

# Practice name: Smile Dental Care

## Assessment report

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## Our findings

### Overall summary

We carried out this announced assessment on 13<sup>th</sup> July 2022. The assessment was led by a Care Quality Commission (CQC) inspector who was supported by a specialist dental adviser.

The CQC does not have statutory powers with regard to improvement action for services on the Isle of Man, and services on the island are not subject to CQC's enforcement powers. This assessment is one of a programme of assessments that the CQC is completing at the invitation of the Isle of Man Government's Department of Health and Social Care (IOMDHSC) in order to develop an ongoing approach to providing an independent regime of health and social care services delivered or commissioned by IOMDHSC and Manx Care.

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 assessment.

## **Our key findings were:**

- The practice appeared to be visibly clean and well-maintained.
- The service had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Not all the appropriate medicines and life-saving equipment were available, action was taken immediately to address this.
- The service had systems to help them manage risk to patients and staff. Improvements could be made to review the risks from sharps and systems to receive safety alerts.
- The service had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The service had staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The service had effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked as a team.
- The service asked staff and patients for feedback about the services they provided.
- The service dealt with complaints positively and efficiently.
- The service had information governance arrangements.

## **We found areas where the practice could make improvements. CQC recommends that the practice:**

- Improve the monitoring of prescriptions in the practice and ensure there are systems in place to track and monitor their use.
- Take action to ensure the system to ensure the availability of equipment in the practice to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.
- Improve the practice's sharps procedures to ensure the practice is in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Implement an effective system for receiving and responding to patient safety alerts, recalls and rapid response reports issued by the Medicines and Healthcare products Regulatory Agency, the Central Alerting System and other relevant bodies, such as Public Health Isle of Man.
- Ensure pressure vessels are certified in line with Health and Safety Executive guidance.
- Ensure amalgam separators are fitted in line with EU Regulations.

## **We have also identified areas we have escalated to the IOMDHSC.**

- Implement amalgam waste handling protocols to ensure the amalgam waste is disposed of, is in compliance with the relevant regulations and take into account the guidance issued in the Health Technical Memorandum 07-01.
- Review the need to undertake a 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, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.

## **Background to inspection**

Smile Dental care is in Ramsey and provides IOM NHS and private dental care and treatment for adults and children.

There is accessible access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for people with disabilities, are available near the practice.

The dental team includes two dentists, two dental nurses (one of whom is a trainee), a practice manager and the company compliance manager. The practice has two treatment rooms.

The practice is open; Monday – Friday 8:30 – 17:30

On the day of the assessment, we spoke with, one dentist, one dental nurse, the practice manager and three members of the Smile dental group compliance team. We looked at practice policies and procedures and other records about how the service is managed.

You can find information about how we carry out our assessments and inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>

## Is the service safe?

We found this practice was providing safe care in accordance with CQC's inspection framework.

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

Staff had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances and we were given examples of where staff had identified where vulnerable patients needed additional support. The service had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence staff had received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns.

The service had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication, within dental care records.

The service had an infection prevention and control policy and procedures. Staff completed infection prevention and control training and received updates as required.

The service had arrangements for transporting, cleaning, checking, sterilising and storing instruments. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. The service had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

The staff carried out Ultrasonic and manual cleaning of dental instruments prior to them being sterilised. We advised the service that manual cleaning is the least effective recognised cleaning method as it is the hardest to validate and carries an increased risk of injury from a sharp instrument.

The staff had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw staff had limited procedures to reduce the possibility of Legionella or other bacteria developing in the mains water systems, and there was no requirement for them to undertake a risk assessment. Records of dental unit water line management were maintained.

We saw effective cleaning schedules to ensure the practice was kept clean. When we carried out our assessment, we saw the practice was visibly clean and tidy.

The Isle of Man provided blanket waste management collection provision and the practice staff had policies and procedures in place to ensure clinical waste was segregated and stored appropriately. We were told there was no provision to remove waste dental amalgam from the Isle of Man. This had been escalated. We found the waste amalgam and capsules were stored safely.

The infection control lead carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

The service had a Speak-Up policy and staff felt confident they could raise concerns without fear of recrimination. The Isle of Man Government website also had guidance to support staff to speak up.

The dentists used dental dams in line with appropriate guidance when providing root canal treatment to patients. In instances where a dental dam was not used, for example refusal by the patient, and where other methods were used to protect the airway, we saw this was documented in the dental care record and a risk assessment completed. We identified this was latex only and no latex free alternative was available. This was ordered after the assessment.

The service had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. We looked at two staff recruitment records. These showed the practice staff had followed their recruitment procedure. There was a new application the group used to allow staff to upload all up to date certificates straight to their files to ensure everything was up to date.

We observed clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances.

A fire risk assessment was carried out for the whole building and stored centrally. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear.

Air compressor equipment was serviced annually. We found there was no provision on the Isle of Man to undertake pressure vessel inspections of compressor equipment unless the liability insurance had this as requirement of cover and the Health and Safety Executive states there is a duty to provide a safe workplace and safe equipment. We observed the compressor was leaking on the day of the assessment and was not kept in a secure location. Action was taken to address the leak and evidence was sent to support this. A new compressor was due to be fitted whereby, new secure housing would be fitted.

The practice had been gifted the dental equipment and had identified there was no amalgam separator in the practice in line with EU Regulations. This had been actioned and equipment was due to be installed to rectify this.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available.

We were shown evidence the dentists justified, graded and reported on the radiographs they took. The service carried out radiography audits every year following current guidance and legislation.

Clinical staff completed continuing professional development in respect of dental radiography.

### **Risks to patients**

The service had implemented systems to assess, monitor and manage risks to patient safety. The practice health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. The service had current employer's liability insurance.

We looked at the practice arrangements for safe dental care and treatment. The staff followed the relevant safety regulation when using needles and other sharp dental items. We noted this risk assessment did not cover the risks from all sharps in use at the practice. We were assured this would be reviewed and a copy was sent to CQC after the assessment.

The service had a system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

Staff had completed sepsis awareness training. Sepsis prompts for staff and patient information posters were displayed throughout the practice. This helped ensure staff made triage appointments effectively to manage patients who presented with a dental infection and where necessary refer patients for specialist care.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year.

Changes had recently been made to the provision of medical emergency equipment to ensure that emergency medicines were available as described in recognised guidance. We found staff kept records of their checks of these to make sure they were available, within their expiry date, and in working order. However, we found on the day of assessment needles required to administer adrenaline were not available. Staff took immediate action to address this and we saw evidence needles were available.

A dental nurse worked with the dentists when they treated patients in line with General Dental Council Standards for the Dental Team.

The service had an effective, accessible digital system to review all risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

### **Information to deliver safe care and treatment**

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at dental care records with clinicians to corroborate our findings and observed that individual records were typed and managed in a way which kept patients safe. Dental care records we saw were complete, legible, were kept securely.

The service had systems for referring patients with suspected oral cancer to help make sure patients were seen quickly by a specialist.

### **Safe and appropriate use of medicines**

The service had systems for appropriate and safe handling of medicines.

There was a stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

We saw staff stored and kept records of prescriptions as described in current guidance. We found inconsistencies in the records of prescriptions and found missing logs for four prescriptions. We were later sent evidence to show the prescriptions were accounted for.

The dentists were aware of current guidance with regard to prescribing medicines.

Antimicrobial prescribing audits were carried out annually. The most recent audit indicated the dentists were following current guidelines.

### **Track record on safety, and lessons learned and improvements**

The service had implemented systems for reviewing and investigating when things went wrong.

There were comprehensive risk assessments in relation to safety issues. Staff monitored and reviewed incidents. This helped staff to understand the potential risks and led to effective risk management systems in the practice as well as safety improvements.

In the previous 12 months there had been one safety incidents. Where there had been a safety incident, we saw this was investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again.

The service did not have an effective system for receiving and acting on safety alerts. We discussed this with the staff to review their process to monitor and distribute appropriate safety alerts.

## Is the service effective?

We found this practice was providing effective care in accordance with CQC's inspection framework.

### **Effective needs assessment, care and treatment**

The practice had systems to keep dental professionals up to date with current evidence-based practice. We saw clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

### **Helping patients to live healthier lives**

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

The dentists prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

The dentists where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided leaflets to help patients with their oral health.

The dentist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice, taking plaque and gum bleeding scores and completing detailed charts of the patient's gum condition.

Records showed patients with severe gum disease were recalled at more frequent intervals for review and to reinforce preventative advice.

### **Consent to care and treatment**

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

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentist gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this documented in patients' records. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice team understood their responsibilities when treating adults who might not be able to make informed decisions, and that children under 18 years of age may give consent for themselves in certain circumstances. Staff were aware of the need to consider this when treating young people.

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 dental care records containing information about the patient's current dental needs, past treatment and medical history. The dentists assessed patient's treatment needs in line with recognised guidance.

The service had quality assurance processes to encourage learning and continuous improvement. Staff kept records of the results of these audits, the resulting action plans and improvements.

### **Effective staffing**

Staff had the skills, knowledge and experience to carry out their roles.

Staff new to the practice had a structured induction programme. We confirmed clinical staff completed the 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.

The dentist confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide.

## **Is the service caring?**

We found this practice was providing caring services in accordance with CQC's inspection framework.

### **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

Staff were aware of their responsibility to respect people's diversity and human rights. We saw staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

Information folders, patient survey results and thank you cards were available for patients to read.

### **Privacy and dignity**

Staff respected and promoted patients' privacy and dignity.

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. If a patient asked for more privacy, the practice would respond appropriately. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

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.



- Interpreter services were available for patients who did not speak or understand English. We saw notices in the reception areas, written in languages other than English, informing patients that translation services were available. Patients were also told about multi-lingual staff that might be able to support them.
- Staff communicated with patients in a way they could understand, and communication aids and easy-read materials were available.

Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

Staff gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

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

The dentist described to us the methods they used to help patients understand treatment options discussed. These included photographs, study models and X-ray images of the tooth being examined or treated and shown to the patient/relative to help them better understand the diagnosis and treatment.

## Is the service responsive?

We found this practice was providing responsive care in accordance with CQC's inspection framework.

### **Responding to and meeting people's needs**

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

Staff were clear about the importance of emotional support needed by patients when delivering care. They conveyed a good understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty.

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

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment.

The practice had made reasonable adjustments to support disabled patients. This included step free access, a hearing loop and an accessible toilet with handrails and a call bell.

### **Timely access to services**

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

The practice displayed its opening hours in the premises and included it in their information leaflet and on their website.

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were offered an appointment the same day. Patients had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the assessment and patients were not kept waiting.



The staff took part in an emergency on-call arrangement with all other local practices and patients were directed to the appropriate out of hours service. This was also published on the Isle of Man Government website.

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 closed. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

### **Listening and learning from concerns and complaints**

Staff told us the practice manager took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The service had a policy providing guidance to staff about how to handle a complaint. The practice information leaflet explained how to make a complaint.

The practice manager was responsible for dealing with complaints. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients could receive a quick response.

The practice manager aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice manager had dealt with their concerns.

We looked at comments, compliments and complaints the practice had received in the past 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

## **Is the service well-led?**

We found this practice was providing well-led care in accordance with CQC's inspection framework.

### **Leadership capacity and capability**

We found leaders had the capacity, values and skills to deliver high-quality, sustainable care.

Leaders were knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them.

Leaders at all levels were visible and approachable. Staff told us they worked closely with them to make sure they prioritised compassionate and inclusive leadership.

We saw the service had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

The service had a strategy for delivering the service which was in line with health and social priorities across the Island. Staff planned the services to meet the needs of the practice population.

### **Culture**

The practice had a culture of high-quality sustainable care.

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

Staff discussed their training needs at an annual appraisal/one to one meetings/ during clinical supervision. They also discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

The staff focused on the needs of patients.

We saw the service had systems in place to deal with staff poor performance.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints.

Staff could raise concerns and were encouraged to do so. They had confidence these would be addressed.

### **Governance and management**

Staff had clear responsibilities, roles and systems of accountability to support good governance and management.

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 knew the management arrangements and their roles and responsibilities.

The service had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed regularly.

The practice was part of a corporate group which had a support centre where teams including human resources, finance, clinical support and patient support services were based. These teams supported and offered advice and updates to the practice when required.

We saw there were clear and effective processes for managing risks, issues and performance. The assessment highlighted some additional minor risks...

### **Appropriate and accurate information**

Staff acted on appropriate and accurate information.

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

The service had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

### **Engagement with patients, the public, staff and external partners**

Staff involved patients, the public, staff and external partners to support the service. The service used patient surveys/comment cards/encouraged verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients/staff the practice had acted on.

Patients were encouraged to complete the Friends and Family Test. This is a national programme to allow patients to provide feedback about the services they have used. The 20 reviews we saw were either good or very good, there was only one comment which highlighted some feedback.

The service 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 upon.

### **Continuous improvement and innovation**

The service had systems and processes for learning, continuous improvement and innovation.

The service had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements. We highlighted the radiography audit could be more in depth in line with guidance.

The team showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

Staff completed 'highly recommended' training as stated in the General Dental Council professional standards. The service supported and encouraged staff to complete continuing professional development.