

Smile Together Dental CIC

Smile Together Bodmin

Inspection report

Harleigh Road Dental Centre
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Date of inspection visit: 28 September 2023
Date of publication: 20/11/2023

Overall summary

We carried out this announced comprehensive inspection on 28 September 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:

- 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 available.
- The practice had systems to manage risks for patients, staff, equipment and the premises.
- 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.

Summary of findings

- 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 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.
- 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

The provider is part of a corporate group, Smile Together, and this report is about Smile Together Bodmin.

Smile Together Bodmin is in Bodmin and operates as an NHS urgent dental care hub providing urgent and emergency care, including out of hours, and routine (private) care, including direct access hygiene therapy treatments. The location also provides NHS special care, paediatric, orthodontic services and minor oral surgery, on referral.

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 at the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 5 dentists, 8 dental nurses, 2 trainee dental nurses, 1 dental therapist, 3 decontamination technicians, 1 location manager and 2 receptionists. The practice has 6 treatment rooms.

During the inspection we spoke with 2 dentists, 2 dental nurses, 1 decontamination technician, the quality assurance and compliance lead for Smile Together and members of the administrative, reception and marketing team. We looked at practice policies, procedures, and other records to assess how the service is managed.

The practice is open: Monday to Friday 8.30am – 5pm.

The practice had taken steps to improve environmental sustainability. For example, the practice was as paper free as possible, and there were recycling points in the practice, including for spent dental products. The provider had a staff cycle to work scheme. Oral health packs for patients were presented inside compostable bags and stickers for children awarded after seeing the dentist were biodegradable. There was a company sustainability policy, staff impact action group, and the provider is 'B Corporation' certified. This is a business sustainability and environmental impact award, which any business can apply to and be assessed for.

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

- Improve the practice's protocols and procedures for the use of X-ray equipment in compliance with The Ionising Radiations Regulations 2017 and Ionising Radiation (Medical Exposure) Regulations 2017 and taking into account the guidance for Dental Practitioners on the Safe Use of X-ray Equipment. In particular in relation maintaining clear servicing records and the completion of any recommendations within said servicing reports.

Summary of findings

- Take action to ensure clinical audits have documented learning points and the resulting improvements can be demonstrated. Audits of antimicrobial prescribing should be undertaken at regular intervals to improve the quality of the service.

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 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 and procedure to help them employ suitable staff, including for agency or locum staff. These reflected the relevant legislation.

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. One patient changing couch in the accessible bathroom was overdue 6-monthly servicing. The quality assurance and compliance lead wrote to us to tell us this was being arranged.

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. Improvements could be made as the servicing information in the radiation file was difficult to navigate. Following the inspection, the quality assurance and compliance lead wrote to us to inform us the Radiation Protection Advisor had been consulted regarding any recommendations within servicing reports and any X-ray units had been taken out of use until recommendations had been actioned or signed off.

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. We discussed with senior management including non-clinical call handlers in company sepsis awareness training as staff taking enquiries from the urgent care hub, where sepsis awareness would be relevant when triaging enquiries. We were told sepsis training would be rolled out to include call handlers.

Emergency equipment and medicines were available and checked in accordance with national guidance.

Staff knew how to respond to a medical emergency and all clinical staff had completed training in emergency resuscitation and immediate life support every year. Non-clinical staff received training in basic life support.

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

Are services safe?

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.

There was a new central log for recording and viewing all referrals. We noted it was not clear which team would be responsible for monitoring referrals. We discussed this with the quality assurance and compliance lead, who told us oversight would be delegated and discussed with relevant staff.

Safe and appropriate use of medicines

An antimicrobial prescribing audit had last been completed in 2019. Improvements could be made to ensure audits are completed at regular intervals and that audits, when completed, have action plans to demonstrate improvements.

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.

The dentist with a specialist interest in orthodontics 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 involved with the development and coordination of local schemes which supported patients to live healthier lives, for example, hard-to-reach and vulnerable groups. They directed patients to these schemes when appropriate.

Smile Together ran a number of community engagement outreach services from the location. The 'Smiles At Sea' initiative provided dental treatment at harboursides for fisherfolk and their dependent family members from a dedicated mobile dental unit. In 2022 this took place at 5 harboursides and over 100 families were seen. In 2023 the number of harbours visited has risen to eight. 'Cornwall Health for Homeless' was hosted by Smile Together Bodmin and provided monthly joined up services such as hair and beauty, vaccine and dental services. The 'Brighter Smiles' initiative was an oral health education service for children and vulnerable adults in school and community settings. The location has also donated over 7500 oral health packs to local charities and foodbanks. We believe this positively impacts upon improving the oral health for hard-to-reach groups in the local community.

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 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.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

Newly appointed staff had a structured induction and clinical staff completed continuing professional development required for their registration with the General Dental Council. The quality assurance and compliance lead confirmed learning disability and autism awareness training was being rolled out for all staff as part of mandatory training.

Co-ordinating care and treatment

Staff worked together 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.

The practice was a referral clinic for NHS special care, paediatric, procedures under sedation, orthodontic services and minor oral surgery. We staff monitored and ensured the dentists were aware of 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.

Patient feedback indicated they considered staff to be compassionate and understanding when they were in pain, distress or discomfort.

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 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.

The dentists explained the methods they used to help patients understand their treatment options. These included for example, 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.

The practice had made reasonable adjustments 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. The practice had a helpful accessibility statement, which included photographs, on the website. The practice was accessible, and had an accessible bathroom, with shower, patient hoist and changing couch. There was also a bariatric dental chair and wheelchair tipper for patient who required it. This is a dual-purpose dental chair.

Timely access to services

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

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 and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. The practice is an NHS urgent dental care hub providing urgent and emergency care, including out of hours provision.

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

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

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.

Staff discussed their training needs during annual appraisals and during 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

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

We saw there were clear 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.

Continuous improvement and innovation

The practice had 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. Work was on-going to create site specific audits. Improvements could be made to ensure all audit results contain action plans to demonstrate improvements.