

# Smart Smile Care Ltd

# First Dental Care

## Inspection Report

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## Overall summary

We carried out this short notice announced inspection on 31 October 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We visited the practice following concerns that had been raised with us regarding patient care and staff support. 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 CQC inspector who was supported by a specialist dental adviser.

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?

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

### Our findings were:

#### Are services safe?

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

#### Are services effective?

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

#### Are services caring?

We found that this practice was providing caring services in accordance with the relevant regulations.

#### Are services responsive?

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

#### Are services well-led?

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

### Background

First Dental Care is in Denton on the outskirts of Manchester and provides NHS and private treatment for adults and children.

There is level access for people who use wheelchairs and those with pushchairs. Public parking and public transport facilities are available near the practice.

# Summary of findings

The dental team includes four dentists, two dental hygienists, four dental nurses and two receptionists. The practice has three treatment rooms.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission 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 the practice is the principal dentist.

During the inspection we spoke with two dentists (including the principal dentist), one hygienist, two dental nurses and two receptionists. We looked at the practice's policies and procedures and other records about how the service is managed.

The practice is open: Monday and Thursday 9am - 6pm, Tuesday 8am-4:30pm, Wednesday 9am- 5:45pm and Friday 8am-3:30pm.

## **Our key findings were:**

- The practice appeared clean and well maintained.
- 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 with the exception if the portable suction
- The practice had systems to help them manage risk.
- The provider had staff recruitment procedures in place.
- The practice staff had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect.
- The practice was providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs.
- Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.
- The practice staff had suitable information governance arrangements.

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

- Review the practice's Legionella risk assessment and re-introduce monthly water temperature testing of the sentinel outlets.
- Review the practice's recruitment procedures to ensure that appropriate checks are completed prior to all new staff commencing employment at the practice for instance (Disclosure and Barring Service), (DBS) checks.
- Review the availability of equipment in the practice to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council for example the addition of portable suction.

# Summary of findings

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

We always ask the following five questions of services.

We asked the following question(s).

### Are services safe?

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

The practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice completed essential recruitment checks.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had suitable arrangements for dealing with medical and other emergencies with the exception of portable suction.

The practice had systems in place to manage risk with the exception of water temperature checks and DBS checks not being in place for all staff.

No action



### Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as caring, calming and compassionate. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

No action



### Are services caring?

We found that this practice was providing caring services in accordance with the relevant regulations.

Patients were positive about all aspects of the service the practice provided. They were given reassurance if they were nervous and were given helpful and clear explanations about dental treatment.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

No action



### Are services responsive to people's needs?

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

No action



# Summary of findings

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to interpreter services if required.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

## Are services well-led?

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

On the day of the inspection, all staff were welcoming and open to discussion and feedback.

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. Staff felt supported and appreciated.

The practice team kept complete patient dental care records which were stored securely.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

No action



# Are services safe?

## Our findings

### **Safety systems and processes, including staff recruitment, Equipment & premises and Radiography (X-rays)**

The practice had clear 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 practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns.

There was a system to highlight vulnerable patients on records e.g. children with child protection plans, adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or who require other support such as with mobility or communication.

The practice had a whistleblowing policy. Staff felt confident they could raise concerns without fear of reprimand.

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

The provider had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice.

The practice had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff.

We looked at seven staff recruitment records. All the necessary checks were in place with the exception of Disclosure and Barring Service, (DBS) checks. Not all staff had these in place prior to employment. The provider was in the process of applying for DBS checks for all staff.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including electrical appliances.

Records showed that fire detection equipment, such as smoke detectors were regularly tested and firefighting equipment, such as fire extinguishers, were regularly serviced.

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.

Clinical staff completed continuing professional development (CPD) in respect of dental radiography.

### **Risks to patients**

There were systems to assess, monitor and manage risks to patient safety.

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

We looked at the practice's arrangements for safe dental care and treatment. The staff followed 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 the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

The majority of staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year. Reception staff who had not yet had training in this area were due to complete the course in November.

# Are services safe?

Emergency equipment and medicines were available as described in recognised guidance with the exception of a portable suction. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order.

A dental nurse worked with the dentists when they treated patients in line with GDC Standards for the Dental Team.

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

The practice 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.

Although data from the autoclaves was collected on memory cards, the data was neither printed nor extracted for further analysis.

We noted that the decontamination room appeared to be cluttered with unnecessary items. The provider assured us these areas would be reviewed.

The practice had protocols to ensure that any dental work was disinfected prior to being sent to a dental laboratory and before the work was fitted in a patient's mouth.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment with the exception of recent regular water temperature checks. The provider explained that they were aware of the omission of records for the last two months and this was being addressed.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed that this was usual.

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

The practice carried out infection prevention and control audits twice a year, we noted that the most recent audit

was missing. The provider said this would be addressed with immediate effect. Other checking systems were in place in treatment and decontamination rooms to ensure infection control standards were being maintained.

## 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 a sample of dental care records to confirm our findings and noted that individual records were written 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 (GDPR) requirements.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

## Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

The practice stored and kept records of NHS prescriptions as described in current guidance.

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

## Track record on safety

The practice had a good safety record.

There were comprehensive risk assessments in relation to safety issues. The practice monitored and reviewed incidents. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements. In the previous 12 months there had been two safety incidents. The incidents were investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again in the future.

# Are services safe?

## **Lessons learned and improvements**

The practice learned and made improvements when things went wrong.

The staff were aware of the serious incident framework and recorded, responded to and discussed all incidents to reduce risk and support future learning in line with the framework.

There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons identified themes and took action to improve safety in the practice.

There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts. For example, following a patient incident a review of the suitability of the stairs for some patients was undertaken and an extension of appointments available on the ground floor put in place.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

The practice had systems to keep dental practitioners up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

### Helping patients to live healthier lives

The practice was providing preventive care and supporting patients to ensure better oral health in line with the delivering better oral health toolkit.

The dentists prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children based on an assessment of the risk of tooth decay.

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

The practice was aware of national oral health campaigns and local schemes available in supporting patients to live healthier lives. For example, local stop smoking services. They directed patients to these schemes when necessary.

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

Patients with more severe gum disease were recalled at more frequent intervals to review their compliance and to reinforce home care preventative advice.

### Consent to care and treatment

The practice 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 dentist gave patients information about treatment options and the risks and benefits of these so they could make informed decisions.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age can give consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age.

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 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.

We saw the practice audited patients' dental care records to check that the dentists recorded the necessary information.

### Effective staffing

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

Staff new to the practice had a period of induction based on a structured induction programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

There had been a recent turnover of staff and in the interim locum/agency staff had been in place until recruitment was completed.

Staff discussed training needs individual meetings with the provider and staff meetings.

### Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.



# Are services effective?

(for example, treatment is effective)

The dentist confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

The practice had systems and processes to identify, manage, follow up and where required refer patients for specialist care when presenting with bacterial infections.

The practice also had systems and processes for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

The practice audited and monitored all referrals to make sure they were dealt with promptly.

# Are services caring?

## Our findings

### **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

Staff were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff treat them with respect and dignity. We saw that staff treated patients in a kind and sensitive manner. Staff had a good rapport with patients both at the reception desk and over the telephone.

Patients confirmed staff were kind and helpful when they were in pain, distress or discomfort.

### **Privacy and dignity**

The practice respected and promoted patients' privacy and dignity.

The layout of the reception and waiting areas provided limited privacy when reception staff were dealing with patients but staff were aware of the importance of privacy and confidentiality. Music was played in the reception area and the waiting lounge had a television for patients to watch. Staff described how they avoided discussing confidential information in front of other patients. Staff told

us that if a patient requested further privacy facilities were available. The reception computer screens were not visible to patients and staff did not leave patient information where people might see it.

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 be involved in decisions about their care and were aware of the accessible information standards and the requirements under the Equality Act. Interpretation services were available if required for patients who did not have English as a first language.

The practice gave patients clear information to help them make informed choices. The dentists described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice's website and information leaflet provided patients with information about the range of treatments available at the practice.

The dentist described to us the methods they used to help patients understand treatment options discussed. These included the use of an intra-oral camera and X-ray images to help them better understand the diagnosis and treatment.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

Staff were clear on the importance of emotional support needed by patients when delivering care.

They worked with patients who had a dental phobia and reassured them, giving clear explanations and guidance and longer appointments if required.

The practice also contacted patients by text messaging (mobile phone) and telephone calls to remind them of upcoming appointments.

A disability access audit had been completed and an action plan formulated to continually improve access for patients.

### Timely access to services

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

The practice displayed its opening hours on the premises, and included it in their practice information leaflet and on their website.

The practice had an efficient appointment system to respond to patients' needs. Staff explained that urgent appointments were available the same day or the day after.

Patients confirmed they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

The practice provided emergency on-call arrangement for private patients and contact information was provided to NHS patients. The practice website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

### Listening and learning from concerns and complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint.

The practice displayed poster, information leaflet and website explained how to make a complaint. We looked at comments, compliments and complaints the practice received in the last 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

The principal dentist was responsible for dealing with complaints. They aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

# Are services well-led?

## Our findings

### Leadership capacity and capability

The principal dentist had the capacity and skills to deliver high-quality, sustainable care. They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

Staff confirmed the principal dentist was visible and approachable.

### Vision and strategy

There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.

### Culture

The practice had a culture of high-quality sustainable care. The practice focused on the needs of patients.

Staff stated they felt respected, supported and valued.

Openness, honesty and transparency were demonstrated when responding to incidents. The principal dentist was aware of and there were systems to ensure compliance with the requirements of the duty of candour.

Staff could raise concerns and were encouraged to do so. They had confidence that these would be addressed.

### Governance and management

There were clear responsibilities, roles and systems of accountability to support good governance and management. The practice manager had overall responsibility for the management, clinical leadership of the practice and for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

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.

### Appropriate and accurate information

The practice acted on appropriate and accurate information.

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

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

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

The practice used patient surveys to obtain staff and patients' views about the service. Following the feedback from patients the waiting areas had been refurbished.

The practice 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.

### Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

The practice had quality assurance processes to encourage learning and continuous improvement.

Staff completed training in line with General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually.

The General Dental Council also requires clinical staff to complete continuing professional development. The practice provided support and encouragement for them to do so.