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U Smile Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 19 July 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.

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

U Smile Dental Practice is in Luton and provides private treatment to patients of all ages.

There is level access for people who use wheelchairs and pushchairs. Car parking spaces are available in front of the practice, and road parking nearby.

The dental team includes one dentist, one dental nurse and one receptionist. The dental nurse and receptionist had very recently joined the practice at the time of our inspection. The practice has two treatment rooms.

Summary of findings

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 13 CQC comment cards filled in by patients. This information gave us a positive view of the practice.

During the inspection we spoke with all of the staff. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday to Saturday from 9 am to 5 pm.

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures which mostly reflected published guidance.
- Most medicines and life-saving equipment were available in line with published guidance.
- The practice had systems to help them manage risk, but was not always following the highlighted recommendations.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice did not have thorough 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.
- The appointment system met patients' needs.
- The practice had effective leadership. Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.

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

- Review the practice's sharps procedures and ensure the practice is in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Review the practices' current Legionella risk assessment and implement the required actions taking into account guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and have regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.'
- Review practice's recruitment procedures to ensure that appropriate background checks are completed prior to new staff commencing employment at the practice.
- Review the practice's system for documentation of actions taken, and learning shared, in response to incidents with a view to preventing further occurrences and ensuring that improvements are made as a result.

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 practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

The dentist had received training in safeguarding; other staff had not. Staff knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice completed some essential recruitment checks.

Premises and equipment were clean. Some equipment was not properly maintained, improvements were made in this regard following the inspection. The practice mostly followed national guidance for cleaning, sterilising and storing dental instruments.

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

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 caring, informative and considerate. 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.

No action



Are services caring?

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

We received feedback about the practice from 13 people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly, polite and professional. They said that they were given detailed information about dental treatment, and said their dentist listened to them and took the time to answer their questions. Patients commented that they 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



Are services responsive to people's needs?

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

No action



Summary of findings

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

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice did not have access to interpreter services; however staff spoke five languages between them.

The practice took patients views seriously. They valued compliments from patients and had systems in place to respond to concerns and complaints quickly and constructively.

Are services well-led?

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

The practice had some arrangements to ensure the smooth running of the service. There was a clearly defined management structure and the newly appointed practice team felt supported and appreciated.

The practice team kept complete patient dental care records which were, clearly written or typed and stored securely.

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.

No action



Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice did not have adequate systems in place to report, investigate, respond and learn from accidents, incidents and significant events. The practice had an accident book which did not contain a recent entry. There was no system or policy in place to report and learn from significant incidents. Staff informed us that any incidents were discussed informally across the small team. Following the inspection the practice implemented a significant event policy which had been signed by staff and indicated that significant incidents would be reported and analysed going forward and that each significant event would be scrutinized for learning opportunities to prevent re-occurrence.

The practice did not receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Following the inspection we were sent evidence that the dentists had signed up to receive these alerts.

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 that the dentist had received safeguarding training and was aware that the new staff required training. This had not been arranged at the time of the inspection. Following the inspection we were sent evidence that the practice had enrolled for online training so that safeguarding training could be completed by all staff.

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 reprimand.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The practice did not use

'safety sharps'; the dentist took sole responsibility for disposing of sharps. 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 with events which could disrupt the normal running of the practice.

Medical emergencies

Clinical staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support. The trainee dental nurse had started at the practice two days before the inspection and told us they had completed training at her previous practice within the last year.

Emergency equipment and medicines were available as described in recognised guidance with the exception of portable suction which was purchased following the inspection. We also found that the oro-pharyngeal airways had not been kept sterile. These were replaced immediately following the inspection. Staff kept records of their checks to make sure these were available, within their expiry date and in working order.

Staff recruitment

The practice did not have a staff recruitment policy and procedure to help them employ suitable staff. We looked at three staff recruitment files. These showed that the practice had not sought references for either the receptionist or the dental nurse (although the dentist stated that a verbal reference was obtained for the receptionist). We were told that applications for Disclosure and Barring Service (DBS) checks for the dental nurse and receptionist had been sent, we were not shown evidence of these and no risk assessment had been documented in the interim. The dental nurse had started at the practice two days prior to the inspection.

Following the inspection the practice implemented a new recruitment policy and checklist to ensure that they met regulation in this regard. We were also sent a risk assessment to be used by the practice whilst awaiting DBS checks for staff.

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

Are services safe?

Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. A fire risk assessment had been completed by an external contactor a few days prior to the inspection. This had highlighted some areas for action. The dentist was in the process of addressing the actions and had arranged for the external contactor to carry out the requirements within the practice. This included serviceing of the fire alarm system and acquisition of additional fire extinguishers. Following the inspection we received evidence that these had been completed.

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 dentist when they treated patients.

Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance, with the exception of the ultrasonic cleaner. The practice was not carrying out regular tests on this piece of equipment. Following the inspection we were sent evidence that testing kits had been purchased. The ultrasonic cleaner was used in addition to the process of manual cleaning which was carried out in line with guidance. The guidance only stipulates that one or the other need be used, therefore the risk was mitigated somewhat.

We observed some loose items within the drawers in surgery which were at risk of becoming contaminated from aerosol, given their proximity to the dental chair. Following the inspection we were sent evidence that these had been addressed.

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

The practice had a Legionella risk assessment which had been carried out in 2011. The practice were not carrying out the recommendation to test the water temperatures monthly to reduce the possibility of Legionella or other bacteria developing in the water systems. They were not flushing and disinfecting the dental unit water lines in line with guidance. Following the inspection the practice immediately confirmed that the water temperatures were in line with the recommendations of the risk assessment and they began disinfecting and flushing the dental unit water lines at appropriate intervals.

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

The practice kept details of the immune status of clinical staff in respect of Hepatitis B. For the trainee dental nurse they had a record of vaccinations, but not a blood test to confirm the vaccinations had resulted in immunity. The practice had not put in place a risk assessment in respect of the fact that their immunity could not be assured. This risk assessment was implemented following the inspection.

Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations with the exception of the air compressor and ultrasonic bath. We were shown evidence following the inspection that the air compressor had been tested on 1 August 2017 and had achieved a 'pass'.

The practice had systems for prescribing, dispensing and storing medicines; however they were not following the required labelling standards as set out in schedule 26 of the Medicines for Human Use Regulations. Following the inspection the practice implemented a new policy which was in line with the above regulation.

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.

Are services safe?

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

Clinical staff completed continuous 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 that the practice audited patients' dental care records to check that the dentists recorded the necessary information.

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.

The dentists told us 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.

Free toothbrushes and toothpaste were available on the premises for patients.

Staffing

Staff new to the practice had a period of induction which was informal, this involved going through the practice processes and policies. We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council.

We were told that staff would receive annual appraisals, but at the time of the inspection had only recently joined the practice. The dentist had completed a comprehensive self-assessment and personal development plan.

Working with other services

The dentist 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 had a range of comprehensive consent forms for different treatments.

The team mostly understood their responsibilities under the Mental Capacity Act when treating adults who may not be able to make informed decisions and in the circumstances where a child may be able to consent for themselves (termed Gillick competence) although there was scope to ensure that staff were given the opportunity to extend their knowledge and understanding of their responsibilities. A new practice policy pertaining to Gillick competence was implemented following the inspection.

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 professional, kind and polite. We saw that staff treated patients respectfully and were friendly towards patients at the reception desk and over the telephone.

Nervous patients said staff were compassionate and understanding.

Staff were aware of the importance of privacy and confidentiality. 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. Some paper records were stored away from patient areas, but could be

accessed by contractors working at the premises after normal working hours. We raised this with the dentist who assured us these areas would be immediately secured. We received photographic evidence following the inspection that this was now the case.

There were magazines and a television in the waiting room.

Involvement in decisions about care and treatment

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

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 dental implants.

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

Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access, spacious treatment rooms on the ground floor, an accessible toilet and car parking spaces in front of the practice.

Staff said that they did not have access to an interpreter service; however we found that five languages were spoken between the staff. These were stated on the practice website.

Access to the service

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 endeavoured to arrange an appointment. Out of hours the practice

operated an answerphone service which was manned by the dentist who would be able to give advice over the telephone. Arrangements could be made to see patients outside of hours if the urgency warranted this.

Patients that had undergone oral surgery or dental implant surgery were given post-operative instructions which included the dentist's mobile telephone number for use in an emergency.

The website provided the telephone number 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 complaints policy providing guidance to staff on how to handle a complaint. They had comprehensive templates for use in the event of a complaint to ensure that any complaint was dealt with appropriately and in a timely manner. The practice had not received any complaints in the year preceding our inspection.

The practice did not have a policy on complaints for patients. There was no information available which detailed the practice commitment to handling complaints or gives patients contact details for external agencies to which they could escalate complaints should they remain dissatisfied. Following the inspection this was implemented and displayed in the practice.

The dentist told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these.

Are services well-led?

Our findings

Governance arrangements

The principal dentist had overall responsibility for the management and clinical leadership of the practice. 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. Staff had signed to state that they understood the policies. We noted that in certain circumstances the practice procedure was not consistent with their policy. For example: the equipment policy stated that the compressor would be tested every two years which we found was not the case. Annual servicing of the compressor was implemented following the inspection.

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

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 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 dentist was approachable, staff were confident they would listen to their concerns and act appropriately.

The practice did not hold formal meetings where staff could raise any concerns and discuss clinical and non-clinical updates. However, staff told us that as a very small team all matters were discussed freely across all staff.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, X-rays and infection prevention and control. The radiography and record keeping audits had clear records of the results and the resulting action plans and improvements. The infection control audits did not analyse overall results. Following the inspection the practice retrospectively analysed the results from the last audit and arranged for a re-audit to confirm they were meeting standards.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. We were told the whole staff would be having annual appraisals once they had been at the practice longer. The dentist had completed a comprehensive self-appraisal and personal development plan.

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 continuous professional development.

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

The practice used patient surveys and verbal comments to obtain staff and patients' views about the service. We saw patient surveys going back many years which the dentist had read, but not formally analysed or acted upon. Following the inspection we were sent a template which would be used for formal analysis of patient surveys going forward.