Smiles Made Here Of UK Limited

London Stratford

Inspection report

Unit 2052A, Montfichet Road
London
E20 1EJ
Tel:

Date of inspection visit: 24 November 2022
Date of publication: 30/12/2022

Overall summary

We carried out this announced comprehensive on 24 November 2022 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 adviser.

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 were visibly clean and well-maintained.
- The service had infection control procedures and cleanliness was maintained.
- Staff knew how to deal with medical emergencies and had access to procedures to follow.
- The service had systems to help them manage risk to people using the service and staff.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.

Summary of findings

- The provider had staff recruitment procedures which reflected current legislation.
- The clinical team reviewed and prescribed 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 took account of peoples' needs.
- 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

The provider has 13 locations and this report is about London Stratford.

London Stratford is in the London Borough of Newham and provides private direct to consumer aligner therapy for adults and children over the age of 12 years.

The premises (Smile Shop) is located within Westfield shopping centre and there is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for disabled people, are available. Accessible toilet facilities and baby changing facilities are available.

The Shop team includes 9 smile guides, 4 of whom are registered dental nurses, a shop manager and an assistant shop manager. The shop team are supported by an operations manager, who is the registered manager and a people and organisation manager.

A team of dentists who work remotely assess scans and other information provided to determine the suitability of the aligner treatment.

The practice has 4 scanning suites.

During the inspection we spoke with the shop manager, 2 smile guides, the people and organisation manager, the registered manager the organisations international vice president.

We looked at practice policies and procedures and other records about how the service is managed.

The practice is open between 10am and 9pm Monday to Saturday and between 12pm and 6pm on Sundays.

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 location 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 provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children. Information in relation to recognising and reporting concerns was available and accessible to all staff.

The provider had infection control procedures. There were additional procedures in relation to COVID-19 in accordance with published guidance.

We saw the premises were visibly clean and there was an effective cleaning schedule to ensure all areas were kept clean. The scanning suites were cleaned after each scan.

The provider 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 provider ensured equipment was safe to use and maintained and serviced according to manufacturers' instructions. The facilities were maintained in accordance with regulations.

A fire risk assessment was carried out in line with the legal requirements and the management of fire safety was effective.

Risks to patients

The provider had implemented systems to assess, monitor and manage risks to people using the service and staff. This included sepsis awareness and lone working.

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

Staff 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

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

Track record on safety, and lessons learned and improvements

There were systems for reviewing and investigating incidents and accidents. There were systems for receiving and acting on safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

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

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

The dentists were 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 was developing a software system to record the position of the teeth when treatment was completed and to help assess the overall effectiveness of the treatment given.

Consent to care and treatment

Staff obtained peoples' consent to care and treatment in line with legislation and guidance.

Staff 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. The consent information also included information on the individuals' responsibility to maintain and have follow-up dental care during and after aligner therapy.

Monitoring care and treatment

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

Treatment is monitored through a system of 60 and 90 day 'check in' to assess progress with the aligner therapy. People can also access their prescribing dentist for advice or to discuss any issues with the treatment.

People undergoing aligner therapy were provided with information on their responsibility to maintain and have follow-up dental care during and after aligner therapy.

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 provides aligner treatment for mild or moderate malocclusion of teeth. The dentists assessed a person's individual scan to determine if the treatment would be successful. Where treatment was not suitable the dentists advised them of other options that may be available through the individuals general dental practitioner.

Are services caring?

Our findings

We found this location 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.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

Staff password protected individuals' electronic care records and backed these up to secure storage. They stored paper records securely.

Involving people in decisions about care and treatment

Staff gave people 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 location 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 peoples' needs.

The provider had made reasonable adjustments for people with disabilities. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for people.

Timely access to services

The practice had an appointment system to respond to peoples' needs.

Listening and learning from concerns and complaints

The practice responded to concerns and complaints appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

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

Leadership capacity and capability

The provider demonstrated a transparent and open culture in relation to people's safety.

There was strong leadership and emphasis on continually striving to improve.

Systems and processes were embedded, and staff worked together in such a way that the inspection did not highlight any 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

The provider could show how they ensured high-quality sustainable services and demonstrated improvements over time.

Staff stated they felt respected, supported and valued.

Staff discussed their training needs during annual appraisals and one to one meetings. 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.

There were systems of clinical governance in place 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 provider had information governance arrangements and staff were aware of the importance of these in protecting peoples' personal information.

Engagement with patients, the public, staff and external partners

Staff gathered feedback from people who used the service and a demonstrated commitment to acting on feedback.

The provider 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.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records and disability access. Staff kept records of the results of these audits and the resulting action plans and improvements.