

DDS Healthcare Limited

The Essex Smile Centre

Inspection report

33a-35a
High Street
Rayleigh
SS6 7EW
Tel: 01268742333

Date of inspection visit: 5 May 2023
Date of publication: 07/06/2023

Overall summary

We carried out this announced comprehensive inspection on 5 May 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.
- The practice had systems to manage risks for patients, staff, equipment and the premises.
- 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.
- 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.
- 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 provider is a registered partnership and part of a corporate group, Dentex Manco Limited which has multiple practices, and this report is about The Essex Smile Centre.

Essex Smile Centre is in Rayleigh, Essex and provides private dental care and treatment for adults and children.

The practice is on the first floor above a high street shopping area and is accessed by stairs. People who use wheelchairs are directed to other local services. Car parking spaces, including dedicated parking for disabled people, are available in pay and display car parks near the practice. The practice has made reasonable adjustments to support patients with access requirements including hand rails on both sides of the stairs.

The dental team includes 17 dentists including 2 specialist dentists, 18 dental nurses including 3 trainee dental nurses, 3 dental hygienists, 1 treatment coordinator, 1 compliance support staff, 1 practice manager and 3 receptionists. The practice has 7 treatment rooms.

During the inspection we spoke with 4 dentists, 6 dental nurses including the 2 lead nurses, 2 dental hygienists, 3 receptionists, the provider's compliance manager, the compliance lead 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 from 9am to 6.30pm,

Tuesday from 8am to 8pm,

Wednesday from 8am to 6pm,

Thursday from 8am to 8pm,

Friday from 8.30am to 5pm,

Saturday from 8.30am to 2.30pm and

Sunday from 9am to 1pm.

Summary of findings

The practice had taken steps to improve environmental sustainability. For example, reducing printing of documents, turning electricity off when not required and recycling where possible.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?	No action ✓
Are services effective?	No action ✓
Are services caring?	No action ✓
Are services responsive to people's needs?	No action ✓
Are services well-led?	No action ✓

Are services safe?

Our findings

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

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

The practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.

The practice had infection control procedures which reflected published guidance.

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

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

The practice appeared clean and there was an effective schedule in place to ensure it was kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff. 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. The management of fire safety was effective.

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available. This included cone-beam computed tomography (CBCT), and laser X-ray equipment.

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety, sepsis awareness and lone working.

Emergency equipment and medicines were available and checked in accordance with national guidance. However, we noted that 1 of the 2 glucagon medicine's (an emergency medicine used to treat severe hypoglycaemia (low blood sugar)) was stored outside of the fridge without a reduced recommended shelf life in line with guidance. We discussed this with the practice and were assured this would be replaced and a reduced shelf life noted.

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.

Are services safe?

The practice had systems for referring patients with suspected oral cancer under the national two-week wait arrangements.

Safe and appropriate use of medicines

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

Track record on safety, and lessons learned and improvements

The practice had systems to review and investigate incidents and accidents. The practice had a system for receiving and acting on safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems to keep dental professionals up to date with current evidence-based practice. This included daily as and when needed team discussions, formalised team practice meetings and weekly clinical communications.

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

The practice had access to digital X-rays to enhance the delivery of care.

Helping patients to live healthier lives

Oral health advice and preventative care was provided by the dentists and the dental hygienists.

Oral health care products were on sale for patients for example, toothbrushes, floss, interdental brushes and mouthwash. Information leaflets were available to patients as recommended by the dentist or upon request. These were available in a larger font on request.

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 saw evidence the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits six-monthly following current guidance.

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.

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.

Patients we spoke with and patient feedback we reviewed was positive. We looked at surveys and online reviews. We observed numerous positive interactions, in person and on the telephone, between staff and patients.

Patients said 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 were aware of the importance of privacy and confidentiality. We noted that whilst the reception and waiting room area on the ground floor was open plan, staff were discreet in person and on the telephone, we were told patients were offered an alternative area to speak privately to staff should they wish.

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, patient information booklet 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 grip rails on stairs, a hearing loop and reading glasses for patients with reduced hearing and vision. The practice would also provide leaflets in larger font for patients on request. 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, social media pages and in the patient information folder in reception.

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. We noted extended opening times to 6.30pm, 6pm and 8pm two nights per week and opening hours on Saturdays from 8.30am to 2.30pm and Sundays from 9am to 1pm. 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 and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. When the practice was closed for extended periods for example, bank holiday weekends or over Christmas, patients could access a dedicated mobile phone number monitored by staff on a rota basis.

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. We reviewed notes of team meetings that showed any complaints, comments or concerns were discussed and any learning shared. Where relevant this information was shared with the provider's other services.

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 people's safety and continually striving to improve.

Systems and processes were embedded, and staff worked together in such a way that where the inspection highlighted any issues or omissions the practice took swift action to rectify these.

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 with team members having been delegated a lead role for an area of their preference.

Culture

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

Staff stated they felt respected, supported and valued. Staff had access to online support services providing advice and guidance to practice policies, governance and management. Staff described an open and involved culture and were proud to work at the practice.

Staff discussed their training needs during annual appraisals, 1 to 1 meetings and during clinical supervision. 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

Staff had clear responsibilities, roles and systems of accountability to support good governance and management. Clear guidance was created and available to all staff to enable them to carry out tasks they were unfamiliar with should they be required to.

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. These included cover sheets for staff to sign and say they had read and understood the documents.

We saw there were clear and effective 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. The feedback was analysed to identify any themes or trends and where appropriate we saw the practice had taken or had actions planned. Where comments or suggestions were made, we saw the practice manager had respond to these appropriately.

Are services well-led?

Feedback from staff was obtained through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service. Staff we spoke with told us they were happy to raise a suggestion and said these were listened to and acted on where appropriate.

Continuous improvement and innovation

The practice had systems and processes for learning, quality assurance, continuous improvement and innovation. 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.