quality record keeping.

Practice staff were clear about what decisions they were required to make, knew what they were responsible for as well as being clear about the limits of their authority. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns.

It was clear who was responsible for making specific decisions, especially decisions about the provision, safety and adequacy of the dental care provided at the practice and this was aligned to risk.

The practice had a number of policies and procedures in place to govern activity and these were available to all staff. These included data protection, access to records, confidentiality and complaints.

We reviewed information on risk assessments covering all aspects of health and safety and clinical governance. These were very well maintained and up to date.

We looked at the systems and processes the practice had in place to continuously monitor the quality of service being provided and found there were systems in place for gathering, recording and evaluating information about the service.

Practice seeks and acts on feedback from its patients, the public and staff

Patients were involved in making decisions about their care and treatment. The practice used a patient questionnaire to capture information about how the patients viewed the quality of dental care they received. This included sections on the reception team, experiences with the dentist and dental nurses, the waiting area and general comments. We reviewed the results of 22 completed questionnaires and results obtained showed a good level of satisfaction with the quality of service provided. Patients who used the service said that the service was very professional, friendly and welcoming.

The five patients we spoke with were all very happy with the standard of care provided. They all described how helpful and friendly the practice staff were. Patients were satisfied with appointment waiting times and the cleanliness of the practice. This was further supported by observing the results and comments contained in the patient questionnaires and on the CQC comment cards.

The practice had gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged in the practice to improve outcomes for both staff and patients.

The practice had a whistle blowing policy which was available to all staff.

Management lead through learning and improvement

Staff told us that the practice supported them to maintain to develop through training and mentoring. We saw that regular appraisals took place. Appraisals included setting objectives supported by actions required to be undertaken by staff.

All dentists and nurses who worked at the practice were registered with the General Dental Council (GDC). The GDC registers all dental care professionals to make sure they are appropriately qualified and competent to work in the United Kingdom. Staff were encouraged and supported to maintain their continuous professional development (CPD) as required by the General Dental Council (GDC).

Staff we spoke with told us the practice was very supportive of training and provided them with eLearning. Smile Dental Care offered a range of on-site, hands-on learning and development opportunities for dentists, dental nurses and their supporting teams.