

Gensmile Dental Care Limited

Stratford Dental Centre

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 4 December 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.
- Action has been taken to address the infection control issues identified on the day of inspection.
- Staff knew how to deal with medical emergencies. Systems to ensure that appropriate medicines and life-saving equipment were available required improvement.
- The practice had systems to manage risks for patients, staff, equipment and the premises although some improvements were required.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.

Summary of findings

- The practice had staff recruitment procedures which reflected current legislation.
- 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 appointment system worked efficiently to respond to patients' needs.
- 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.
- 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

Stratford Dental Centre is part of Gensmile, a group dental provider. Stratford Dental Centre is in Stratford, Warwickshire and provides private dental care and treatment for adults and children.

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

The dental team includes 6 dentists, including 1 specialist dentist, 3 qualified and 3 trainee dental nurses, 3 dental hygienists, 2 practice managers who are also qualified dental nurses and 2 receptionists. The practice has 6 treatment rooms.

During the inspection we spoke with 2 dentists, 2 dental nurses, 2 receptionists the clinical manager, the practice manager and a compliance manager. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday from 8am to 6.45pm,

Tuesday, Wednesday and Thursday from 8am to 5pm

Friday from 8am to 3pm.

The practice is also open one Saturday each month from 8.30am to 1.30pm.

The practice had taken steps to improve environmental sustainability. For example, staff are encouraged to recycle wherever possible. Patient appointment reminders are sent by email or text and patients are only sent paper reminders where they have expressed this as a preference. Staff turn lights off when not in the room and the toilet and kitchen has sensor lights which automatically turn off when no movement is detected.

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

Summary of findings

- 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 HPA-CRCE-010 Guidance on the Safe Use of Dental Cone Beam (Computed Tomography).
- Take action to ensure the clinicians take into account current guidance when completing dental care records.
- Implement practice protocols and procedures to ensure staff are up to date with their mandatory training and their continuing professional development.

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 although there was some scope for improvement. For example, in the way local anaesthetic, burs and cotton wool rolls were stored. Instruments waiting to be sterilised also needed to be kept moist. Single use items such as healing abutments and cover screws (used in dental implants) were found pouched. We discussed with staff and were assured this would be rectified.

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. A passenger lift provided access from the ground to first floor of the practice. We saw that regular inspections were completed and following this inspection, we were sent evidence that six-monthly servicing had been scheduled in line with Lifting Operations and Lifting Equipment Regulations 1998 regulations (LOLER).

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. This included cone-beam computed tomography (CBCT). There was no 2-stage warning light outside the room where the CBCT was housed. An engineer was scheduled to attend the practice and we were assured that discussions would be held regarding the installation of a suitable light.

The employer had not clearly recorded, in writing, which staff were entitled to act as a referrer, IRMER practitioner and operator of the CBCT machine. The scope of practice of the individual operators had not been clearly defined.

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. We identified scope for improvement in the assessment and mitigation of risk from sharps. We discussed this with staff and were assured this would be addressed and rectified.

The self-inflating bags with reservoir for adults and child in the medical emergency equipment did not have expiry dates recorded. Although these items appeared to be in good condition, it was difficult to ensure that these items had not passed their expiry dates. Clear face masks sizes 1, 2 and 3 were missing. All of these items were ordered during this inspection.

Are services safe?

There was scope for improvement regarding the checks of emergency equipment and medicines. The checks in place had not found the shortfalls identified during this inspection. Checks were not being completed on a weekly basis as suggested in national guidance. We discussed this with staff and were assured it would be implemented.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year.

Not all staff present during sedation had completed Immediate life support training which should be completed annually by all members of the sedation team. During this inspection, we saw that the basic life support training booked for 24 February 2024 was changed to immediate life support training for all staff. We were assured that sedation would not take place at the practice until staff had completed this training.

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

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.

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were carried out.

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. We reviewed a sample of patient records and noted that there was scope for improvement. Not all records for patients undergoing sedation contained the required information, we discussed this with staff and were assured it would be rectified.

Patient notes that we saw regarding the provision of dental implants did not demonstrate that medical history was always checked, and implant placement notes were not recorded on each occasion. Following this inspection, we were sent a copy of a newly implemented implant audit which would be used to ensure that these areas were completed on each occasion.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health.

The dental hygienists provided oral health and gum disease support. Patient records included details of advice given in relation to diet, oral hygiene instructions and guidance on the effects alcohol consumption on oral health. Dentists discussed the effects of smoking on oral health with patients as necessary and directed patients to local stop smoking services when appropriate.

The practice sold dental sundries to support patients with their oral hygiene such as interdental brushes, mouthwash, floss and toothbrushes.

Consent to care and treatment

Staff understood their responsibilities under the Mental Capacity Act 2005. Consent policies gave information regarding mental capacity and Gillick Competence.

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 patients living with dementia or adults and children with a learning disability.

We saw evidence the dentists, graded and reported on the radiographs they took. We reviewed radiography audits and saw that not all of the clinicians had completed a radiography audit. The sample size for those audits completed was small and not in line with guidance. Following this inspection, we received assurances that a new audit would be completed in future in line with guidance.

Effective staffing

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

Newly appointed staff had a structured induction. Staff said that they were well supported throughout the induction process.

Are services effective?

(for example, treatment is effective)

Clinical staff completed 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.

The practice was a referral clinic for dental implants, minor oral surgery, procedures under sedation, orthodontics, endodontics and we saw 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. Staff were observed to be kind, friendly and helpful to patients over the telephone and in person at the practice. Patients were treated with dignity and respect at all times.

On the day of inspection, we reviewed patient feedback and online reviews. These reflected a high level of satisfaction with the services provided at the dental practice. Patients commented "would definitely recommend," "(Dentist) is marvellous, wonderful practice."

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality and they discussed how they ensured that confidentiality was maintained at all times. Systems were in place to ensure patient information was kept securely and confidentiality.

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 and information leaflet 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 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 dentist was informed if a patient was anxious, reassurance was given to anxious patients, and reception staff chatted to them to make them feel at ease. Newspapers and magazines were available in the waiting area and the radio was playing to try and distract anxious patients. A separate children's waiting area was available with a table football game which would help to distract any children who were anxious whilst waiting to see the dentist.

Online reviews contained positive comments from patients who were anxious such as, "The dentists have a calming manner about them which is great if you are a nervous patient", "Modern, clean premises which are nicely furnished ensuring a relaxing ambience", "Before I had treatment with (Dentist) I was pretty dentist phobic. No longer. He is a wizard."

The practice had made reasonable adjustments, including level access, a ground floor reception with lowered section of desk for those patients who use wheelchairs. A ground floor waiting room and disabled access toilet. Treatment rooms were all on the first floor of the building. A passenger lift was available for patients with access requirements. There was a hearing induction loop to assist those patients with hearing aids and a magnifying glass for patients with visual difficulties. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

Timely access to services

The practice displayed its opening hours and provided information on their website, patient information leaflet and social media page.

Patients could access care and treatment from the practice within an acceptable timescale for their needs. 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, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Staff took part in an emergency on-call arrangement with 2 other local practices on a rotational basis and patients were directed to the appropriate out of hours service.

Patients who needed an urgent appointment were offered one in a timely manner. 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. We looked at the complaints received within the last 12 months and saw that these had been responded to in a timely manner. 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 practice staff demonstrated a transparent and open culture in relation to people's safety.

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

The information and evidence presented during the inspection process was clear and well documented.

We saw the practice had effective processes to support and develop staff with additional roles and responsibilities.

Culture

Staff stated that management were supportive and that there was good teamworking throughout the practice. They stated they felt respected and valued. They were proud to work in the practice.

Staff discussed their training needs during annual appraisals. They also discussed learning needs, general wellbeing and aims for future professional development.

Improvements could be made to the system for ensuring staff are up to date with required training. This included infection prevention and control training and Immediate life support training for staff involved in the provision of conscious sedation. We discussed this with staff and were sent evidence this had been arranged. There was no evidence that all staff had completed training in learning disabilities and autism awareness, fire safety, mental capacity or sepsis or that appropriate staff, had completed training on the use of the CBCT machine and reporting of scans. .

At the time of inspection, we were told that 2 dentists and 2 nurses operated the CBCT machine. There was no evidence to demonstrate that all those entitled as referrer, IRMER practitioner or operator were suitably trained and competent for their role and range of duties. Training certificates seen demonstrated that 1 dentist was fully trained to refer, operate and interpret the images of the CBCT, and the other dentist had partially completed this training. We were assured that the dental nurses would no longer operate the CBCT machine.

The practice provided financial support for staff training.

Governance and management

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

The practice had a governance system which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis. Staff signed to confirm that they had read and understood these documents.

We saw there were clear and effective processes for managing risks, issues and performance. The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. We viewed risk assessments which covered a range of potential hazards in the practice and detailed control measures that had been put in place to reduce any risks. The practice's health and safety risk assessment was updated to include the use of the passenger lift at the practice and more detailed information regarding dental sharps.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

Are services well-led?

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 and external partners and demonstrated a commitment to acting on feedback. After each appointment patients were sent a text message asking them to score the practice. The practice had achieved a 96% patient satisfaction score in November, 97.1% in October and 95% in September.

Feedback from staff was obtained 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 where appropriate.

Continuous improvement and innovation

There was scope to improve some of the practice's systems and processes for learning, quality assurance and continuous improvement. Radiography audits had not been completed by all clinicians and those seen did not record the sample size in line with guidance. The antimicrobial prescribing audit was basic and not in line with guidelines. We discussed the record keeping audit and the inclusion of more detailed information for audit. Following this inspection, we received assurances that audits would be completed in line with guidance. New audit templates had been implemented and would be used going forward.

Other audits completed at the practice included hand hygiene, dental implants, sedation, disability access and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.