Dr. Catherine Tannahill

The Smile Rooms

Inspection Report

13 Saville Street
Malton
North Yorkshire
YO17 7LL
Tel:01653 692230
Website:www.thesmilerooms.co.uk

Date of inspection visit: 18 May 2017
Date of publication: 12/06/2017

Overall summary

We carried out this announced inspection on 18 May 2017 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.

We told the NHS England area team and Healthwatch that we were inspecting the practice. They did not provide any information.

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

The Smile Rooms is in Malton and provides NHS treatment for children and private treatment adults.

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

The dental team includes four dentists, eight dental nurses (two of which also work on reception), two dental hygienists, a dental hygienist therapist and two receptionists. The practice has four treatment rooms.

Summary of findings

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of inspection we collected 11 CQC comment cards filled in by patients and spoke with six other patients. This information gave us a positive view of the practice.

During the inspection we spoke with two dentists, two dental nurses, a receptionists and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday & Wednesday 8am – 5pm

Tuesday & Thursday 8am – 6pm

Friday 8am - 4pm

And the practice opens the first Saturday of the month.

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures.
- The 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.
- The appointment system met patients' needs.
- The practice had effective leadership. Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.

We identified areas of notable practice through visible leadership within the practice; staff felt empowered and were happy and confident in their roles. A few examples of this include:

- We were told one nurse had video recorded decontamination processes for all staff to review and refresh their skills. Photos of each process were also available in the decontamination room as they found visual reminders reinforced messages more than written protocols. This method had been reviewed and all staff had fed back they felt a more consistent approach to decontamination was now in place. Further detailed training had been provided about the safe use of the equipment.
- We were shown a card given to patients so they could see their gum health grades from the last visit to their current visit; this included an explanation about what each code meant. All areas that required further care were highlighted to patients and treatment plans and supporting advice given to support the process.
- Nervous patients said staff were compassionate and understanding. Patients could choose whether they saw a male or female dentist. The practice had put a 360 video about the practice on the internet so patient could have a virtual tour of the practice before coming in. On their first visit they were offered an appointment with a treatment co-coordinator so they could discuss their needs before seeing a dentist. A detailed form was completed firstly by reception on making the appointment, and then by the treatment co-ordinator and all of this was provided to the dentist. The practice found this helped prevent patients having to repeat themselves at each stage and they were welcomed with information they had already provided. An examination protocol was used within the dental computer system which contained a pathology record, a dental examination and a periodontal examination record, which ensured consistency and appropriate aspects of the examination were covered.
- The practice had made reasonable adjustments to the practice and had implemented yellow paper for partially sighted patients as this was an easier format to read for them. We were also told an audio file could

Summary of findings

be sent to patients which covered all the information provided in the practice leaflet. Patients with hearing impairments could book appointments on line if they wished.

We felt these were areas of notable practice which should be shared.

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

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

We were told one nurse had video recorded decontamination processes for all staff to review and refresh their skills. Photos of each process were also available in the decontamination room as they found visual reminders reinforced messages more than written protocols. This method had been reviewed and all staff had fed back they felt a more consistent approach to decontamination was now in place. Further detailed training had been provided about the safe use of the equipment. We felt this was an area of notable practice which should be shared.

The practice had systems and processes to provide safe care and treatment. They used learning from incidents, complaints staff and patient feedback to help them improve.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice completed essential recruitment checks.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had suitable arrangements for dealing with medical and other emergencies.

Are services effective?

No action

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

We were shown a card given to patients so they could see their gum health grades from the last visit to their current visit; this included an explanation about what each code meant. All areas that required further care were highlighted to patients and treatment plans and supporting advice given to support the process.

We found there was excellent use of a multi-professional team. Staff were encouraged and supported to undertake dental qualifications, dental competencies and management/patient care qualifications. Staff reported that they felt valued by the Principal who was alert to their needs, both at the present time and for their future professional development.

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as excellent and calming. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

Summary of findings

Are services caring?

No action

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

Nervous patients said staff were compassionate and understanding. Patients could choose whether they saw a male or female dentist. The practice had put a 360 video about the practice on the internet so patient could have a virtual tour of the practice before coming in. On their first visit they were offered an appointment with a treatment co-coordinator so they could discuss their needs before seeing a dentist. A detailed form was completed firstly by reception on making the appointment, and then by the treatment coordinator and all of this was provided to the dentist. The practice found this helped prevent patients having to repeat themselves at each stage and they were welcomed with information they had already provided. We found this an area of notable practice which should be shared.

We received feedback about the practice from 11 people. Patients were positive about all aspects of the service the practice provided. They told us staff were super friendly, very welcoming and friendly. They said that they were given helpful, honest explanations about dental treatment and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

We saw staff protected patients' privacy and were aware of the importance of confidentiality.

Patients said staff treated them with dignity and respect.

Are services responsive to people's needs?

No action

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

The practice had made reasonable adjustments to the practice and had implemented yellow paper for partially sighted patients as this was an easier format to read for them. We were also told an audio file could be sent to patients which covered all the information provided in the practice leaflet. Patients with hearing impairments could book appointments on line if they wished.

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to telephone or face to face interpreter services and had arrangements to help patients with sight or hearing loss.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

Are services well-led?

No action

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

We identified areas of notable practice through visible leadership within the practice; staff felt empowered and were happy and confident in their roles.

Summary of findings

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

The practice team kept complete patient dental care records which were, clearly typed and stored securely.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff, acted on and stored for future reference.

Reliable safety systems and processes (including safeguarding)

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 practice 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. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination. We were told of a long standing patient whose health had deteriorated and they discussed this with the GP and assisted care team to ensure improvements could be made from the information shared.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The practice followed relevant safety laws when using needles and other sharp dental items. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice had a business continuity plan describing how the practice would deal events which could disrupt the normal running of the practice.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year and discussed scenarios each practice meeting. They rotated the days and areas to ensure everyone was included in the training. The practice also had panic buttons installed which had been used effectively to help raise awareness to the team if there was an emergency.

Emergency equipment and medicines were available as described in recognised guidance. The practice had recently bought a second medical oxygen cylinder due to the practice being over four floors. Staff kept records of their checks to make sure these were available, within their expiry date and in working order.

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at four staff recruitment files. These showed the practice followed their recruitment procedure.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics. The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

A dental nurse worked with the dentists, dental hygienists and dental therapists when they treated patients.

Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training every year.

We were told one nurse had video recorded decontamination processes for all staff to review and

Are services safe?

refresh their skills. Photos of each process were also available in the decontamination room as they found visual reminders reinforced messages more than written protocols. This method had been reviewed and all staff had fed back they felt a more consistent approach to decontamination was now in place. Further detailed training had been provided about the safe use of the equipment. We found this an area of notable practice that should be shared.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

The practice carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards and had detailed action plans in place.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed this was usual.

Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations.

The practice had suitable systems for prescribing, dispensing and storing medicines.

The practice stored and kept records of NHS prescriptions as described in current guidance.

Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice carried out X-ray audits every year following current guidance and legislation.

Clinical staff completed continuous professional development in respect of dental radiography.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

We saw that the practice audited patients' dental care records to check that the dentists, hygienists and hygiene therapists recorded the necessary information.

We noted the practice team were involved in a long-term preventive approach based on individual need and risk and encouraging patients to take responsibility for protecting and maintaining their own oral health, with support from the dental team who provide all necessary dental treatment.

Health promotion & prevention

The practice believed in preventative care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children based on an assessment of the risk of tooth decay for each child.

The dentists told us they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

The practice was celebrating its 10th birthday and had a raffle for 10 electric toothbrushes to be won, one each month. All proceeds were being donated to a local charity. One of the dentists was going to the Himalayas to complete a charity event and was taking dental samples to support a local school there. All of the staff also got involved in a local Santa run and gave all donations to local charities.

Staffing

Staff new to the practice had a period of induction based on a structured induction programme. The first week was detailed to ensure all polices, emergency equipment and fire protocols were covered. Checklists were then implemented and completed to assess competency of all areas of their role. Every three months the lead nurse reviewed this for each staff member. This formed part of their 1-2-1 and development plan

We found there was excellent use of a multi-professional team. Staff were encouraged and supported to undertake dental qualifications, dental competencies and management/patient care qualifications. Staff reported that they felt valued by the Principal who was alert to their needs, both at the present time and for their future professional development. We found these areas of notable practice that should be shared.

We were shown a card given to patients so they could see their gum health grades from the last visit to their current visit; this included an explanation about what each code meant. All areas that required further care were highlighted to patients and treatment plans and supporting advice given to support the process. We felt these were all areas of notable practice which should be shared.

We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council.

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals.

Working with other services

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. These included 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. The practice monitored urgent referrals to make sure they were dealt with promptly. Each dentist had an accessible shared referral log to ensure all patients were followed up and all referral letters had been received and actioned.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they 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.

Are services effective?

(for example, treatment is effective)

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence and the team were aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Staff were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were attentive, provided quality care and provided a positive experience. We saw that staff treated patients with respect, with smiles and were friendly towards patients at the reception desk and over the telephone.

Nervous patients said staff were compassionate and understanding. Patients could choose whether they saw a male or female dentist. The practice had put a 360 video about the practice on the internet so patient could have a virtual tour of the practice before coming in. On their first visit they were offered an appointment with a treatment co-coordinator so they could discuss their needs before seeing a dentist. A detailed form was completed firstly by reception on making the appointment, and then by the treatment co-ordinator and all of this was provided to the dentist. The practice found this helped prevent patients having to repeat themselves at each stage and they were welcomed with information they had already provided. We found this an area of notable practice which should be shared.

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. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave 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.

Music was played in the treatment rooms and there were magazines and a television in the waiting room. The practice provided drinking water for patient in the waiting room.

Information folders, patient survey results and thank you cards were available for patients to read.

Involvement in decisions about care and treatment

The practice gave patients clear information to help them make informed choices. 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.

We were told that patients could utilise the treatment co-ordinator and offered an appointment as part of their first visit so they could discuss their needs before seeing a dentist. A detailed form was completed firstly by reception on making the appointment, and then by the treatment co-ordinator and all of this was provided to the dentist.

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

The practice's website provided patients with information about the range of treatments available at the practice. These included general dentistry and treatments for gum disease and more complex treatment such as dental implants.

Each treatment room had a screen so the dentists could show patients photographs, videos and X-ray images when they discussed treatment options. Staff also used videos to explain treatment options to patients needing more complex treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

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

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they 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.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. A wheelchair user struggled over the ramp lip in to the practice; this had been highlighted so before each visit they phoned ahead so someone could meet them outside and help them in to the practice.

Staff described an example of a patient who found it unsettling to wait in the waiting room before an appointment. The team kept this in mind to make sure the dentist could see them as soon as possible after they arrived.

Staff told us they telephoned some older patients on the morning of their appointment to make sure they could get to the practice and had arrangements in place to short notice cancel appointments if the patient health was an indicator as to why they could not attend that day.

Promoting equality

The practice had made reasonable adjustments to the practice and had implemented yellow paper for partially sighted patients as this was an easier format to read for them. We were also told an audio file could be sent to patients which covered all the information provided in the practice leaflet. Patients with hearing impairments could book appointments on line if they wished. We found this to be an area of notable practice and felt this should be shared.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to interpreter and translation services which included access to British Sign Language and braille. One of the dentists spoke Polish and provided service to the local polish community. They had a Polish medical history form in place to help patients utilise the services.

Access to the service

The practice displayed its opening hours in the premises, their information leaflet and on their website.

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day and kept appointments free for same day appointments. They took part in an emergency on-call arrangement with some other local practices. The 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 confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment. We were told of an incident where patients who were on a plan had tried to contact the national out of hours dental provision and had found this difficult. The practice manager took immediate action and complained direct to the service to ensure learning and improvement could be made.

Concerns & complaints

The practice had a complaints policy providing guidance to staff on 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 told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager told us they 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 dealt with their concerns.

We looked at comments, compliments and complaints the practice received within the past 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

Governance arrangements

The practice was a member of a 'good practice' accreditation scheme. This is a quality assurance scheme that demonstrates a visible commitment to providing quality dental care to nationally recognised standards.

The principal dentist 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 practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements. The practice manager had recently implemented an on line human resources folder for all staff to have access to. This showed who had read each policy and this could then be logged as learning and development for the team and ensured everyone had the opportunity to see any updates more easily. All appraisals and supporting documentation were available.

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

Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong. The used duty of candour in their everyday ethos of the practice that each member of staff should be open and honest to each other and any findings from audits and peer reviews were shared with the team so everyone could improve on areas highlighted.

Staff told us there was an open, no blame culture at the practice. They said the practice manager encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the practice manager was approachable, would listen to their concerns and act appropriately. The practice manager discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held meetings and daily huddles where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, X-rays, staff files, clinical photographs, dental nurse checklists and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

The whole team showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The whole staff team had annual appraisals and 6 monthly personal development plans. The practice also had monthly 1-2-1 sessions. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff told us they completed highly recommended training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so. We were told of several staff members who had been supported to develop their skills within the practice and extended duty course were completed by staff if they had an interest in that area and it could be utilised within the practice. One staff member had joined the practice as a receptionist and had an interest in dental nursing so the practice provided them the opportunity to complete their training and have a dual role within the practice.

Practice seeks and acts on feedback from its patients, the public and staff

The practice used patient surveys, comment cards, verbal comments and social media to obtain staff and patients' views about the service. We saw examples of suggestions from patients and staff the practice had acted on.

After a patient had finished course of treatment a questionnaire was sent to them to gather feedback, this could also be completed in the practice on the tablet devices available at reception.

Are services well-led?

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.