

Smile With Us Limited

Smile With Us

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 19 April 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 provider did not operate effective systems to help them manage risk to patients and staff.
- 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 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 with Us is in Kidlington and provides private dental care and treatment for adults and children.

There is step free access, via a portable ramp, 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
- 3 dental nurses
- 3 dental hygienists
- 1 practice treatment coordinator
- 1 administrator
- 2 receptionists
- 1 clinical dental technician

The practice has 4 treatment rooms.

During the inspection we spoke with 1 dentist, 2 dental nurses, 1 dental hygienist and 2 receptionists.

We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

- Monday 8.45am to 5.00pm
- Tuesday 8.45am to 5.15pm
- Wednesday 8.45am to 5.00pm
- Thursday 8.45am to 7.00pm
- Friday 8.45am to 2.00pm

We identified regulations the provider was not complying with.

They must:

Summary of findings

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Full details of the regulation the provider was not meeting are at the end of this report.

There were areas where the provider could make improvements.

They should:

- Review the necessity of a second oxygen cylinder where appropriate for the practice's circumstances.
- Take action to ensure the availability of an interpreter service for patients who do not speak English as their first language.

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?	Requirements notice ✗

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 but improvements were needed. Specifically:

- Water temperature testing was not carried out correctly.
- Actions carried out from the legionella risk assessment could not be evidenced.

We have since received evidence which confirms these shortfalls have been addressed.

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.

Treatment room floor to skirting was incomplete in places. We were told the practice was in the process of refurbishing the whole practice and evidence of this could be seen. The provider assured us they would reseal the floors in the meantime.

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.

- Actions resulting from the fire risk assessment remained outstanding.
- Waste bins (2) at the rear of the property were not lockable or tethered away from the building which made them at risk of unauthorised interference and potential arson.

We have since received evidence which confirms these shortfalls have been addressed.

Emergency lights were not tested correctly.

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) 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 but improvements were needed. Specifically:

- A sharps bin in the hygienist room was dated 2021. A sharps bin should be changed after three months.
- Sharps injury action posters did not include the contact details for the occupational health service.

Are services safe?

We have since received evidence which confirms these shortfall have been addressed.

Emergency equipment and 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.

Immediate life support training was also completed by staff providing treatment to patients under sedation.

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health. Improvements were needed to the storage arrangements. Specifically:

- COSHH applicable products were not stored securely or labelled appropriately.
- An appropriate sanitary bin was not available in the patient and staff toilet.
- The clinical waste in one treatment room could not be closed effectively.

We have since received evidence which confirms these shortfall have been addressed.

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

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.

Sedation

The practice offered conscious sedation for patients. The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training.

The practice had not carried out a risk assessment to help them determine whether a sedation specific set of emergency equipment was required. We have since received evidence which confirms this shortfall has been addressed.

Dental implants

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.

involvement in local schemes

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

Evidence was not available to demonstrate all staff had the skills, knowledge and experience to carry out their roles.

We looked at 10 staff training files. Evidence presented to us confirmed that:

- 8 out of 10 staff carried out basic life support training in the previous 12 months.

Newly appointed staff had a structured induction and clinical staff completed continuing professional development required for their registration with the General Dental Council.

Are services effective?

(for example, treatment is effective)

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.

On the day of inspection, we spoke with 3 patients who told us staff were kind and 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.

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 dentist explained the methods they used to help patients understand their treatment options. These included for example, 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.

The practice had made reasonable adjustments which included:

- Step free access via a portable ramp.
- A hearing loop for hearing aid wearers.
- Reading aids (magnifying glass).
- Wheelchair accessible toilet.
- A ground floor surgery.

Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients. However, we found that:

- The mirror in the wheelchair accessible toilet was out of reach to a wheelchair user.
- Translation services information was not available.

We have since received evidence which confirms these shortfall have been addressed.

Timely access to services

The practice displayed its opening hours and provided information on their website.

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 and answerphone provided telephone numbers for patients needing emergency dental treatment when the practice was not open.

Patients who needed an urgent appointment were offered one in a timely manner. Patients with the most urgent needs had their care and treatment prioritised.

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.

Are services well-led?

Our findings

We found this practice was not providing well-led care in accordance with the relevant regulations.

We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report).

We will be following up on our concerns to ensure they have been put right

Leadership capacity and capability

We found improvements were needed to ensure the management and oversight of procedures that supported the delivery of care was effective.

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.

Governance and management

The provider had overall responsibility for the clinical leadership of the practice. The practice administrator was responsible for ensuring the practice met the required standards.

The provider had a system of clinical governance in place which included policies, protocols and procedures. These were accessible to all members of staff, but systems were not routinely followed.

We saw there were clear and effective processes for managing risks, issues and performance but these were not followed which resulted in poor risk management at the practice.

The management of fire safety, COSHH, training and legionella required improvement. We have since received evidence which confirms these shortfall have been addressed.

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 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

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

Are services well-led?

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.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17</p> <p>Good Governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <p>Legionella</p> <ul style="list-style-type: none">• Water temperature testing was not carried out correctly.• Actions carried out from the legionella risk assessment could not be evidenced. <p>Sharps</p> <ul style="list-style-type: none">• A sharps bin in the hygienist room was dated 2021. A sharps bin should be changed after three months.• Sharps injury action posters did not include the contact details for the occupational health service. <p>Control of Substances Hazardous to Health (COSHH)</p> <ul style="list-style-type: none">• COSHH applicable products were not stored securely or labelled appropriately.• The clinical waste in one treatment room could not be closed effectively.

Requirement notices

- Appropriate sanitary bins were not available in the practice. The Workplace (Health, Safety and Welfare) Regulations 1992 specify that all businesses must provide a suitable means for disposing of sanitary products in each female toilet.

Fire Safety

- Actions resulting from the fire risk assessment remained outstanding.
- Waste bins (2) at the rear of the property were not lockable or tethered away from the building which made them at risk of unauthorised interference and potential arson.
- Emergency lights were not tested correctly.

Training

We looked at 10 staff training files. Evidence presented to us confirmed that:

- 8 out of 10 staff carried out basic life support training in the previous 12 months.

Equality Act 2010

The mirror in the wheelchair accessible toilet was out of reach to a wheelchair user.