

Smiles Made Here Of UK Limited

London Aldgate

Inspection report

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Overall summary

We carried out this announced inspection on 19 November 2021 under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to follow up on information of concern we received and 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 CQC specialist dental advisor.

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 two questions were asked:

Is it safe?

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

Are services well-led?

We found this practice was not providing well-led care in accordance with the relevant regulations.

Background

Summary of findings

London Aldgate is located in the London Borough of Tower Hamlets and provides direct to consumer aligner treatments to adults and children over the age of 12 years.

There is level access to the premises for people who use wheelchairs and those with pushchairs. The service is close to public transport facilities. Car parking spaces are available near the practice.

The practice is owned by a company 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. At the time of completing this inspection report there was no registered manager in post as required as a condition of registration.

The smile shop team consists nine smile guides who carry out the intra-oral scans. This team is supported by a district manager and a people and organisation manager. The shop has four scanning suites. A team of dentists who work remotely assess scans and other information provided to determine the suitability of the aligner treatment.

During the inspection we spoke with three smile guides, the district manager and the people and organisation manager. Following the inspection, we spoke with the registered manager for the service at that time of the inspection.

The practice is open:

10am to 6pm Mondays to Fridays

9am to 5pm on Saturdays

Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- The provider had infection control procedures which reflected published guidance. These include arrangements to manage risks of COVID-19 virus in accordance with current guidelines.
- 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 had staff recruitment procedures which reflected current legislation. However, records in relation to the checks carried out for dentists engaged in carrying out regulated activities were not available and not provided when requested.
- The provider had arrangements to monitor the competence, skills and experience of staff. However, records in relation to dentists engaged in carrying out regulated activities were not available and not provided when requested.
- Staff felt involved and supported and worked as a team.
- The provider had information governance arrangements.

We identified regulations the provider was not complying with. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

Summary of findings

- Consider taking an initial pre-treatment photograph in profile. This will help the supervising clinician assess any skeletal element that might affect the treatment planning.
- Discuss possible complications of aligner treatment at the initial consultation to ensure understanding and validate consent in addition to the written documentation filled in by the person receiving care.
- Consider taking a scan and photographs when aligner treatment is completed. This will enable the effectiveness of treatment to be monitored and compared.
- Review staff awareness of Gillick competency and ensure all staff are aware of their responsibilities.
- Review the practice's systems for analysing the results of audits and reviews to identify, share and act on areas for improvement where appropriate.

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 well-led?

Requirements notice



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.

There were clear systems to keep patients safe.

The provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. This information was easily accessible and included contact details for the local adult safeguarding teams.

We saw evidence that staff had received safeguarding training. Staff we spoke with knew about the signs and symptoms of abuse and neglect and how to report concerns.

The provider had a Speak-Up policy. Staff felt confident they could raise concerns without fear of recrimination.

The provider had an infection prevention and control policy and procedures.

We saw effective cleaning schedules to ensure the practice was kept clean. When we inspected, we saw the practice was tidy, organised and visibly clean.

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

There were arrangements to monitor infection prevention procedures.

The provider had a recruitment policy and procedure to help them employ suitable staff. Prior to our inspection visit we were provided with information and details of the checks carried out as part of the recruitment process for employing smile guides. We looked at a sample of records during the inspection visit. These showed the checks including Disclosure and Barring Service (DBS) checks, evidence of identity, registration with the General Dental Council (GDC) and conduct in previous employment were carried out as part of the recruitment process. There was a detailed induction process for all smile guides which included training, information on roles and responsibilities and orientation to the organisation.

Improvements were needed to ensure that recruitment policy and procedure reflected the relevant legislation in relation to checks completed for dentists who are engaged in undertaking the regulated activities. We were not provided with any information in relation to the dentists and no records were available when we inspected the practice. Following our inspection, we made numerous requests for this information in relation to the dentists' including evidence of GDC registration, DBS checks, proof of identity, employment history and professional indemnity cover. At the time of completing this report we were provided with GDC registration details, DBS checks and a record of employment histories for the dentists. We were told that indemnity was covered by the organisation's insurance. We were not provided with assurances that other checks such as evidence of conduct in other employment, checks in relation to identity.

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. Tests were carried out for portable electrical equipment and there was a five-yearly test for the electrical installations at the practice.

There were arrangements to assess and mitigate risks of fire within the practice in line with a fire safety risk assessment. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear. Fire safety equipment was checked and tested in accordance with current fire safety regulations. Staff undertook training in fire safety awareness and regular evacuation exercises were carried out.

Risks to patients

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

Are services safe?

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

The provider had procedures for dealing with medical emergencies and staff were aware of these. Staff completed first aid training annually.

The provider had risk assessments to minimise the risk that can be caused from substances that are hazardous to health. Staff had access to information in relation to the handling, disposal and action to take in the event of accidental exposure to hazardous materials.

Information to deliver safe care and treatment

We looked at how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records, spoke with the smile guides during the inspection and spoke with the registered manager following our visit. We found that records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

Information including three dimensional intra-oral scans, photographs and detailed medical and dental histories were taken by the smile guides and used by dentists to assess and determine the suitability of the aligner treatments provided.

The dentists were provided with information and protocols to follow when making decisions about the proposed treatment. These included guidelines to determine where the aligner treatment was not suitable.

The smile guides discussed each individual's expectations and provided clear advice on how the aligners were to be worn.

The intended benefits, potential risks and possible complications of aligner treatments were described within the consent documents. The consent information also included information on the individuals' responsibility to maintain and have follow-up dental care during and after aligner therapy.

We noted some areas where improvements could be made:

- Alternative treatments such as fixed braces were not discussed.
- Pre-treatment photographs in profile were not taken. These would help identify any facial skeletal issues which may need to be considered when planning treatment.
- We noted that there was no process to record the position of the teeth when treatment was completed. These records can be used to assess the overall effectiveness of the treatment given.

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 were aware of the procedures for reporting accidents, incidents and significant events. Any reported incidents would be discussed at regular health and safety meetings.

Are services well-led?

Our findings

We found this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

Leadership capacity and capability

There were systems in relation to accountability, specific roles and responsibilities for the management of the service. Lead roles in relation to areas such infection control, and safeguarding were clearly defined. Staff were aware of the leadership arrangements within the practice.

Culture

The clinical and management team who we spoke with demonstrated openness, honesty and transparency in the way the service was managed. They described the practice ethos when responding to incidents and complaints to ensure learning and improvement when things went wrong. They were aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed. Staff who we spoke with told us that they were happy working at the practice. They told us the managers were supportive and that they all worked well as a team.

Governance and management

There were a range of policies and procedures, which underpinned the management of the service. These were reviewed and maintained to reflect current legislation and guidelines.

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

There were systems to support smile guide staff and to monitor learning and development needs, which were met through training, and support from the district manager.

Improvements were needed to the organisation's systems for monitoring the competence, skills and experience of the dentists. We made numerous requests for evidence of training for the dentist team. This information was not provided.

Engagement with patients, the public, staff and external partners

The provider used feedback to obtain staff and patients' views about the service. Patients were encouraged to leave online reviews, make contact through the 24/7 telephone service or contact the smile shop staff if they required any assistance regarding their treatment.

The provider gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Continuous improvement and innovation

Improvements were needed to evidence the organisation's arrangements for monitoring the quality of the services provided. For example; we asked about the arrangements for monitoring the effectiveness of treatments. We were not provided with any information in relation to how the effectiveness the treatment was monitored.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>The registered provider has systems or processes in place that operated ineffectively in that they failed to enable the registered provider to maintain securely such records as are necessary to be kept in relation to persons engaged in the carrying out of regulated activity or activities . In particular:</p> <ul style="list-style-type: none">• Information in relation to schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were not available for the dentists who are engaged in the carrying out of regulated activities when we inspected. This included:• Proof of identity• Satisfactory evidence of conduct in previous or other employment concerned with the provision of services relating to health or social care, or children or vulnerable adults.• Information in relation to the competence, qualifications and skills were not available for the dentists who are engaged in the carrying out of regulated activities when we inspected: <p>Regulation 17 (1)</p>