Care Quality Commission

Smiles By Design Limited

Smiles by Design

Inspection Report

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Overall summary

We carried out this announced inspection on 31 October 2017 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 provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We told the NHS England Cheshire and Merseyside area team that we were inspecting the practice. We did not receive any information of concern from them.

To get to the heart of patients' experiences of care and treatment we always ask the following five 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:

Are services safe?

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

Are services effective?

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

Are services caring?

We found that this practice was providing caring services in accordance with the relevant regulations.

Are services responsive?

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

Are services well-led?

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

Background

Smiles by Design is in the centre of Chester and provides dental care and treatment to adults and children on an NHS and privately funded basis. The practice also provides dental sedation on a privately funded basis.

There is level access to facilitate entrance to the practice for people who use wheelchairs and for pushchairs. The practice has three treatment rooms. Car parking is available near the practice.

Summary of findings

The dental team includes a principal dentist, an associate dentist, a dental hygienist and four dental nurses. The team is supported by a practice manager, who is also a dental nurse.

The practice is owned by a company and as a condition of registration must have in place a person registered with the Care Quality Commission as the registered manager. Registered managers have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Smiles by Design is the principal dentist.

We received feedback from 15 people during the inspection about the services provided. The feedback provided was positive about the practice.

During the inspection we spoke to two dentists, dental nurses and the practice manager. We looked at practice policies, procedures and other records about how the service is managed.

The practice is open:

Monday to Thursday 8.30am to 5.00pm, (alternate Thursdays until 7.00pm)

Friday 8.30am to 4.00pm

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures in place which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medical emergency medicines and equipment were available.
- The practice had a procedure in place for dealing with complaints.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system took patients' needs into account. Dedicated emergency appointments were available.
- The practice had a leadership structure. Staff felt involved and supported.
- The practice asked patients and staff for feedback about the services they provided.
- Staff were supported to complete training appropriate to their roles. The practice did not effectively monitor recommended training to ensure this had been completed.
- The practice had staff recruitment procedures in place. The practice did not consistently follow these when recruiting staff.
- The practice had systems in place to help them manage risk. Risk management of staff Hepatitis B immunity status and sharps was not effective.

There were areas where the provider could make improvements and should:

- Review the practice's recruitment procedures to ensure they are in accordance with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, that the necessary employment checks are in place for staff and the required specified information in respect of persons employed by the practice is available.
- Review the practice's systems for assessing, monitoring and mitigating the various risks arising from the undertaking of the regulated activities, specifically in relation to 'sharps' and in relation to the monitoring of staff Hepatitis B immunity status.
- Review the practice's protocols for conscious sedation, taking into account current guidance on conscious sedation in dentistry.
- Review the practice's system for monitoring staff training to ensure staff are up to date with their recommended training and their continuing professional development.

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?

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

The premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had suitable arrangements for dealing with medical and other emergencies.

Staff followed procedures for the safe use of X-rays.

The practice had procedures in place to manage and reduce risks. We found that improvements to some of these could be made.

The practice had recruitment procedures in place. We found these were not always followed.

No action ✓

Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as excellent and tailored to their individual needs. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The practice supported staff to complete training relevant to their roles. We found that the practice did not carry out effective monitoring of staff training.

The practice had systems in place in relation to the provision of sedation. We observed that some aspects of the recognised guidance were not followed.

No action ✓

Are services caring?

We found that this practice was providing caring services in accordance with the relevant regulations.

Patients were positive about all aspects of the service. They told us staff were professional, caring and friendly. They said that they were given helpful explanations about dental treatment, and said their dentist listened to them.

Patients commented that staff made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality.

Patients said staff treated them with dignity and respect.

No action ✓

Summary of findings

Are services responsive to people's needs?

No action

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

The practice's appointment system took account of patients' needs. Patients could obtain an appointment quickly in an emergency.

Staff considered patients' individual needs and made reasonable adjustments to meet these. This included providing facilities for patients with disabilities. The practice had access to interpreter services and had arrangements in place to help patients with sight or hearing loss.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

Are services well-led?

No action

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

The practice had arrangements in place to ensure the smooth running of the service. These included systems for the practice team to review the quality and safety of the care and treatment provided.

Staff felt supported and appreciated and there was a management structure in place at the practice.

The practice team kept accurate patient dental care records which were stored securely. Staff were aware of the importance of confidentiality and protecting patients' personal information.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

On the day of the inspection the practice were open to feedback and took immediate action to address the concerns raised during the inspection. The provider sent evidence to confirm that some of the actions had been completed.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had procedures in place for reporting, investigating, responding to and learning from accidents, incidents and significant events. Staff told us there had never been a significant incident at the practice.

We discussed examples of significant events which could occur in dental practices and we were assured that should one occur it would be reported and analysed in order to learn from it, and improvements would be put in place to prevent re-occurrence.

The practice received national medicines and equipment safety alerts, for example, from the Medicines and Healthcare products Regulatory Agency. Relevant alerts were discussed with staff, acted on and stored for future reference.

Reliable safety systems and processes (including safeguarding)

The practice had safeguarding policies and procedures in place to provide staff with information about identifying, reporting and dealing with suspected abuse. Staff knew their responsibilities should they have concerns about the safety of children, young people or adults who are at risk due to their circumstances. We saw evidence to demonstrate that some of the staff had received safeguarding training. The practice had no evidence to demonstrate that safeguarding training had been carried out for four of the clinical staff. The day after the inspection the practice submitted evidence that safeguarding training had been carried out for two of these staff.

The practice had a whistleblowing policy in place. Staff told us they were confident to raise concerns without fear of recrimination.

We looked at the practice's arrangements for safe dental care and treatment. We saw that the dentists followed recognised guidance when providing root canal treatment.

The practice had a business continuity plan describing how the practice would deal with events which could disrupt the normal running of the practice.

Medical emergencies

Staff knew what to do in a medical emergency. We were provided with evidence that they completed training in medical emergencies and life support every year, with the exception of one member of staff. We observed that training had been completed to a higher level for the dental nurse who assisted with sedation.

The practice had emergency equipment and medicines available as recommended in recognised guidance. Staff carried out, and kept records of, checks to make sure the medicines and equipment were within their expiry dates and in working order.

Staff recruitment

The practice had staff recruitment procedures in place to help them employ suitable staff. These did not fully reflect the requirements of the relevant legislation. The day after the inspection the practice produced a checklist for use when recruiting staff which reflected all the requirements of the legislation. They sent us supporting evidence of this.

We looked at four clinical staff recruitment records. These showed the practice did not consistently follow their recruitment procedure. We saw that no photographic identification, no Disclosure and Barring Service, (DBS), check details, no employment references, no evidence of qualifications, and no employment history were available in one of these recruitment records. The day after the inspection the practice sent evidence of some of this information.

We observed that DBS certificates for two staff had been carried out some time prior to employment at the practice and by previous employers. We observed that no risk assessments were in place in relation to these staff.

Clinical staff were qualified and registered with the General Dental Council, where necessary.

Monitoring health and safety and responding to risks

The practice had an overarching health and safety policy in place, underpinned by several specific policies and risk assessments to help manage potential risk. These covered general workplace, for example, fire, and specific dental practice risks, for example, Legionella. Staff reviewed risk assessments regularly. We saw that the practice had put in place measures to reduce the risks identified in the assessments.

Are services safe?

The practice had a policy and risk assessment in place in relation to sharps. We saw that these identified the risks and set out measures to reduce the risks associated with the use of sharps as far as reasonably practicable. We observed that staff did not always adhere to the policy or follow the practice's protocols, for example, the policy required the user to dispose of used sharp instruments but this was not always taking place.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was identified. We saw that the practice did not always operate the system effectively. The practice had no information available to demonstrate that one of the clinical staff had received the Hepatitis B vaccination and no evidence to demonstrate the effectiveness of it for three clinical staff. The practice did not have a risk assessment in place in relation to staff working in a clinical environment when the effectiveness of the vaccination was unknown. The provider submitted evidence of the effectiveness of the vaccination for one of these staff the day after the inspection.

Dental nurses worked with each of the clinicians when they treated patients. We saw that the clinical staff had professional indemnity cover.

Infection control

The practice had an infection prevention and control policy and associated procedures in place to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in accordance with HTM 01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

Staff carried out infection prevention and control audits twice a year.

The practice had procedures in place, in accordance with current guidance, to reduce the possibility of Legionella or other bacteria developing in the water systems.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed this was usual.

Equipment and medicines

We saw servicing documentation for the equipment used in the practice. Staff carried out checks in accordance with the manufacturers' recommendations.

The practice had suitable systems for prescribing, dispensing and storing medicines.

The practice stored and kept records of NHS prescriptions in accordance with current guidance.

Radiography (X-rays)

The practice had arrangements in place to ensure X-ray procedures were carried out safely. They complied with current radiation regulations and had the required information available.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice carried out X-ray audits regularly following current guidance.

Where appropriate, staff completed continuing professional development in respect of dental radiography.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The dentists assessed patients' treatment needs in line with recognised guidance. The clinicians kept detailed dental care records containing information about patients' current dental needs, past treatment and medical history.

We saw that staff audited patients' dental care records to check that the clinicians recorded the necessary information.

Two of the staff were involved in the NHS area team initiative for developing and delivering training to other local NHS practices in particular subjects, for example, dementia, to help in improving health outcomes for patients.

The practice carried out intra-venous sedation for patients who were very nervous of dental treatment or who required complex dental treatment.

We found that the practice had put in place several effective governance systems to underpin the provision of conscious sedation. The governance systems supporting sedation included pre and post sedation treatment checks, emergency equipment requirements, personnel present, patient's checks including consent, monitoring of the patient during treatment, discharge and post-operative instructions, and staff training. The practice did not have governance systems in relation to sedation medicines management and sedation equipment checks. The principal dentist told us that sedation was carried out by a visiting anaesthetist and the equipment and medicines for sedation were supplied by the anaesthetist.

We found that patients were appropriately assessed for sedation. We saw dental care records which showed that all patients undergoing sedation had important checks carried out prior to sedation. A full assessment of health was carried out and measurements of blood pressure, body mass index, and oxygen saturation of the blood were made. We found that during the sedation procedure important checks were recorded at regular intervals. We were told that the checks were carried out using specialised equipment. The practice did not have evidence that the equipment was properly maintained. The principal dentist told us that appropriate equipment and medicines were available for the sedation procedures. We were unable to check the sedation equipment and medicines at the inspection as the anaesthetist brought this to the practice when sedation appointments were scheduled.

The anaesthetist involved in the sedation procedure were supported by appropriately trained dental nurses on each occasion. We were told appropriate sedation training had been carried out. We were provided with evidence of this for the dental nurse.

Health promotion and prevention

The practice supported patients to achieve better oral health in accordance with the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'. The dentists told us they prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them, and they discussed smoking, alcohol consumption and diet with patients during appointments.

Staffing

Staff new to the practice completed a period of induction based on a structured induction programme.

One of the dental nurses had undertaken enhanced skills training in radiography and had a qualification in dental sedation nursing.

The General Dental Council requires dental professionals to complete continuing professional development as a requirement of their registration. Staff told us the practice provided support and training opportunities to assist them in meeting the requirements of their registration and with their professional development. The practice did not monitor staff training to ensure essential and recommended training was completed in accordance with recognised guidance. The practice could not demonstrate that all staff had undertaken training in disinfection and decontamination, medical emergencies and life support, and safeguarding where relevant.

Working with other services

The dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included referring patients with suspected oral cancer in accordance with the current guidelines. The practice monitored urgent referrals to ensure they were dealt with promptly.

Are services effective?

(for example, treatment is effective)

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. Staff understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence. The dentists were aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Staff were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were welcoming, kind and obliging. We saw that staff treated patients kindly and with respect and were friendly towards patients at the reception desk and over the telephone.

Staff understood the importance of providing emotional support for patients who were nervous of dental treatment. Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

Patients could choose whether they saw a male or female dentist.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. Staff described how they avoided discussing confidential information in front of other patients. Staff told us that if a patient requested further privacy facilities were available. The reception computer screens were not visible to patients and staff did not leave patient information where people might see it.

Involvement in decisions about care and treatment

The dentists provided patients with information to help them make informed choices. Patients confirmed that staff listened to them, discussed options for treatment with them, and gave them time to think. The dentists described to us the conversations they had with patients to help them understand their treatment options.

The practice's website provided patients with information about the range of treatments available at the practice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Patients described high levels of satisfaction with the responsive service provided by the practice.

The provider had refurbished the reception area, waiting room and treatment rooms and had a plan in place for the refurbishment of the remaining areas of the practice.

The practice had an appointment system in place which took account of patients' needs. Staff told us that patients requiring urgent appointments were seen the same day.

We saw that the dentists tailored appointment lengths to patients' individual needs and patients could choose from morning, afternoon and evening appointments. Patients told us they had enough time during their appointment and did not feel rushed.

Tackling inequity and promoting equality

The practice had taken into consideration the needs of different groups of people, for example, people with disabilities. The practice had carried out a disability access audit and put in place reasonable adjustments to improve access, for example, clearer signage and a hearing induction loop. Larger print forms were available for patients on request, for example, medical history forms.

The practice was accessible to wheelchair users, with the exception of the toilet facilities. One of the treatment rooms was located on the ground floor.

Staff had access to interpreter and translation services for people who required them. The practice had arrangements in place to assist patients who had hearing impairment, for example, appointments could be arranged by email.

Access to the service

The practice displayed its opening hours on the premises and on their website.

Staff made every effort to keep waiting times and cancellations to a minimum.

The practice made every effort to see patients experiencing pain or other dental emergencies on the same day and had appointments available for this. The practice's website and answerphone provided contact details for patients requiring emergency dental treatment during the day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Concerns and complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. The practice manager was responsible for dealing with complaints and aimed to resolve these in-house where possible. Staff told us they raised any formal or informal comments or concerns with the practice manager to ensure the patient received a quick response.

We observed that information was available about organisations patients could contact should they not wish to complain to the practice directly or if they were not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received in the previous 12 months. We saw that the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Governance arrangements

The practice had systems in place to support the management and delivery of the service. Systems included policies, procedures and risk assessments to support good governance and to guide staff.

We observed that the systems for recruitment of staff and for the monitoring of staff training were not operating effectively.

We saw staff had access to suitable supervision and support for their roles and responsibilities.

The practice was a member of a practice certification scheme which promoted good standards in dental care.

The practice had information security arrangements in place and staff were aware of the importance of these in protecting patients' personal information.

Leadership, openness and transparency

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service.

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients should anything go wrong.

Staff told us they were encouraged to raise issues and they felt confident to do this. They told us the managers were approachable, would listen to their concerns and act appropriately.

The practice held regular meetings where staff could communicate information, exchange ideas and discuss updates. Where appropriate meetings were arranged to share urgent information.

Learning and improvement

The practice had quality assurance processes in place to encourage learning and continuous improvement. These included, for example, audits. We reviewed audits of dental care records, X-rays, infection prevention and control, waiting times, and appointment availability. Staff kept records of the results of these and produced action plans where necessary. We saw the auditing process was working well and resulted in improvements.

The practice was committed to improving and valued staff contributions. We saw evidence of learning from complaints and audits.

Practice seeks and acts on feedback from its patients, the public and staff

The practice had a system in place to seek the views of patients about all areas of service delivery through the use of patient surveys and the NHS Friends and Family Test. A summary of patient survey results were available for patients to read.

The practice gathered feedback from staff 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.