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Cheltenham Dental Spa & Implant Clinic

Inspection Report

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Date of inspection visit: 4 April 2017

Date of publication: 30/05/2017

Overall summary

We carried out this announced inspection on 4 April 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 and a second CQC inspector who were supported by a specialist dental adviser.

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

We found this practice was not providing well-led care in accordance with the relevant regulations.

Background

Cheltenham Dental Spa and Implant Clinic is in Cheltenham and close to the town centre and provides private treatment to patients of all ages.

The practice is not accessible to patients with disabilities and they have an arrangement with another local dental practice to see patients who cannot access the practice. Car parking is in nearby public car parks. There is a local bus service directly outside the practice.

Summary of findings

The dental team includes four dentists, one qualified dental nurse and three trainee dental nurses, one dental hygienist a practice manager and a receptionist. The practice has two treatment rooms.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of inspection we collected 11 CQC comment cards filled in by patients and spoke with three other patients. This information gave us a positive view of the practice.

During the inspection we spoke with one dentist, the qualified dental nurse and two trainee dental nurses, the receptionist and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday & Thursday 9.00am – 5.00pm; Tuesday 9.00am – 6.00pm; Wednesday & Friday 9.00am - 7.00pm. The practice operates an out-of-hours emergency service available until 9.00pm during weekdays and 9.00am-5.00pm Saturdays and Sundays. Details of the call out fees are on the website.

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures which mostly reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had some systems to help them manage risk but they were not operated effectively.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice staff recruitment procedures were not always thorough and did not fully meet the regulatory requirements.
- 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.
- The appointment system met patients' needs.
- The practice had limited leadership with some governance systems but they were not operated effectively.
- Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.
- Several audits to assess and monitor the service had been completed but few actions taken to address shortfalls and no clear action plans.

We identified regulations the provider was not meeting. They must:

- Ensure the proper and safe management of medicines.
- Ensure systems and processes are effectively operated to assess, monitor and improve the quality and safety of services provided.
- Ensure systems and process to manage infection prevention and control follow current legislative guidance including environmental cleaning.
- Ensure staff involved in the provision of conscious sedation have the relevant training, competence and skills to do so safely.
- Ensure risks relating to health and safety and welfare are assessed monitored and mitigated where possible in accordance with current guidance and legislation.
- Ensure records relating to the management of regulated activities are maintained and stored in accordance with record keeping guidance.
- Ensure all required checks are completed in accordance with legislation prior to staff commencing work in the practice.

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?

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

The practice had some systems and processes to provide safe care and treatment however they were not effectively operated. They used learning from incidents and complaints to help them improve.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

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

Staff were qualified for their roles but the practice had not completed essential recruitment checks for all staff employed.

Premises and equipment appeared clean and well maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice was using a safe sharps system as required by legislation for the safety of staff and patients.

The practice had not formally reviewed risk assessments for example fire and health and safety and had not implemented all required actions for the safety of the practice.

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 the very best; fantastic staff who look after us well; wonderful with friendly patient care which relaxes you. 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 but had limited systems to monitor this. Staff providing intravenous sedation had not completed all the required training for this.

No action



Are services caring?

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

No action



Summary of findings

We received feedback about the practice from 14 people. Patients were positive about all aspects of the service the practice provided.

They told us staff were the best; polite and friendly; care was delivered with professionalism and sensitivity. They said they were given helpful, honest explanations about dental treatment; and said their dentist listened to them. Patients commented they made them feel at ease, especially when they were anxious about visiting the dentist.

We saw staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

Are services responsive to people's needs?

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

The practice appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. They were unable to provide facilities for disabled patients and families with children. The practice had access to telephone interpreter services and had arrangements 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.

No action 

Are services well-led?

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).

The practice had limited management arrangements for the running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. The management structure was ineffective, however staff felt supported and appreciated.

The practice team kept patient dental care records which were not always clearly written.

The practice undertook some monitoring of clinical and non-clinical areas of their work but had not acted upon results to help them improve and learn. They listened to the views of patients and staff and acted upon them.

Requirements notice 

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff, acted on and stored for future reference.

Reliable safety systems and processes (including safeguarding)

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances.

The practice 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 practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

We looked at the practice arrangements for safe dental care and treatment.

Risk assessments had been completed but where risks had been identified actions to mitigate some risk had been taken but not all. For example the fire risk assessment had identified another fire exit was required in 2015 and no action had been taken to ensure the door to this exit was a fire door with a push bar opening. The door in place was locked and bolted into the floor and ceiling which would not be suitable for a swift exit.

The infection control systems were not well managed relating to risk for example one autoclave was not validated to ensure its efficacy of sterilising instruments. The provider decommissioned this equipment with immediate effect.

Risk assessments had not been reviewed every year. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

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

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year. Staff providing intravenous sedation had not completed their intermediate life support training as recommended by the Society for Advancement of Anaesthesiology. The provider took immediate action and the member of staff has been booked to attend the appropriate training.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order.

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ staff but this did not reflect the relevant legislation. We looked at four staff recruitment files. These showed the practice had not followed the legally required recruitment procedure. In one file the medical history form was not named, dated or signed. In another file a Disclosure and Barring Service check from the previous employment had been accepted when in legislation it was not portable.

We saw in two files no references had been obtained

The practice had a probationary system in operation however in one file we saw this had not been completed despite the probationary period having been completed.

We saw in three of the four files staff immunisation records did not contain current relevant information and were not dated or signed to demonstrate staff's immune status to Hepatitis B. We saw for one member of clinical staff they had commenced a course of immunisation against Hepatitis B but no risk assessment had been completed to identify and mitigate risks until immunisation status complete.

Are services safe?

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

Monitoring health & safety and responding to risks

The practice health and safety policies and risk assessments were not up to date and had not been reviewed to help manage potential risk. These covered general workplace and specific dental topics.

For example the fire risk assessment had been completed in August 2015 and had highlighted significant risks. While some of these had been addressed others had not and there were no plans to do so in the near future. One of these was a second fire exit from the building which did not have an appropriate fire exit door and there was no floor plan available as part of the assessment.

The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

A dental nurse worked with the dentists and dental hygienists when they treated patients.

Infection control

The practice had an infection prevention and control policy which was out of date and had last been reviewed in 2014. They had procedures to keep patients safe but they did not always follow guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. For example one of the autoclaves in use was not being validated.

Staff were unsure if they had completed infection prevention and control training annually and were unable to find evidence of training. In discussion with the lead nurse she demonstrated a good knowledge of the essential requirements as set out in HTM01-05. The trainee nurses spoken with had some knowledge and understanding of the essential standards as set out in HTM01-05.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05.

The records showed equipment used for cleaning and sterilising instruments was maintained and used in line

with the manufacturers' guidance; exception being one of the autoclaves which was un-validated to ensure its efficacy. The provider immediately decommissioned it and sought to obtain alternative equipment.

The practice had a separate decontamination room. We noted there was no airflow through the room. We also saw the decontamination room was in an unobserved patient area and was not locked.

The practice was using a safe sharps system for the disposal of needles in accordance with current legislation.

The practice carried out an infection prevention and control audit however it was not possible to evidence they were twice a year as required. The latest audit in January 2017 had failed to identify the following which we observed during the inspection.

For example the cleaning equipment was not stored in accordance with national guidance. There was no annual statement in relation to infection prevention control as required under The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance. The principal dentist assured us they would take action immediately to complete one.

The practice had some procedures to reduce the possibility of Legionella or other bacteria developing in the water systems. The practice showed us documentary evidence they last had a risk assessment completed in 2011 and were monitoring the water temperatures. We observed the temperatures did not always fall within the recommended parameters. Subsequent to the site visit the provider supplied us with information to demonstrate this had been addressed.

The provider also told us a more recent Legionella risk assessment had been completed in 2015 however this evidence was not shown to us during the inspection. The dental water lines were maintained to prevent the growth and spread of Legionella bacteria (Legionella is a term for particular bacteria which can contaminate water systems in buildings); staff described the method they used which was in line with current HTM 01 05 guidelines.

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

Equipment and medicines

Are services safe?

We saw servicing documentation for some but not all the equipment used. Staff carried out checks in line with the manufacturers' recommendations.

The dentists used the on-line British National Formulary to keep up to date about medicines. The batch numbers and expiry dates for local anaesthetics were recorded in patient dental care records.

The practice had a policy regarding the dispensing, recording, use and stock control of the medicines used in clinical practice and for intravenous sedation. The system in place for the management of medicines, prescribing and supplying of antibiotics and pain relief, was not robust and should be reviewed to ensure responsible management of medicines.

We asked the practice manager to show us the system for checking the amount of medicines in the practice and how they were supplied to patients. Documentary evidence seen showed there was no robust audit trail of medicines entering and leaving the practice to ensure safe management.

We were shown medicines were dispensed into an appropriately labelled container but were given to the patient with a practice summary sheet about the medicine and not a manufacturer's patient leaflet as required in law.

We discussed the management of medicines with the practice manager who told us they would take action to implement an appropriate system.

Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.

We saw evidence the dentists justified, graded and reported upon the X-rays they took. The practice carried out X-ray audits every year following current guidance and legislation.

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

We saw the practice had audited patients' dental care records to check that the dentists recorded the necessary information. The results had identified shortfalls and the principal dentist planned to conduct a re-audit soon to check improvements had been made.

The practice carried out conscious sedation for patients who would benefit. This included patients who were very nervous of dental treatment and those who needed complex or lengthy treatment. The practice had systems to help them do this safely. These were mostly in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015. We noted the sedationist had not completed intermediate life support training as recommended in the guidance.

The practice systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training. They also included patient checks and information such as consent, monitoring during treatment, discharge and post-operative instructions.

The practice assessed patients appropriately for sedation. The dental care records showed that patients having sedation had important checks carried out first. These included a detailed medical history, blood pressure checks and an assessment of health using the American Society of Anaesthesiologists classification system in accordance with current guidelines. The records showed that staff recorded important checks at regular intervals. These included pulse, blood pressure, breathing rates and the oxygen saturation of the blood.

Health promotion & prevention

The practice believed in preventative care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children based on an assessment of the risk of tooth decay for each child.

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

Staffing

Staff new to the practice had a period of induction based on a structured induction programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals.

Working with other services

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 under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. The practice monitored urgent referrals to make sure they were dealt with promptly.

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 consent policy included information about the Mental Capacity Act 2005. The team 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 and the dentists and dental nurses were aware of the need to

Are services effective?

(for example, treatment is effective)

consider this when treating young people under 16 years.
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 we spoke with were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were compassionate, efficient and helpful. We saw staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Nervous patients said staff were compassionate and understanding. 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 area did not provide privacy when reception staff were interacting with patients. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. We observed they did not store all paper records securely as sedation records were in an unlocked area in the office.

Music was played in the treatment rooms and there were magazines in the waiting rooms. The practice provided drinking water, tea and coffee.

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

Involvement in decisions about care and treatment

The practice gave patients clear information to help them make informed choices. Patients confirmed 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.

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

The practice's website provided patients with information about the range of treatments available at the practice. These included general dentistry and treatments for gum disease and more complex treatment such as oral surgery and specialist orthodontic treatments.

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 practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Staff told us they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. Staff described an example of a patient who found it unsettling to wait in the waiting room before an appointment. The team kept this in mind to make sure the dentist could see them as soon as possible after they arrived.

Promoting equality

Due to the architecture of the building and its listed status the practice had been unable to make adjustments for patients with disabilities to access the building except up the steps. Within the practice reasonable adjustments had been made that included step free access, a hearing loop, an accessible toilet with hand rails and a call bell.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to interpreter/translation services.

Access to the service

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

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day and kept some appointments free for same day appointments. The 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 confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Concerns & complaints

The practice had a complaint 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 these. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager told us they 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 dealt with their concerns.

We looked at comments, compliments and complaints the practice received within the last 12 months. There had been no complaints in that period. We were shown the system the practice would use to respond to concerns appropriately and discuss outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Governance arrangements

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice manager who was responsible for the day to day running of the service left immediately prior to the inspection. Staff knew the management arrangements and their roles and responsibilities.

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. Many of these had not been formally reviewed and did not reflect current guidance.

Actions had been taken to address some of the risks identified as evidenced on the day of inspection. There were no formal records and audit trail to demonstrate actions taken; those outstanding and a timeframe for action to address these. There were few arrangements in place to monitor the quality of the service and make improvements.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. Records seen relating to the governance of the practice had not always been signed and dated for accountability purposes.

Leadership, openness and transparency

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

Staff told us there was an open, no blame culture at the practice. They said the principal dentist encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the principal dentist was approachable, would listen to their concerns and act appropriately.

The principal dentist discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information.

Learning and improvement

The practice had few quality assurance processes to encourage learning and continuing improvement. We saw two audits of dental care records which showed poor results and no action plan to address the shortfalls.

The infection prevention and control audit undertaken had failed to identify a number of key issues relating to the essential requirements. Where the practice told us they had taken action it was not possible to evidence this and they had no clear action plans with time frames to address audit shortfalls.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The whole staff team had an annual appraisal. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff files.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuing professional development. Staff told us the practice provided support and encouragement for them to do so. We observed trainee dental nurses were currently undertaking a training course and told us they felt supported.

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

The practice used comment cards and verbal comments to obtain staff and patients' views about the service. We saw feedback from the website and their social media page and noted all patients had found the practice to be excellent and no suggestions for improvement. The 11 CQC comment cards corroborated this information.

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>The registered person did not have effective systems in place to ensure the regulated activities at Cheltenham Dental Spa were compliant with the requirements of Regulations 4 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• The provider did not effectively assess the risk of, and prevent detect and control the spread of infection• The provider did not ensure all staff providing intravenous sedation were appropriately trained to manage medical emergencies that may arise.• The provider had not ensured the management and supply of medicines was robust and aligned to current legal requirements.• The provider did not have effective governance systems in place which assessed, monitored and improved the quality and safety of services provided.• The provider did not have effective systems in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients and others.• Records relating to the management of regulated activities were not created and, amended appropriately in accordance with current guidance.