

Smile2Impress Clinics Ltd

Impress Sheffield

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 5 June 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 premises appeared visibly clean and well-maintained.
- The service had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies and had access to protocols to follow in event of a medical emergency.
- The service had systems to help them manage risk to people using the service, staff equipment and the premises.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures which reflected current legislation.

Summary of findings

- The clinical team prescribed and reviewed treatment in line with current guidelines.
- People receiving treatments were treated with dignity and respect and staff took care to protect their privacy and personal information.
- The appointment system worked efficiently to respond to peoples' needs.
- There were systems to monitor treatment outcomes.
- There was effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked as a team.
- Staff and people using the service were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The service had information governance arrangements.

Background

Impress Sheffield is part of Impress, a dental group provider. This report is about Impress Sheffield.

The practice provides private direct-to-consumer teeth aligner therapy for adults and children over the age of 13 years.

There is step free access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes a dentist, 2 dental nurses, a patient manager and a clinic manager.

A team of dentists and specialist orthodontists who work remotely also assist the on-site dentist to determine the suitability of the aligner treatment. For example, by reviewing oral scans and other information provided.

The practice has 2 treatment rooms.

During the inspection we spoke with the dentist, 2 dental nurses, the clinic manager and the registered manager. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Tuesday to Friday from 9am to 6pm

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

- Take action to implement any recommendations in the practice's Legionella risk assessment, taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices.

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.

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 scanning equipment and suites were cleaned after each scan.

A Legionella risk assessment had been carried out. We saw evidence of monthly hot and cold-water temperature testing and the appropriate management of the dental unit water lines. However, when we reviewed the risk assessment it was not clear if all of the recommendations had been actioned such as the removal of a dead leg. We were later sent evidence that this dead leg had been removed.

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. 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.

Risks to patients

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

Staff knew how to respond to a medical emergency and had access to procedures to follow. Staff completed training in how to deal with a medical emergency every year.

The practice had risk assessments to minimise the risk that could be caused from dental products that are hazardous to health. However, we noted that the domestic cleaning products did not have individual risk assessments and not all substances used within the practice were included. The registered manager told us these issues would be addressed and rectified.

Information to deliver safe care and treatment

Patient care records were complete, legible, kept securely and complied with General Data Protection Regulation requirements.

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.

Information including 3-dimensional intra-oral scans, photographs and detailed medical and dental histories were used by the dentist to assess and determine the suitability of the aligner treatments provided. Pre-treatment photographs were taken to help identify any issues which may need to be considered when planning treatment.

The dentist was provided with information and protocols to follow when making decisions about the proposed treatment. These included guidelines to determine where the aligner treatment was not suitable.

The provider had a software system to record the position of the teeth throughout the course of treatment to help assess its overall effectiveness.

Helping patients to live healthier lives

The practice provided preventive advice to ensure better oral health. This included details of the importance of maintaining good levels of oral hygiene during the aligner treatment. There were also details of this on the provider's social media page.

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 and made sure people using the service had enough time to explain treatment options clearly.

The intended benefits, potential risks and possible complications of aligner treatments were described within the consent documents. Information on the individual's responsibility to maintain and have follow-up dental care during and after aligner therapy was also included.

Monitoring care and treatment

The provider kept detailed dental care records in line with recognised guidance.

Treatment was monitored through a system using a mobile telephone device to take photos to assess progress with the aligner therapy. Patients could also access their prescribing dentist for advice or to discuss any issues with the treatment.

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

The service provided aligner treatment for mild or moderate misalignment of teeth. The dentist assessed an individual's suitability to determine if the treatment would be successful. Where treatment was not suitable, the dentist advised them of other options that may be available.

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.

We saw staff treated patients respectfully and kindly and were friendly towards patients in all areas of the practice.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

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.

Involving people in decisions about care and treatment

Staff described to us the methods they used to help people understand their proposed treatment

Staff helped people 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 information about the treatments provided.

Staff described to us the methods they used to help people understand their proposed treatment.

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.

The practice had made reasonable adjustments for people with access requirements. 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 social media page.

People could access care and treatment from the practice within an acceptable timescale for their needs.

The practice's website and answerphone provided telephone numbers for people needing advice during the working day and when the practice was not open.

Listening and learning from concerns and complaints

The practice had systems to respond to concerns and complaints appropriately. These would be discussed with staff to share learning and improve the service.

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 peoples' safety and continually striving to improve.

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 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.

There were 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.

The service 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 service 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

The provider gathered feedback from patients and demonstrated a commitment to acting on feedback. Recent patient feedback was positive about the quality of the service provided.

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

Are services well-led?

There were systems and processes for learning, quality assurance and continuous improvement. These included audits of patient care records and disability access. Staff kept records of the results of these audits and the resulting action plans and improvements. However, we noted that the patient care record audit was not clinician specific as the audit covered multiple sites. We discussed the benefits of making this audit clinician specific and we were assured this would be addressed and rectified.