

Smile Care Dental Clinic

Smile Dental Care Clinic

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 15 March 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.
- Systems to manage risks for patients, staff, equipment and the premises were not always in place. Procedures to manage risk from legionella were not effective or embedded.
- 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.

Summary of findings

- 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.
- There was effective leadership and a culture of continuous improvement. Required audits were not always completed within recommended timescales.
- Staff felt involved, supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- The process for recording investigation and response to complaints, accidents and significant events was not robust.
- The practice had information governance arrangements.

Background

The provider has 1 practice, and this report is about Smile Dental Care Clinic.

Smile Dental Care Clinic is in Beaumont Leys in Leicester 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. 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 4 dentists (1 of whom is an implant specialist), 7 dental nurses (including 4 who are trainees), 1 dental hygienist, 1 practice manager and 2 receptionists. The practice has 4 treatment rooms.

During the inspection we spoke with 3 dentists, 1 dental nurse, 2 receptionists and the practice manager. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday, Tuesday, Thursday and Friday from 9am to 5.30pm

Wednesday from 9am to 1pm

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

- Take action to implement any recommendations in the practice's Legionella risk assessment, taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.' In particular, ensure accurate records of water temperature monitoring checks are kept.
- Take action to ensure audits of radiography and infection prevention and control are undertaken at regular intervals to improve the quality of the service. Practice should also ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.

Summary of findings

- 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.

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. We saw that all staff had completed safeguarding training to a level appropriate to their role and that information on how to identify and raise safeguarding concerns was displayed around the service.

The practice had infection control procedures which reflected published guidance. We noted that Infection Prevention and Control audits were completed annually as opposed to every 6 months as per current guidance. The provider submitted evidence confirming the audit schedule was updated to reflect this.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, we found these were not always implemented as stated in their risk assessment. We noted that records of tests to ensure water temperatures were within the required range to reduce risk of legionella developing were not always carried out effectively. Where the temperature had failed to meet the required range, evidence to show action was taken was not recorded. The provider took immediate action to address this and submitted further evidence following our inspection that recording systems were updated, and effective monitoring was now in place.

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 fire safety risk assessment was carried out in line with the legal requirements. We noted the assessment required review to reflect current arrangements at the service. Evidence was provided to show an updated risk assessment was booked to be completed following our inspection.

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available. We noted that radiography audits were completed annually as opposed to every 6 months in accordance with current guidance. The provided submitted evidence confirming the audit schedule had been updated to reflect this.

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 policies and risk assessments related to sharps safety, sepsis awareness and lone working. Specifically, to ensure that they were reviewed regularly and accurately reflected current procedures at the service.

Emergency equipment and medicines were available and checked in accordance with national guidance. We noted that Glucagon, a medicine used to treat people with low blood sugar, was stored in a fridge. The providers system for

Are services safe?

recording the temperature of this fridge was not effective or robust. During the inspection the provider removed the Glucagon and submitted evidence that a new glucagon unit was purchased. Following the inspection, evidence was submitted to show that recording processes were updated, and further training provided for staff carrying out these monitoring tasks.

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

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

We found there was scope for improvement with the providers systems to review and investigate incidents and accidents. Detail of mechanism of incident, investigation and sharing of learning was not always detailed The provider offered assurances that action would be taken to address these concerns.

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.

We saw the provision of dental implants was in accordance with national guidance.

Helping patients to live healthier lives

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

Staff were aware of and involved with national oral health campaigns and local schemes which supported patients to live healthier lives, for example, local stop smoking services. They directed patients to these schemes when appropriate.

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 were given examples of a range of support offered to nervous and vulnerable patients including, longer appointments, pre-treatment visits to familiarise with the practice environment and flexibility with appointment times.

We saw evidence the dentists justified, graded and reported on the radiographs they took. We noted that the practice carried out radiography audits every 12 months as opposed to 6 monthly as recommended in current guidance. The provider assured us the audit schedule would be updated to reflect this.

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 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, 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.

Feedback we reviewed indicated that people were satisfied with the treatment and support they received. Reviews indicated that people felt staff were compassionate and understanding when they were in pain, distress or discomfort.

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 dentists explained the methods they used to help patients understand their treatment options. These included for example photographs, study models, videos, X-ray images and an intra-oral camera.

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 level access, an accessible toilet, a low level reception desk, the provision of a hearing loop and magnifier and access to formal and informal translation services for patients with access requirements. 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 pages.

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

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

We found scope for improvement in how the practice responded to concerns and complaints. Records we reviewed did not always include evidence of the providers response to the complainant and we were not provided with evidence of any learning shared with staff following investigation and resolution of complaints.

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 and provider 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.

Systems and processes were generally embedded, and staff worked together in such a way that where the inspection identified concerns or issues, these were responded to immediately.

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 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. The provider confirmed that formal clinical supervision was not always carried out. They offered assurances that a schedule of formal clinical supervision meetings would be implemented following our inspection.

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

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.

We saw there was scope for improvement regarding processes for managing risks, issues and performance.

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 patient care records, disability access, radiographs, antimicrobial prescribing, and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements. An updated schedule of audit completion was implemented by the provider to ensure these were carried out at recommended intervals and any learning was shared and implemented.