

Smile Concepts Limited

# Smile Concepts

## Inspection report

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Date of inspection visit: 2 August 2023  
Date of publication: 24/08/2023

### Overall summary

We carried out this announced comprehensive inspection on 2 August 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. Not all appropriate life-saving equipment was available. Missing items were ordered immediately following this inspection.
- 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

Smile Concepts is in Solihull, West Midlands and provides private dental care and treatment for adults and children.

There is step free access to the practice for people who use wheelchairs and those with pushchairs. The practice provides a car park for patients. 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 6 dentists, 2 specialist dentists, (1 specialist in endodontics periodontics, prosthodontics and restorative dentistry and the other in oral surgery) 7 dental nurses, 3 dental hygienists, 1 dental therapist, 1 practice manager and 1 receptionist. The practice has 5 treatment rooms.

During the inspection we spoke with 2 dentists, 1 dental nurse, 1 receptionist 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 to Thursday from 8.30am to 5.30pm, Friday from 8am to 3.30pm and alternate Saturdays from 9am to 5pm.

The practice had taken steps to improve environmental sustainability. For example, a company is used to collect recycling such as glass, cardboard and plastic. Information was available for staff regarding recycling and waste in a dental practice. Staff took part in Recycle4Charity who recycled inkjet cartridges. Staff were reminded to turn off lights when not in a room.

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

- Take action to ensure the availability of equipment in the practice to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.
- Take action to ensure that dental nursing staff who assist in conscious sedation have the appropriate training and skills to carry out the role, taking into account guidelines published by The Intercollegiate Advisory Committee on Sedation in Dentistry in the document 'Standards for Conscious Sedation in the Provision of Dental Care 2015.

# 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 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. Evidence was not available to demonstrate that all staff had completed safeguarding training to the appropriate level. Within 24 hours of this inspection, we were sent copies of certificates to demonstrate training had been completed. Information regarding the local safeguarding authority was easily accessible to staff. The practice manager had links with the local safeguarding hub and received regular update newsletters.

The practice had infection control procedures which reflected published guidance. Infection control audits were completed every 6 months. The practice manager was the infection control lead at the practice.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment which was completed in March 2023. Monthly water temperature checks were completed and logged in line with the requirements of the legionella risk assessment.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. A waste contract was in place and waste consignment notices were available for each waste collection.

The practice appeared clean and there was a 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. Appropriate pre-employment checks were completed on staff such as disclosure and barring service checks, proof of identity and evidence of conduct in previous employment.

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's compliance system had a dashboard which reminded the practice manager when equipment was due to be serviced. The ultrasonic cleaner was purchased in 2021, we discussed the servicing of this equipment and the practice manager confirmed they would refer to the manufacturer's guidance regarding this. The practice ensured the facilities were maintained in accordance with regulations. However, we saw that there had been no recent service of air conditioning units in place (training rooms and 1 treatment room). The last service was completed in 2018. Following this inspection, we were informed that a company had been contacted to complete the servicing of the air conditioning.

A fire safety risk assessment was carried out in line with the legal requirements. Evidence was available to demonstrate that issues for action had been addressed. Fire logs were available to demonstrate the weekly and monthly checks completed on fire safety equipment such as the fire alarm, emergency lighting and fire extinguishers. Fire drills were completed and recorded the names of staff in attendance. All staff had completed fire safety training and 3 staff had undertaken additional fire marshal training. 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).

### **Risks to patients**

# Are services safe?

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. Staff had not completed training regarding sepsis awareness, although posters had recently been displayed regarding symptoms of sepsis. Staff would refer patients to the local hospital if they had any concerns.

Not all emergency equipment was available and checked in accordance with national guidance. Clear face masks for the Ambu self-inflating bags size 0, 1, 2, and 4 were missing. Following this inspection, we were sent evidence to demonstrate that these items had been ordered. Emergency medicines were available and checked in accordance with national guidance.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Evidence was available to demonstrate that medical emergency scenarios were completed during some practice meetings. Immediate life support training (or basic life support training plus patient assessment, airway management techniques and automated external defibrillator training) had not been completed by the nursing staff providing treatment to patients under sedation. Following this inspection, we were sent evidence to demonstrate that this training had been scheduled for 30 August 2023, the next sedation at the practice was not planned until October 2023.

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health. Safety data sheets were also available for each product in use.

## **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. The last audit was completed in July 2023.

## **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. There was no evidence to demonstrate that these were discussed during practice meetings or shared with the clinicians at the practice. The practice manager confirmed that they received the alerts and checked to ensure they were not relevant to the practice.

# 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 monthly practice meetings and disseminating urgent information in a memorandum sent by email or staff social media group. A copy of all memorandums sent to staff were available in the staff room. Staff signed to confirm that they had read the information which was also discussed during practice meetings. The practice adopted the systems of a compliance company to ensure that staff were kept up to date with guidance changes and advice.

The practice offered conscious sedation for patients. The practice's records regarding checks before treatment were not detailed. For example, they did not include information regarding the patient's height, weight, blood pressure, ASA (persons fitness for an anaesthetic procedure) pulse or anxiety score. Checks made after treatment were recorded. We were informed that this had been identified in the sedation audit carried out April 2023. A new more detailed pre-assessment protocol had been implemented and would be followed and logged in the sedation log and clinical records.

There was no record of the visiting consultant anaesthetist bringing a nasal cannula with them and the practice did not have this equipment. Following this inspection, we were sent evidence to demonstrate that a nasal cannula had been ordered. The practice had systems for medicines management, sedation equipment checks, and staff availability in place.

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. Patient records included details of advice given in relation to diet, oral hygiene instructions, guidance on the effects of tobacco and alcohol consumption.

Staff were aware of 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. Leaflets regarding the effects of smoking, diet and alcohol were available in the waiting area.

### **Consent to care and treatment**

Staff obtained patients' consent to care and treatment in line with legislation and guidance. Dentists spoken with understood their responsibilities under the Mental Capacity Act 2005 and explained how they ensured that consent was gained for a patient who had limited capacity to consent.

Consent letters were given to patients or emailed to them if this was their preference. Patients were given time to think about treatment. They were able to have an additional appointment to have a discussion with the dentist before any decision was made or treatment commenced.

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.

# Are services effective?

(for example, treatment is effective)

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, although only 2 staff had completed training regarding learning disabilities and autism awareness. Following this inspection, we were informed that all staff had been informed that this training must be completed by 18 August 2023.

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. The last audit was completed in April 2023.

## **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. Although some staff had not completed the necessary update training within the required timescales, evidence was sent within 24 hours of this inspection to demonstrate that the training had been completed.

## **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, minor oral surgery and procedures under sedation 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. The receptionist was observed to be kind, friendly and helpful to patients over the telephone and in person at the practice. The receptionist chatted with patients and offered both hot and cold drinks. Patients were offered assistance if required.

On the day of inspection, we spoke with 1 patient. We were told that the practice was accommodating with regard to appointment times, staff were professional and friendly, and the practice was always clean and tidy.

Staff told us that they had, when requested provided a service to deliver dentures to patients who struggled with mobility. Courtesy calls were made to patients following any lengthy treatment or tooth extraction. A log of these calls was kept.

### **Privacy and dignity**

Staff were aware of the importance of privacy and confidentiality. Staff gave examples of how they maintained patient's privacy and confidentiality such as the use of private areas for confidential discussions. To protect the privacy and dignity of patients using treatment rooms, opaque glass was used in the glass panes on the treatment room doors.

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 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 photographs, study models, videos and X-ray images.



# Are services responsive to people's needs?

## Our findings

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

### **Responding to and meeting people's needs**

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

Staff were clear about the importance of providing emotional support to patients when delivering care. Patients who were anxious could be booked in for a longer appointment. The receptionist told us that they would chat with the patient to try and make them feel at ease and they would offer them a hot or cold drink. A drinks machine was available in the waiting area for patients to help themselves. A radio was playing which acted as a distraction to try and relax patients. We observed the receptionist chatting to patients to try to make them feel at ease. Information symbols were put on patient's records to notify the dentist if a patient were anxious. As a last resort patients could be offered sedation. A visiting sedationist attended the practice as required.

The practice had made reasonable adjustments, including step free access to the building; the reception, waiting area and wheelchair accessible toilet were all located on the ground floor. There were also ground floor treatment rooms for patients with access requirements. Information regarding interpretation services which included British Sign Language were available in the patient information folder. Reading glasses were available for patients who had visual impairments and a hearing induction loop for use by patients who wore a hearing aid.

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 and in the patient information folder in the waiting area.

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 patient we spoke with confirmed that the dentist always took their time and gave detailed explanations.

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.

Patients who needed an urgent appointment were offered one in a timely manner. Dentists kept a slot each day for emergency appointments. When these were full, dentists triaged patients to identify the urgency of the appointment and we were told that patients would be asked to attend the practice during lunchtime or at the end of the day if urgent.

### **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. A copy of the complaint handling policy and complaint procedure was available to patients in the patient information folder in the waiting room.

# Are services well-led?

## Our findings

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

### **Leadership capacity and capability**

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

There was strong leadership with emphasis on people's safety and continually striving to improve. Staff commented on the effective, supportive leadership and the strong team working ethos within the practice.

Systems and processes were embedded, and staff worked together in such a way that the inspection did not highlight any significant issues or omissions.

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 enjoyed working in the practice. They felt respected and valued and they genuinely supported and cared for each other. 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. We saw that appraisals had taken place during 2022 and were told that the next ones were scheduled for 2023. Staff told us that they were able to discuss training needs at appraisal but could also request training at any time.

The practice had some arrangements to ensure staff training was up-to-date and reviewed at the required intervals. The practice manager obtained copies of training certificates from staff to demonstrate training undertaken. Some information was missing but this was obtained and forwarded following this inspection.

### **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 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. Patients were able to leave comments and suggestions anonymously in a suggestions box in the reception area. Patients were sent an email following any treatment reminding them that they were able to leave an online review. The practice had received a rating of 4.9 out of 5 stars from 82 online reviews.

# Are services well-led?

Feedback from staff was obtained through meetings, 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**

The practice had systems and processes for learning, quality assurance and continuous improvement. These included audits of patient care records, sedation, waiting times, 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.