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Smile Rooms Milton Keynes

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 8 February 2024 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.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system worked efficiently to respond to patients' needs.

Summary of findings

- 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.
- 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.
- The practice's systems to manage risks for patients, staff, equipment and the premises were ineffective. We identified shortfalls in assessing and mitigating risks in relation to fire safety, health and safety, stock control and medicine management.
- The provider did not demonstrate effective leadership or support a culture of continuous improvement.
- Staff recruitment procedures did not reflect current legislation.
- Not all staff had received training on how to deal with medical emergencies. Appropriate medicines and life-saving equipment were not always available.

Background

Smile Rooms Milton Keynes is in Milton Keynes and provides private dental care and treatment for adults and children.

There is step free access to the practice and a passenger lift 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 8 dentists, 1 dental hygienist, 2 qualified dental nurses, 3 trainee dental nurses, 1 treatment coordinator, 1 practice manager and 2 receptionists. The practice is supported by an area manager and a compliance consultant.

The practice has 4 treatment rooms.

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

The practice is open:

Monday from 8am to 7pm.

Tuesday from 8am to 8pm.

Wednesday from 8am to 6pm.

Thursday from 8am to 8pm.

Friday from 8am to 6pm.

Saturday from 8am to 5pm.

We identified regulations the provider was not complying with. They must:

Summary of findings

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

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?	**Requirements notice** ✖
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 not providing safe 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 by the provider.

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

The practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children. We found not all staff were trained to the appropriate level as set out in the intercollegiate guidance. Following the inspection, we were provided with some additional evidence of completed training.

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, including for agency or locum staff. However, this was not followed. We did not find evidence that required pre-employment checks, including Disclosure and Barring Service (DBS) checks, employment history and references had been carried out for all staff. We found of 19 records, 12 staff did not have references, 1 staff member did not have an employment history, 9 staff had not had DBS checks at the point of their employment.

Clinical staff were qualified and registered with the General Dental Council. We were not provided with evidence on the day of inspection that all clinical staff had professional indemnity cover. Following the inspection, we were provided with additional evidence that clinical staff had indemnity cover.

The practice ensured most equipment was safe to use, maintained and serviced according to manufacturers' instructions. We found the practice was not completing routine testing on sterilisation equipment such as the cleaning efficiency testing, automatic control and verification of calibration for the Ultrasonic machine and an air leakage test for the autoclaves to ensure the equipment was working correctly.

We found dental items that were used during endodontic treatment that had exceeded the manufacturers use by date.

The management of fire safety required improvement. An external fire safety risk assessment was carried out in line with the legal requirements in 2021. The risk assessment identified areas of risk and recommendations. We were not provided with evidence that action had been taken to address these issues. We were also provided with a second fire risk assessment. This was not completed by a competent individual and did not identify or consider areas found in the previous risk assessment.

The management of fire safety was not effective. The emergency lighting had not been serviced, weekly fire alarm checks and monthly fire extinguisher checks were not conducted. The practice were unable to locate evidence of fire drills however following the inspection we were provided with evidence that these had been conducted. We were told by the practice that the emergency lighting was booked to be serviced in February 2024.

Are services safe?

The practice had some arrangements to ensure the safety of the X-ray equipment and cone-beam computed tomography (CBCT), the required radiation protection information was available. We noted that the CBCT had failed on qualitive testing (an air test) for a period of 3 months. This had not been raised to management. Following the inspection, we were provided with evidence that this had been resolved, and staff had received further training.

Risks to patients

The practice had implemented some systems to assess, monitor and manage risks to patient and staff safety. We found the latest health and safety risk assessment completed in 2023 did not reflect processes in place and outstanding actions from 2021 had not been reviewed or completed.

Most emergency equipment and medicines were available and checked in accordance with national guidance. We noted the Oxygen self-inflating bags sizes 0,1,2,3 and 4 and needles to administer the adrenaline were not present. Following the inspection, we were provided with evidence these items had been ordered.

Not all staff had completed training in emergency resuscitation and basic life support every year. Following the inspection, we were provided with evidence that staff were booked to complete training in March 2024.

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 mostly complete, legible, kept securely and complied with General Data Protection Regulation requirements. There was scope to ensure these were more detailed.

The practice had systems for referring patients with suspected oral cancer under the national 2-week wait arrangements.

Safe and appropriate use of medicines

The practice systems for appropriate and safe handling of medicines required improvement. Medicines were kept securely; however, we noted the practice system to track and monitor the use of medicines did not include all medicines present. Following the inspection we were provided with evidence that systems were updated.

Antimicrobial prescribing audits were carried out.

Track record on safety, and lessons learned and improvements

We found the system in place to manage significant events was not effective. The practice had not recorded any significant events despite incidents occurring in relation to missed opportunities of servicing equipment, risk assessments, audits and safety alerts. There was no evidence to show how learning from these incidents had been actioned or shared across the staff team to prevent their recurrence.

The practice had a system for receiving and acting on safety alerts. This required improving as we noted that not all recent safety alerts had been reviewed and learning was not always shared.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems to keep dental professionals up to date with current evidence-based practice.

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

Helping patients to live healthier lives

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

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

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 6-monthly following current guidance we noted there was scope for improvement to include learning points and action plans.

Effective staffing

Evidence that staff had the skills, knowledge and experience to carry out their roles was not always available. Systems were not in place to ensure newly appointed staff had a structured induction or that clinical staff completed continuing professional development required for their registration with the General Dental Council.

Recommended training including medical emergencies and safeguarding, were not always completed. There was limited evidence of completion of other training by clinical staff including Ionising Radiation (Medical Exposure) Regulations (IRMER) 2017. Following the inspection, we were provided with evidence that some 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.

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 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. We noted that whilst the reception and waiting room areas were open plan, staff were discreet in person and on the telephone. We were told patients were offered an alternative area to speak privately 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 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.

The practice had made reasonable adjustments, including level access into the building, a lift, accessible toilet, hearing loop, reading glasses and access to translation services for patients with access requirements. The practice had conducted a disability access audit which was brief in detail and only related to wheelchair accessibility. The audit did not highlight all access requirements to ensure the practice were aware and continually improve access for patients.

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 during the working day and when the practice was not open.

Patients who needed an urgent appointment were offered one in a timely manner. When the practice was unable to offer an urgent appointment, they worked with partner organisations to support urgent access for patients. Patients with the most urgent needs had their care and treatment prioritised.

Listening and learning from concerns and complaints

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 by the provider.

Leadership capacity and capability

Clinical management and oversight of procedures that supported the delivery of care were ineffective.

We identified shortfalls in relation to the practice's risk assessing relating to fire, medicines management, recruitment procedures, health and safety and stock control which indicated that governance and oversight of the practice required strengthening.

In the period leading up to and immediately following our inspection, the practice manager had worked hard to address some of the shortfalls we identified demonstrating the practice's commitment to improving the service.

Systems and processes were not embedded which resulted in missed opportunities for providing safe services. For example, concerns found in the fire risk assessment had not been addressed, medical emergency equipment was not always available in line with guidance, cone-beam computed tomography (CBCT) equipment had failed testing.

The information and evidence presented during the inspection process was not always clear and well documented.

We were told by staff they had the support and opportunities to develop and take on additional roles and responsibilities.

Culture

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

Staff discussed their training needs during annual appraisals they also discussed learning needs, general wellbeing and aims for future professional development.

Arrangements to ensure staff training, recruitment and maintenance of equipment was up-to-date and reviewed at the required intervals were not in place.

Governance and management

The practice manager had overall responsibility for the management and clinical leadership of the practice. The practice sought support from an area manager and compliance manager who would visit every few months. Whilst the practice had taken steps to improve systems and processes these required embedding.

The practice had a governance system which included policies, protocols and procedures that were accessible to all members of staff. The management of fire safety, health and safety, audits, training and equipment required improvement.

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.

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 and said these were listened to and acted on where appropriate.

Continuous improvement and innovation

The practice did not have clear oversight of staff training. Staff confirmed that the inspection had highlighted periods where continuous professional development and training had not been completed.

Audits of infection prevention and control, disability awareness and radiograph audits and did not highlight areas of concerns found during the inspection or include any learning or action plans to improve the practice.

This section is primarily information for the provider

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered person had systems or processes in place that operated 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: • There was no evidence of action taken on areas of risk found on the fire risk assessment in 2021. • The fire risk assessment competed in 2024 had not been completed by a competent person and failed to identify potential risks. • The emergency lighting had not been serviced. • Weekly fire alarm checks and monthly fire extinguisher checks were not conducted. • There was a lack of an effective system to support the safe management of medications. • There were limited systems for monitoring risk assessment action plans and ensuring improvement was put in place. For example, in relation to the health and safety risk assessments and ensuring areas of risk from 2021 had been addressed. • Routine testing on sterilisation equipment to ensure the equipment was working correctly was not conducted.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance

This section is primarily information for the provider

Requirement notices

Treatment of disease, disorder or injury

The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:

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- There was a lack of oversight in the leadership around governance systems, quality and assurance and monitoring and mitigating risk. This resulted in issues not being identified or adequately managed with the potential to impact upon the delivery of safe and well-led care. For example, there were insufficient processes for identification of risk, such as actions on audits or reviews of processes.
- Not all safety alerts had been reviewed and actioned. There was no evidence to show how learning from safety alerts, and incidents had been actioned or shared across the staff team to prevent their recurrence.
- The provider had not ensured that medical emergency equipment was available to manage medical emergencies. For example: Clear face masks size 0,1,2,3 and 4 and needles to administer adrenaline were not available.
- Audits of radiography, infection prevention and control and disability awareness had failed to identify concerns found and were not used to improve the quality of the service.
- The oversight of staff recruitment processes were not in accordance with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The practice did not have an effective recruitment procedure, there were not always records of staff employment history or references.
- Enhanced Disclosure and Baring Service checks had not been obtained prior to employment.
- There were no system in place to ensure an effective induction for new staff, including information about practice systems and safety procedures.

This section is primarily information for the provider

Requirement notices

- There was no system in place to ensure essential staff training was up-to-date and reviewed at the required intervals.