

Smile Creations Innovations Limited

Smile Creations Innovations Ltd

Inspection report

1A/5 Bell Alley
Leighton Buzzard
LU7 1DG
Tel: 01525383065
www.smilecreations.co.uk

Date of inspection visit: 3 July 2023
Date of publication: 24/07/2023

Overall summary

We carried out this announced comprehensive inspection on 3 July 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.

Summary of findings

- The practice had systems to manage risks for patients, staff, equipment and the premises. We identified shortfalls in assessing and mitigating risks in relation to fire safety.
- 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.
- 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 leadership and a culture of continuous improvement. However, staff training in relation to Cone Beam Computed Tomography had not been completed.
- 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

Smiles Creations Innovations Ltd is in Leighton Buzzard and provides private dental care and treatment for adults and children. The practice has an NHS contract to provide orthodontic treatment for children under the age of 18.

The practice treatment rooms are on the first floor and are accessed by stairs. People who use wheelchairs are directed by practice staff to other local services.

Car parking spaces, including dedicated parking for disabled people, are available near the practice.

The dental team includes 2 dentists, 1 specialist periodontist, 1 specialist orthodontist, 4 qualified dental nurses, 1 orthodontic therapist, 1 practice manager and 1 receptionist. The practice has 3 treatment rooms.

During the inspection we spoke with 1 orthodontic therapist, 1 dental nurse, the 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 Friday from 9am to 5pm.

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.

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

- 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?	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. Safeguarding information was available throughout the practice.

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 had a water leak in April 2023 from a sink in an upstairs surgery. It was discovered that there was a hidden asbestos ceiling below which the provider was not aware of. At the time of the inspection the practice was awaiting quotes for the removal of the asbestos and the sink could not be fixed until this was complete. A risk assessment was in place and the area was cornered off from patients and staff.

There had been a period of staffing shortages resulting in maintenance not always being conducted at the required intervals. In particular, the 5 yearly fixed wire testing which was due in May 2022 was completed in June 2023. This was unsatisfactory and the provider was awaiting quotes to replace parts of the electrical wiring to become compliant.

The management of fire safety was not effective. A fire safety risk assessment was carried out by a staff member at the practice in June 2023 whom confirmed they did not feel competent to complete this. The risk assessment did not accurately reflect processes in place at the practice. For example, it stated that there was bespoke fire emergency evacuation plans and personal emergency evacuations plans which were not available on the day of inspection. We found a call point on the ground floor of the building where the staff room was located which was not working. Following the inspection, the provider placed an out of order sign to notify staff this was not in use. The evacuation route from the upstairs of the premises was unsafe. Following the inspection, the provider sought external advice and removed the evacuation route from upstairs and was awaiting an external fire risk assessment to be conducted.

Routine testing of fire alarms was completed at regular intervals.

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) lasers and handheld 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 and sepsis awareness.

Are services safe?

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.

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.

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.

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

The practice had access to digital X-rays and cone-beam computed tomography (CBCT), to enhance the delivery of care. We saw that when required, CBCT scans were included in the written consent forms. However, staff training in relation to the CBCT for operating and reporting was not completed.

Helping patients to live healthier lives

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

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.

Oral health care products were on sale for patients for example orthodontic cleaning products, 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.

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 told us they felt they had enough time and support to complete their duties.

Dental nurses told us they were encouraged to continue their learning and development. Staff told us of examples of where the provider had supported them financially with courses to enhance their learning.

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.

Are services effective?

(for example, treatment is effective)

The practice manager 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.

Information about the practice and treatments was available for patients to read. Feedback from patients was wholly positive. Patient feedback and survey comments we looked at, told us they were very happy with the care and treatment they received describing the staff and environment as high level care.

We saw 7 patient thank you cards which said staff were compassionate and understanding when they were in pain, distress or discomfort. Staff were kind to them, and they would recommend to family and friends.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality. We noted that whilst the reception and waiting room area was 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.

The practice had installed closed-circuit television to improve security for patients and staff. Relevant policies and protocols were in place.

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 and information leaflet provided patients with information about the range of treatments available at the practice.

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. We were told of examples where staff had supported patients who were nervous about treatment.

The dental surgeries and waiting area were on the first floor which was not accessible for patients with access requirements. The practice had a hearing loop and reading glasses.

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 and social media page.

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. This included providing longer appointments to patients with additional needs. A text appointment reminder service was provided.

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, 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 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 had received 1 complaint within 12 months. We reviewed the complaint and saw the practice had responded to it appropriately. Where issues were raised informally these were reviewed and any learning discussed with staff. 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

There was established leadership and the provider had a commitment to peoples' safety and continually striving to improve. We found that systems and processes did not always support this commitment.

We identified shortfalls in relation to the practice's risk assessing, relating to fire which indicated that governance and oversight of the practice needed to be strengthened. Leaders reported that they had struggled to find time to complete governance related tasks due to incidences of short staffing. The practice had recently recruited additional staff.

Following our inspection, the provider submitted information addressing some of the shortfalls we identified demonstrating the providers commitment to improving the service.

Staff told us they felt supported by the leadership team and demonstrated a commitment to the ethos of the service.

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.

Staff discussed their training needs during annual appraisals and 1 to 1 meetings. 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. The provider supported and funded staff training. However, training in relation to the CBCT, for operating and reporting had not been completed.

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.

The processes for managing risks in relation to fire was not always clear and effective.

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.

Are services well-led?

Continuous improvement and innovation

The practice had systems and processes for learning, quality assurance, continuous improvement. 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>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>Regulation 17 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>How the Regulation was not being met</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> <ul style="list-style-type: none">• The management of fire safety was not effective. The 5 yearly electrical fixed wire testing had not been completed at the required date in 2022. At the time of inspection, the fixed wire testing completed in June 2023 stated the wiring was unsatisfactory.• The fire risk assessment had not been completed by a competent person and did not highlight all risks associated. In particular the use of an unsafe fire evacuation route and unsatisfactory fixed wire testing certificate.• Staff operating and reporting on CBCT scans did not have the appropriate training.