

Smile Clinics Limited

The Smile Clinic Preston

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 19 July 2023 under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

We planned the inspection to check whether the registered practice was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations.

The inspection was led by a Care Quality Commission (CQC) inspector who was supported by a specialist dental advisor.

To get to the heart of patients' experiences of care and treatment, we always ask the following 5 questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

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

Our findings were:

- The dental clinic appeared clean and well-maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which reflected current legislation, with the exception of checks carried out on agency staff.
- Clinical staff provided patients' care and treatment in line with current guidelines.

Summary of findings

- Patients were treated with dignity and respect. Staff took care to protect patients' privacy and personal information.
- The practice had some systems to manage risks for patients, staff, equipment and the premises. Improvements should be made to ensure any risks identified are assessed and mitigated in a timely manner.
- 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.
- There was effective leadership and a culture of continuous improvement.
- Staff felt involved, supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The practice had information governance arrangements.

Background

The Smile Clinic Preston is part of Smart Dental a dental group provider. The practice is in Preston in Lancashire and provides NHS and 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. The practice is located close to local transport routes and car parking spaces are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 2 dentists, 3 dental nurses, 1 dental therapist, 1 practice manager and 1 receptionist. The practice has 2 treatment rooms.

During the inspection we spoke with 1 dentist, 1 dental nurse and the practice manager. The group operations manager was also on site during the inspection. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday to Thursday from 8.30am to 5pm

Friday from 8.30am to 2pm

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

- Review the practice's risk management systems for monitoring and mitigating the various risks arising from the undertaking of the regulated activities. In particular, improve oversight to ensure risks identified are actioned in a timely manner.
- Improve the practice's recruitment policy and procedures to ensure accurate, complete and detailed records are maintained for all staff. In particular relating to agency staff.
- Implement an effective system for recording, investigating and reviewing incidents or significant events with a view to preventing further occurrences and ensuring that improvements are made as a result.
- Take action to improve audits to ensure that, where appropriate, they have documented learning points and the resulting improvements can be demonstrated.

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 appointed a safeguarding lead to oversee safeguarding awareness and training.

The practice had infection control procedures which reflected published guidance. The practice had appointed an infection prevention and control lead to oversee and maintain standards.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment. We were shown monthly water temperature monitoring records that indicated that some of the temperatures were outside the recommended parameters between January and June 2023. Improvements were needed to ensure prompt action was taken to address any risks identified.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. On the day of the inspection, we noted the external clinical waste bin was not secured. The practice manager confirmed they would ensure this was addressed.

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. These reflected the relevant legislation. Agency staff were occasionally used to support the practice; we found improvements were needed to ensure appropriate checks were carried out prior to them working at the practice.

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 fire safety risk assessment was carried out in line with the legal requirements in June 2022 and overall, the management of fire safety was effective. Not all recommendations made in the risk assessment had been actioned. A new fire risk assessment had been carried out in June 2023 and the practice manager had actioned a number of the recommendations and assured us a plan would be put in place to address anything outstanding.

The practice had arrangements to ensure the required radiation protection information was available. The X-ray equipment was serviced and maintained appropriately; however, we noted that recommendations were made following the installation of one of the X-ray units in December 2021. There was no evidence these had been actioned prior to July 2023 when the practice manager took steps to address the risks identified. We discussed this with the practice manager who confirmed they would also seek guidance from their radiation protection advisor regarding the ongoing management of the risk.

Risks to patients

The practice had implemented some systems to assess, monitor and manage risks to patient and staff safety; however, improvements should be made. For example, where risks are identified, the system should ensure these are addressed in a timely manner.

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

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

Are services safe?

The practice had some risk assessments to minimise the risk that could be caused from substances that are hazardous to health. The practice manager confirmed they had started work on improving the organisation of the information available and would ensure it included all materials in the practice.

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

NHS prescription pads were kept secure and a log was in place to monitor and track their use. The practice had introduced an antimicrobial prescribing audit; however, the information reviewed was limited and would not have been sufficient to assess any areas of improvement.

Track record on safety, and lessons learned and improvements

The practice had some systems to review and investigate incidents and accidents. We looked at the records available and found limited evidence that these were consistently recorded, reported and reviewed to use as an opportunity for shared learning.

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.

Helping patients to live healthier lives

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

Consent to care and treatment

Staff obtained patients' consent to care and treatment in line with legislation and guidance. They understood their responsibilities under the Mental Capacity Act 2005.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

The practice kept detailed patient care records in line with recognised guidance.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients living with dementia or adults and children with a learning disability.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits six-monthly following current guidance. We were shown audits that highlighted areas of improvement; however the summary of findings did not accurately reflect the data within the audit and there were limited action plans to drive improvement.

Effective staffing

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

Newly appointed staff had a structured induction and 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 dentist confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide.

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.

On the day of inspection, we saw patient feedback from January 2023. Of the 25 patients that responded, 80% stated they were happy with the practice, 96% found it easy to make an appointment and 96% found the team friendly and helpful.

Privacy and dignity

Staff were aware of the importance of privacy 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 dentist explained the methods they used to help patients understand their treatment options; including X-ray images.

Are services responsive to people's needs?

Our findings

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs and preferences.

Staff were clear about the importance of providing emotional support to patients when delivering care.

The practice had made reasonable adjustments, including a hearing induction loop, a magnifying glass and a wheelchair accessible surgery and toilet, for patients with additional needs. 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.

The practice provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

Patients who needed an urgent appointment were offered one in a timely manner. When the practice was unable to offer an urgent appointment, they worked with partner organisations to support urgent access for patients. Patients with the most urgent needs had their care and treatment prioritised.

Listening and learning from concerns and complaints

The practice responded to concerns and complaints appropriately. Staff discussed outcomes to share learning and improve the service.

Are services well-led?

Our findings

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

Leadership capacity and capability

The practice staff demonstrated a transparent and open culture in relation to people's safety.

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

During the inspection, we found staff were very open to discussion and feedback. We noted improvements should be made to the oversight of the leadership team to ensure that the practice's systems and processes were consistently followed and risks managed appropriately.

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 could show how they ensured high-quality sustainable services and demonstrated improvements over time.

Staff stated they felt respected, supported and valued. They enjoyed working in the practice.

Staff discussed their training needs during annual appraisals, practice team meetings and ongoing informal discussions. They also discussed learning needs, general wellbeing and aims for future professional development.

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals.

Governance and management

The provider had overall responsibility for the management of the practice and the practice manager was responsible for the day to day running of the service.

Improvements should be made to the management systems for recognising, assessing and mitigating the risks in areas such as fire and radiation safety.

The provider had a clinical governance system in place that included policies, protocols and procedures that were shared with the practice and accessible to all staff.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

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

Engagement with patients, the public, staff and external partners

Staff gathered feedback from patients, the public and external partners and demonstrated a commitment to acting on feedback.

Feedback from staff was obtained through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on where appropriate.

Continuous improvement and innovation

Are services well-led?

The practice had systems and processes for learning, quality assurance and continuous improvement. These included audits of disability access, radiographs, antimicrobial prescribing, and infection prevention and control. The practice carried out audits of patient care records; however we noted a limited number of records were sampled. We discussed the benefits of increasing the number of records reviewed to identify possible areas of improvement. Staff kept records of the results of these audits. Changes should be made to the auditing process to ensure any improvements identified in the audit are reviewed and an action plan put in place and reviewed, to drive the improvement needed.