

Smile Solutions Limited

Smile Solutions Ltd

Inspection report

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Overall summary

We carried out this announced inspection on 25 November 2021 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 usually ask five key questions. However, due to the ongoing pandemic and to reduce time spent on site, only the following three questions were asked:

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

These are three of the five questions that form the framework for the areas we look at during the inspection.

Our findings were:

Are services safe?

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

Are services effective?

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

Are services well-led?

Summary of findings

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

Background

Smile Solutions Ltd is located in the London Borough of Camden and provides wholly private dental treatment to patients of all ages. They provide; general dentistry, cosmetic dentistry, and specialist dental treatment to adults and children. The practice is easily accessible by Transport for London underground and local bus services.

Paid parking spaces near the practice were suspended on the day of inspection.

The practice is owned by a company- Smile Solutions Ltd and as a condition of registration must have a person registered with the CQC as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Smile Solutions Ltd is one of the owners. They are registered to provide the regulated activities of treatment of disease, disorder or injury, surgical procedures and diagnostic and screening procedures from one location.

The dental team includes three dentists, one specialist orthodontist, one prosthodontist, visiting sedation specialist, one lead nurse, three trainee dental nurses and two receptionists. They are supported by a business manager (one of the owners) and a practice manager who is also a qualified and registered dental nurse. The practice has two functional treatment rooms.

During the inspection we spoke with the owner- who is a qualified dentist, but no longer undertakes clinical duties, one associate dentist, one trainee dental nurse and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open Monday to Friday 9am to 6pm and Saturday 10am to 3pm. Outside of these hours, patients are advised to contact them using the out of hours number.

Our key findings were:

- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The provider had systems to help them manage risk to patients and staff.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider offered specialist treatment to patients including conscious sedation.
- The provider had systems to help them manage risk to patients and staff.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider had information governance arrangements.

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

- Take action to ensure policies and procedures are bespoke to the practice.

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)

Staff had clear documented systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff had received safeguarding training and it formed part of the induction process for new staff members. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC. The provider also had a risk assessment flow chart to identify adults that were in other vulnerable situations for example, those who were known to have experienced female genital mutilation. The receptionist was the safeguarding lead and they had completed level 3 training in safeguarding.

The provider had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required. Additional standard operating procedures had been implemented to protect patients and staff from Coronavirus based on the risk assessment undertaken. Appropriate personal protective equipment (PPE) including respiratory protective equipment (RPE) such as, filtering face pieces was in use. We saw evidence all staff had been fit tested for the RPE.

The provider had systems in place to ensure appropriate fallow period was in place. Fallow period in dentistry refers to post aerosol generating procedure downtime, designed to allow droplets to settle and be removed from the air following treatments involving the use of aerosol generating dental handpiece equipment.

The provider had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. The provider had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

The staff had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment of October 2021. All recommendations in the assessment had been actioned and records of water testing and dental unit water line management were maintained.

We saw effective cleaning schedules to ensure the practice was kept clean; daily spot checks were done by lead nurse and the practice manager. When we inspected we saw the practice was visibly clean, however the water damage caused by a flooding two years ago had impacted on the overall aesthetic of the building.

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

The lead dental nurse led on infection control and carried out infection prevention and control audits twice a year. The latest audit identified areas for improvement and showed the practice was meeting the required standards.

Are services safe?

The provider had a whistleblowing policy. Staff we spoke to on the day felt confident they could raise concerns without fear of recrimination.

The dentists used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where dental dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, we saw this was documented in the dental care record and a risk assessment completed.

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at six staff recruitment records. These showed the provider followed their recruitment procedure.

We observed that 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 electrical and gas appliances. A fire risk assessment was carried out in line with the legal requirements. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear. The practice maintained a safety folder which included daily checks, monthly emergency lighting records and biannually fire evacuation drills outcomes.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. We saw evidence the dentists justified, graded and reported on the radiographs they took. The provider carried out radiography audits every year following current guidance and legislation. We saw evidence radiograph audits were done at six-monthly intervals through a peer review process. Clinical staff completed continuing professional development in respect of dental radiography.

Risks to patients

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

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. The provider had up-to-date employer's liability insurance

We looked at the practice's arrangements for safe dental care and treatment. The staff followed the relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

The provider told us they had ensured discussions were ongoing about sepsis. Sepsis prompts for staff and patient information posters were displayed throughout the practice. This helped ensure staff made triage appointments effectively to manage patients who present with dental infection and where necessary refer patients for specialist care.

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 with airway management for staff providing treatment under sedation was also completed.

Emergency equipment and medicines were available as described in recognised guidance. We found staff kept records of their checks of these to make sure they were available, within their expiry date, and in working order.

The provider had comprehensive risk assessments to minimise the risk that can be caused from substances that are hazardous to health and we saw that data sheets were available.

Are services safe?

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at dental care records with clinicians to confirm our findings and observed that individual records were typed and managed in a way that kept patients safe. 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. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist.

Safe and appropriate use of medicines

The provider had systems for appropriate and safe handling of medicines.

There was a stock control system of antimicrobials and analgesics medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required. All medicines were kept locked away and only accessible by dispensing staff.

The dentists were aware of current guidance with regards to prescribing medicines.

Antimicrobial prescribing audits were carried out annually. The most recent audit indicated the dentists were following current guidelines.

Track record on safety, and lessons learned and improvements

The provider had implemented systems for reviewing and investigating when things went wrong. There were comprehensive risk assessments in relation to safety issues. Staff monitored and reviewed incidents. This helped staff to understand risks which led to effective risk management systems in the practice as well as safety improvements.

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In the previous 12 months there had been no safety incidents. Staff told us that any safety incidents would be investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again.

The provider had a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. The practice manager described when and how relevant alerts were cascaded to the wider team.

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 provider had ensured effective systems were in place to keep dentists and dental care professionals up to date with current evidence-based practice. We saw clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The practice offered conscious sedation for patients. This included patients who were very anxious about dental treatment and those who needed complex or lengthy treatment. Conscious sedation was undertaken by visiting anaesthesiologists as per the agreed terms and conditions between the provider and the company who offered the service. We found systems had been implemented to help them do this safely and these were in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.

They had systems which included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training. They also included patient checks and information such as consent, monitoring during treatment, discharge and post-operative instructions.

The staff assessed patients for sedation. The dental care records showed that patients having sedation had important checks carried out first. These included a detailed medical history' blood pressure checks and an assessment of health using the guidance.

We noted that the visiting anaesthesiologists maintained separate clinical notes for individual sedation cases which were not integrated to patients' electronic records. We raised this with the provider who took immediate action on the day to rectify this issue and ensured patient records were complete and readily available. Dental care records we reviewed showed that staff recorded important checks at regular intervals. These included pulse, blood pressure, breathing rates and the oxygen content of the blood.

The visiting orthodontist carried out a patient assessment in line with recognised guidance from the British Orthodontic Society. An Index of Orthodontic Treatment Need was recorded which would be used to determine whether a patient was eligible for NHS orthodontic treatment. The patient's oral hygiene was also assessed to determine if the patient was suitable for orthodontic treatment.

The practice offered dental implants. These were placed by the visiting clinician who had undergone appropriate post-graduate training in the provision of dental implants. We saw the provision of dental implants was in accordance with national guidance.

Staff had access to intra-oral cameras to enhance the delivery of care. The practice manager told us it was an important tool that clinicians used in various ways- from educating patients to showing them pre and post dental treatment images.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists prescribed high concentration fluoride products which was dispensed on site if a patient's risk of tooth decay indicated this would help them.

The dentists where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products including interdental brushes, disclosing tablets and mouthwashes for sale and provided leaflets to help patients with their oral health.

Are services effective?

(for example, treatment is effective)

The dentist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

Records showed patients with severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

Consent to care and treatment

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

The practice team understood the importance of obtaining and recording patients' consent to treatment. The clinicians gave examples of when they needed to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this documented in patients' records.

The practice's consent policy included information about the Mental Capacity Act 2005. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves in certain circumstances. Staff were aware of the need to consider this when treating young people under 16 years of age.

Monitoring care and treatment

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

The provider had quality assurance processes to encourage learning and continuous improvement. Staff kept records of the results of these audits, the resulting action plans and improvements. The most recent audit looked at records of treatment undertaken between July and December 2020 and found that this clinical notes were maintained in line with standards.

Effective staffing

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

Staff new to the practice had a structured induction programme. We confirmed clinical staff completed the 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. Failsafe systems were in place to ensure patients were followed up.

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

We found the business manager who was one of the owners had the capacity, values and skills to lead the services on ensuring high-quality, sustainable care. As a qualified dentist, who no longer undertook clinical dentistry, they were knowledgeable about issues relating to the quality and future of the service. They understood the challenges and were addressing them.

The management team were visible and approachable. Staff we spoke with on the day, told us they worked closely with them to make sure they prioritised compassionate and inclusive leadership.

We saw the provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Culture

The practice had a culture of sustainable care which was built on the ethos of delivering high quality care. They told us they had good patient retention because of their high quality care and treatment.

Staff stated they felt respected, supported and worked well as a team. They were proud to work in the practice.

Staff discussed their training needs at an annual appraisals which included; learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

The staff focused on the needs of patients by offering individualised care and treatment. They told us treatment on offer, for example, orthodontics was driven by patients' feedback.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints as evidenced in a complaint we reviewed. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff told us they could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

Governance and management

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

The business manager had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities. They worked together to create business strategies.

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. Some policies we reviewed were not bespoke to the practice; this was raised with the management team on the day who told us they would ensure these were updated to reflect how the practice was run.

We saw there were clear and effective processes for managing risks, issues and performance; risk assessments including airborne, blood and sharps were reviewed periodically or as required to maintain safety standards.

Appropriate and accurate information

Are services well-led?

Staff acted on appropriate and accurate information.

Quality and operational information was used to effectively run the business as well as improve performance. Performance information was combined with the views of patients when planning the strategic direction of the practice.

The provider had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. The provider had implemented regular information governance audit.

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

The provider showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. They ensured staff could access mandatory and non-mandatory training courses.

Engagement with patients, the public, staff and external partners

The provider involved patients, the public, staff and external partners to support the service. For example, they out-sourced sedation services so that patients who were anxious about dental treatments could receive this additional service in-house.

The provider used external platforms to obtain feedback on patients' experience of the practice. We saw that the provider took on board feedback raised in complaints to improve working systems. The provider gathered feedback from staff through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.