

# Smile Care (Cornwall) Ltd

# Smile Dental Care

## Inspection Report

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## Overall summary

We carried out this announced inspection on 3 September 2019 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 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 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 caring?

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

#### Are services responsive?

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

#### Are services well-led?

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

### Background

Smile Dental Care is in Helston, Cornwall and provides NHS and private dental treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces are available near the practice.

The dental team includes two dentists, one dental hygienist, three trainee dental nurses, one receptionist and a practice manager. The practice manager had been in post approximately two months. The practice has three treatment rooms.

# Summary of findings

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 Smile Dental Care is the provider.

On the day of inspection, we collected 33 CQC comment cards filled in by patients and spoke with two other patients. This gave us a positive view of the practice.

During the inspection we spoke with two dentists, one qualified dental nurse (assisting from another of the provider's practices for the day), one trainee dental nurse, the receptionist, the practice manager, another practice manager from one of the provider's other practices and the provider's area business 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 – 5pm.

## 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.
- The provider had systems to help them manage risk to patients and staff.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Staff recruitment procedures were reviewed immediately following our inspection to ensure their robustness.
- Improvements had commenced to ensure clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Further improvements were needed to ensure staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider had effective leadership and a culture of continuous improvement.
- The new practice manager had introduced systems to support staff and created a cohesive atmosphere of team working.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had suitable information governance arrangements.

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

- Review the practice protocols regarding audits for prescribing of antibiotic medicines, taking into account the guidance provided by the Faculty of General Dental Practice.
- Take action to ensure the clinicians take into account the guidance provided by the Faculty of General Dental Practice (FGDP) when completing dental care records.
- Take action to ensure the clinicians carry out patient assessments and ensure they are in compliance with current legislation and take into account relevant nationally recognised evidence-based guidance.
- Develop systems to ensure an effective process is established for the on-going assessment, supervision and appraisal of all staff. Including the training, learning and development needs of individual staff members at appropriate intervals.
- Take action to ensure all clinicians are adequately supported by a trained member of the dental team when treating patients in a dental setting, taking into account the guidance issued by the General Dental Council (GDC). In particular, regarding the dental hygienist working without immediate chairside support.

# Summary of findings

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

We always ask the following five questions of services.

|                                                   |                    |
|---------------------------------------------------|--------------------|
| <b>Are services safe?</b>                         | <b>No action</b> ✓ |
| <b>Are services effective?</b>                    | <b>No action</b> ✓ |
| <b>Are services caring?</b>                       | <b>No action</b> ✓ |
| <b>Are services responsive to people's needs?</b> | <b>No action</b> ✓ |
| <b>Are services well-led?</b>                     | <b>No action</b> ✓ |

# Are services safe?

## Our findings

We found that 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 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 received safeguarding training and a plan was in place for all staff to receive safeguarding training updates three yearly. Staff knew how to report concerns, including notification to the CQC.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication within dental care records.

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

The dentists used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment.

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

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 three staff recruitment records. We saw that the recruitment procedure had not always been followed as we saw that two staff did not have suitable references requested. We raised this with the practice manager, who was new in post. They had identified that improvements needed to be made and had an action plan in place to source all relevant staff references. In the meantime, risk assessments were in place.

We evidenced 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.

Records showed that fire detection and firefighting equipment were regularly tested and serviced.

The practice had suitable arrangements to ensure the safety of the X-ray equipment and we saw the required information was in their radiation protection file.

We saw evidence the dentists justified, graded and reported on the radiographs they took. However, improvements should be made as we saw the practice written X-ray policy was not always followed. We found three occasions when X-rays were indicated, either by a presenting clinical condition or new patient assessment, and radiographs were not taken, despite records showing dentists were up to date with radiography training. We raised this with the practice manager. Following the inspection, the provider wrote to us to tell us that clinical staff had been asked to attend a radiography update course, read the FGDP guidelines and that the provider would undertake three monthly radiography audits at the practice until further notice.

### **Risks to patients**

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

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

We looked at the practice 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 the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

# Are services safe?

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

Emergency equipment and medicines were available as described in recognised guidance. We found staff kept records of their checks of these 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 General Dental Council (GDC) Standards for the Dental Team. The dental hygienist worked without chairside support. Improvements should be made, as there was no risk assessment or written patient group directive in place. Following the inspection, the provider wrote to us to tell us that a risk assessment was being developed and patient group directives were being considered.

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

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.

The provider had suitable 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. There were suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

We found staff had systems in place to ensure that any work was 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. All recommendations had been actioned and records of water testing and dental unit water line management were in place.

We saw completed cleaning schedules for the premises. The practice was visibly clean when we inspected.

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

The infection control lead professional (a qualified nurse from another of the company locations nearby) carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

## **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 dentists 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 observed that individual records were written and managed in a way which kept patients safe. Dental care records we saw 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 provider 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.

We saw staff stored and kept records of NHS prescriptions as described in current guidance. There was a new system in place to monitor all prescriptions issued.

One of the dentists we spoke with did not demonstrate a clear awareness of current guidance about prescribing antibiotic medicines and improvements should be made. Following the inspection, the provider wrote to us to tell us that they had made arrangements for all dentists to complete a dental deanery approved prescribing course, underpinned by the introduction of twice-yearly antimicrobial prescribing audits.

# Are services safe?

## **Track record on safety, and lessons learned and improvements**

There were risk assessments in relation to safety issues. Staff monitored and reviewed incidents. This helped staff to understand risks, give a clear, accurate and current picture highlighted to safety improvements where needed.

In the previous 12 months where there had been safety incidents we saw these were investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again in the future.

There was a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

# Are services effective?

(for example, treatment is effective)

## Our findings

We found that 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 practitioners up to date with current evidence-based practice, which were under review. We saw that improvements should be made to ensure clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. We saw that patient periodontal assessments, which indicated there would be benefit to the patient by referral to a dental hygienist were not always completed. However, additional training for the clinical team had been introduced and was on-going, as the provider recognised that improvements could be made.

The practice offered dental implants. These were placed by one of the dentists at the practice, who had undergone appropriate post-graduate training in the provision of dental implants which was in accordance with national guidance. The practice manager told us that when implants were placed, a trained nurse from one of the provider's other nearby practices assisted the dentist as the primary nurse. The provider had a written implant protocol.

### **Helping patients to live healthier lives**

The practice was providing 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 toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for patients based on an assessment of the risk of tooth decay.

The dentists and dental hygienist, where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale.

### **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. Patients told

us that the dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment. However, this was not always documented in the patient care records.

The practice consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who might 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 may give consent for themselves. 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 dental care records containing information about the patients' current dental needs, past treatment and medical histories. We noted improvements should be made to ensure records are detailed and complete. We reviewed nine patient records and found, for example, that X-rays were not always justified and there was inconsistent recording of patient discussions regarding proposed treatment. We raised this with the practice manager. The provider wrote to us to tell us that the patient record card note taking template had been reviewed and revised and that dentists had been asked to review FGDP guidance on record keeping. They also told us that record keeping audits had now been introduced every three months, until evidencing that the dentists and dental hygienist recorded the necessary information.

### **Effective staffing**

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

Staff discussed their training needs at an annual appraisal, during clinical supervision and staff meetings. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

# Are services effective?

(for example, treatment is effective)

The nursing staff employed at the practice were trainees. All were on recognised and accredited dental nurse training courses. One was due to qualify during September 2019. A qualified nurse from one of the provider's other local practices came to the practice one day a week, to work alongside the team. They also acted as infection control lead at the practice. We spoke with the nursing team. Trainee nurses expressed a desire for closer clinical supervision at the practice. We raised this with the practice manager. The provider wrote to us, informing us that the visiting trained nurse was now supernumerary on the day she visited the practice, in order to work alongside the trainee nurses and provide them with direct supervision.

## **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 if they needed treatment the practice did not provide.

Staff had systems to identify, manage, follow up and where required refer patients for specialist care when presenting with dental infections.

The provider also had systems 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.

Staff monitored all referrals to make sure they were dealt with promptly.



# Are services caring?

## Our findings

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

### **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 were helpful and considerate. We saw staff treated patients respectfully, appropriately and kindly and were friendly at the reception desk and over the telephone.

Patients said staff were compassionate and understanding. Patients could choose whether they saw a male or female dentist.

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

Information folders and thank you cards were available for patients to read.

### **Privacy and dignity**

Staff respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with

patients. If a patient asked for more privacy, staff would take them into another room. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients 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 to be involved in decisions about their care and were aware of the Accessible Information Standards. The Accessible Information Standard is a requirement to make sure that patients and their carers can access and understand the information they are given. We saw interpreter services were available for patients who did not speak or understand English.

Staff gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

We found that 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. It took account of patient needs and preferences.

Staff were clear about the importance of emotional support needed by patients when delivering care, such as patients with dental phobia and people living with dementia and long-term conditions.

Patients described high levels of satisfaction with the responsive service provided by the practice.

The practice had made reasonable adjustments for patients with disabilities. This included step free access, a hearing loop and accessible toilet with hand rails.

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

Staff telephoned some patients on the morning of their appointment to make sure they could get to the practice.

### 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 in the premises and included it in their information leaflet and on their website.

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent

appointment were offered an appointment the same day. Patients 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 website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was closed. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

### Listening and learning from concerns and complaints

The practice manager took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The provider had a policy providing guidance to staff about how to handle a complaint. The practice information leaflet explained how to make a complaint.

The practice manager was responsible for dealing with these. Staff would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager 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 manager had dealt with their concerns.

We looked at comments, compliments and complaints the practice had 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.

# Are services well-led?

## Our findings

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

### **Leadership capacity and capability**

The practice manager was new in post. They had been the practice manager for two months at the time of our inspection. During this time, they had identified a number of areas for improvement at the practice and had introduced systems to sustain this improvement. We identified areas for improvement relating to clinical issues. The practice manager did not have a clinical background. We liaised with the provider representative, who took immediate action to assure us that additional training was in place for the clinicians and support for the trainee dental nurses. The company had an overall clinical lead, who would support the practice manager.

Staff told us that the practice manager was visible and approachable. Staff told us they worked closely with them and others 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**

We saw the provider had systems in place to deal with staff poor performance.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was 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.

### **Governance and management**

There were clear responsibilities, roles and systems of accountability to support good governance and management.

The provider 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.

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 regularly.

The practice was part of a corporate group which had a support centre where teams including human resources, finance, clinical support and patient support services were based. These teams supported and offered expert advice and updates to the practice when required.

We saw there were emerging effective processes for managing risks, issues and performance.

### **Appropriate and accurate information**

Staff 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 provider 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**

Staff involved patients and staff to support high-quality sustainable services.

The provider used patient surveys and verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients the practice had acted on. For example, improving facilities in the waiting area and arranging for parents with young children to be seen in the ground floor surgery, on request, to accommodate the needs of parents with prams/buggies.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used.

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**

There were systems and processes for learning and continuous improvement.

## Are services well-led?

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. The audit process had been reviewed to ensure intended improvements were made and sustained.

The provider showed a commitment to learning and improvement. They responded in a timely way to our inspection feedback by sending us an action plan detailing improvements that were underway and processes implemented, to ensure improvements were sustained.

The dental nurses and administrator had an annual appraisal. Clinical staff underwent annual revalidation via

the GDC. Through these processes the team discussed learning needs, general wellbeing and aims for future professional development. Trainee nurses were supervised by a lead trained dental nurse from another of the provider's nearby practice.

Staff completed 'highly recommended' training as stated in the General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. The provider supported and encouraged staff to complete continuing professional development (CPD).