

Dr. Fereydoon Shenاس

# Dr Shenاس Dental Clinic

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 25 November 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

#### **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** Dr Shenاس Dental Clinic provides private dental services. The opening hours for the practice were Monday to Friday 8.00am to 5.30pm.

The premises consist of a treatment rooms, that encompasses the decontamination, a waiting areas and reception area.

The practice comprises of a principal dentist, a dentist, a nurse and a receptionist.

The principal dentist is registered with the Care Quality Commission (CQC) as an individual registered person. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

During the inspection we asked patients to complete CQC comment cards and we spoke to patients on the day of the inspection. We received feedback from 14 patients. The patients who provided feedback were positive about the care and treatment they received at the practice. They told us they were involved in all aspects of their care and found the staff to be caring and helpful and they were treated with care, dignity and respect.

#### **Our key findings were:**

- There were effective processes in place to reduce and minimise the risk and spread of infection.
- Patients' needs were assessed and care was planned in line with current guidance such as from the National Institute for Health and Care Excellence (NICE) Patients were involved in their care and treatment planning.

# Summary of findings

- There was appropriate equipment for staff to undertake their duties and equipment was well maintained.
- Staff were trained in and there was appropriate equipment for them to respond to medical emergencies.
- Patients told us that staff were caring and treated them with dignity and respect.
- Patients indicated that they felt they were listened to and that they received good care from a helpful and caring practice team.
- There were processes in place for patients to give their comments and feedback about the service including making complaints and compliments.

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

- Review the practice's system for the recording, investigating and reviewing incidents or significant events with a view to preventing further occurrences and, ensuring that improvements are made as a result

- Review the protocol for completing accurate, complete and detailed records relating to employment of staff.
- Review staff awareness of the requirements of the Mental Capacity Act (MCA) 2005 and ensure all staff are aware of their responsibilities under the Act as it relates to their role.
- Review its responsibilities as regards to the Control of Substance Hazardous to Health (COSHH) Regulations 2002 and, ensure all documentation is up to date and staff understand how to minimise risks associated with the use of and handling of these substances.
- Review availability of medicines and equipment to manage medical emergencies giving due regard to guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.

# 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.

There were systems in place to help ensure the safety of staff and patients. These included policies for safeguarding children from abuse, maintaining the required standards of infection prevention and control and maintenance of equipment used at the practice.

The practice assessed risks to patients and managed these well. We found that staff were trained and there was appropriate equipment to respond to medical emergencies. In the event of an incident or accident occurring, the practice had a system in place to document, investigate and learn from it. However, improvements could be made in regards the recording of incidents. Improvements could also be made in regards to the recording of character references for staff.

No action



### Are services effective?

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

The practice followed guidance, such as that issued by National Institute for Health and Care Excellence (NICE). Patients were given appropriate information to support them to make decisions about the treatment they received. The practice kept detailed dental care records of treatments carried out and monitored any changes in the patient's medical and oral health. Patients were given health promotion advice appropriate to their individual oral health needs such as smoking cessation advice where appropriate.

Staff were supported by the practice in maintaining their continuing professional development (CPD) and were meeting the requirements of their professional registration. However improvements could be made in regards to understanding of the MCA.

No action



### Are services caring?

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

The patient feedback we received was very positive about the service provided by the practice. We observed that staff treated patients with dignity and respect. We found that dental care records were stored securely, and patient confidentiality was well maintained.

No action



### Are services responsive to people's needs?

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

Patients had good access to routine and emergency appointments at the practice. There was sufficient well maintained equipment to meet the dental needs of their patient population. Patients were given the opportunity to give feedback through the practices own feedback from patients through social media. There was a complaints policy.

No action



# Summary of findings

## Are services well-led?

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

There was a vision for the practice that was shared with the staff. Staff told us they felt supported and were clear about their areas of responsibility.

Staff told us regular meetings were held to discuss issues in the practice and update on things affecting the practice.

The quality audits undertaken at the practice included infection control and radiography audits.

No action



# Dr Shenاس Dental Clinic

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We carried out an announced comprehensive inspection on 25 November 2016. The inspection was led by a CQC inspector. They were accompanied by a dental specialist advisor.

During the inspection we asked patients to complete CQC comment cards. We received feedback from 14 patients. We also spoke with three members of staff. We reviewed the policies, toured the premises and examined the cleaning and decontamination of dental equipment.

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 therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had a process around reporting and discussion of incidents. We saw there was a system in place for learning from incidents. Staff told us this would mainly be through team meetings if an incident ever occurred. Staff were able to describe the type of incidents that would be recorded and the incident logging process. There had been one adverse incident over the past 12 months and it had been dealt with appropriately. However improvements could be made in regards to the details of incidents that the practice recorded. For example the incident logged in the book did not contain some significant information that the provider verbally told us about the incident. We pointed this out to the provider and they told us they would provide more detail in future and would review the incident logging process.

Staff we spoke with understood the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). Staff were able to describe the type of incidents that would need to be recorded under these requirements. There had been no RIDDOR incidents over the past 12 months

Staff understood the importance of the Duty of Candour and the need to inform the patients affected of any relevant incidents [Duty of candour is a requirement under The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 on a registered person who must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity].

### Reliable safety systems and processes (including safeguarding)

The principal dentist was the safeguarding lead and staff knew who they should go to if they had a safeguarding concern. There was a safeguarding policy that had last been reviewed in November 2016. The practice had details of what should be considered abuse and the practice was aware of the relevant people to contact in the local safeguarding team if they had any safeguarding concerns. Staff were aware of who to report safeguarding concerns to and had a basic understanding of safeguarding issues. Staff had undertaken safeguarding training.

The practice had a system in place for receiving and responding to patient safety alerts issued from the Medicines and Healthcare products Regulatory Agency (MHRA). The principal dentist told us they reviewed the information received and discussed with staff if relevant. .

The practice had safety systems in place to help ensure the safety of staff and patients. This included for example having a COSHH (Control of Substances Hazardous to Health, 2002 Regulations) file, infection control protocols and risk assessments. However improvements could be made to the COSHH file as there were some substances used by the practice that were not in the COSHH file. For example a number of the products used to clean the practice had not been included in the file. We pointed this out to the provider and they told us they would review the file.

Risk assessments had been undertaken for issues affecting the health and safety of staff and patients using the service. This included for example risks associated with use of equipment, blood and Legionella [Legionella is a bacterium found in the environment which can contaminate water systems in buildings].

During our visit we found that the dental care and treatment of patients was planned and delivered in a way that ensured patients' safety and welfare. During the course of our inspection we checked dental care records to confirm the findings. Dental care records contained patient's medical history that was obtained when patients first registered with the practice and was updated when they returned. The dental care records we saw were well structured and contained sufficient detail enabling another dentist to know how the patient was being treated safely.

The practice used rubber dam for root canal treatments in line with current guidance. [A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured].

### Medical emergencies

There were arrangements in place to deal with on-site medical emergencies. Staff had received basic life support

# Are services safe?

training which included cardiopulmonary resuscitation (CPR) training. The practice had a medical emergency kit which included emergency medicines and equipment in line with Resuscitation Council (UK) and British National Formulary guidance. The kit contained the recommended medicines. We checked the medicines that were in the kit and we found that all the medicines were within their expiry date. The emergency equipment included an automated external defibrillator (AED), in line with Resuscitation Council UK guidance. (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm). However glucagon was kept in the fridge but no records of the temperature were kept to ensure that it was being stored at the correct temperature. The practice had oxygen but did they were not aware of the expiry date for it and this information was not recorded on the cylinder. The oxygen cylinder was not full, when we asked staff about this they told us this was because the nurse who carried out the checks let out a bit of the oxygen every time they checked the cylinder. Staff told us this was the only way to carry out checks on the cylinder. The provider told us they would order a new oxygen cylinder and start a record of temperature for the fridge. Before the end of the inspection we found the provider had acted upon both these issues.

## Staff recruitment

The practice had a policy for the safe recruitment of staff. In order to reduce the risks of employing unsuitable staff the provider is required to complete a number of checks. They must obtain a full employment history, check the authenticity of qualifications, obtain references, including one from the most recent employer, and complete an up to date Disclosure and Barring Service (DBS) checks. We saw that the provider had satisfactorily carried out most of the necessary required checks for staff who worked in the practice. However, we found that two staff files did not contain references. When we asked the principal dentist about this they told us that they had taken verbal references, but not recorded them. They told us they would record references appropriately in the future.

## Monitoring health & safety and responding to risks

The practice had arrangements in place to deal with foreseeable emergencies. A Health and Safety Policy was in place. The practice had a risk management process which was updated and reviewed to ensure the safety of patients

and staff members. We saw risk assessments for fire, legionella and health and safety. The assessments included the controls and actions to manage risks. For example an October 2016 risk assessment of blood **and saliva had highlighted the importance of the practice having appropriate PPE.**

## Infection control

The practice had an infection control policy that outlined the procedure for issues relating to minimising the risk and spread of infections. This included procedures for clinical waste management and use of personal protective equipment. The practice had followed the guidance on decontamination and infection control issued by the Department of Health namely, Health Technical Memorandum 01-05: Decontamination in primary care dental practices. The nurse was the infection control lead. There was a flow from dirty to clean areas to minimise the risks of cross contamination.

Staff gave a demonstration of the decontamination process which was in line with HTM 01-05 published guidance. This included cleaning in an ultrasonic cleaner and using an illuminated magnifying glass to visually check for any remaining contamination (and re-washed if required); placing in the autoclave, instruments were pouched and sterilised on vacuum cycle; pouches removed from autoclave, then expiry date stamped on.

Staff told us about the daily, weekly and monthly checks that were carried out on equipment used in the practice including the autoclave, to ensure they were working effectively. We saw records that confirmed these checks were carried out.

We saw evidence that staff had been vaccinated against Hepatitis B to protect patients and themselves from the risks of contracting the infection. (People who are likely to come into contact with blood products, or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of blood borne infections.)

There was a contract in place for the safe disposal of clinical waste which was collected monthly.

A Legionella risk assessment had been completed by an external organisation in July 2016 and the results were negative for bacterium.

Environmental cleaning was carried out by practice staff.

# Are services safe?

## Equipment and medicines

We found the equipment used in the practice was maintained in accordance with the manufacturer's instructions. This included X-ray equipment and the equipment used to clean and sterilise the instruments. Portable appliance testing (PAT) had been carried out in June 2016. The practice were awaiting the documents that could confirm this from the company that carried out the checks. We saw evidence of the tests that were carried out in (PAT is the name of a process where electrical appliances are routinely checked for safety).

The practice had clear guidance regarding the prescribing, recording and stock control of the medicines used in the practice.

## Radiography (X-rays)

The principal dentists were the Radiation Protection Supervisors (RPS). An external organisation covered the role of Radiation Protection Adviser (RPA). The practice kept a radiation protection file in relation to the use and maintenance of X-ray equipment. There were suitable arrangements in place to ensure the safety of the equipment. The local rules relating to the equipment were held in the file. Evidence was seen of radiation training for staff undertaking X-rays. A comprehensive radiography audit had been undertaken in January 2016.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

Patients' needs were assessed and care and treatment was delivered in line with current guidance. This included following the National Institute for Health and Care Excellence (NICE) for example in regards to recalls.

During the course of our inspection we spoke with the principal dentist and checked dental care records to confirm the findings. We saw evidence of comprehensive, detailed assessments that were individualised. This included having an up to date medical history, details of the reason for visit, medical alerts, and details of examinations undertaken, options discussed and treatment plans.

Information about the cost of treatment and some information of treatment options available were in the waiting areas on posters and leaflets.

### Health promotion & prevention

Patients' medical histories were updated regularly which included questions about smoking and diet. Appropriate advice was provided by staff to patients based on their medical histories. We saw they provided preventive advice on oral health and alcohol consumption where appropriate.

### Staffing

Staff told us they had received appropriate professional development and training and the records we saw reflected this. The practice maintained a programme of professional development to ensure that staff were up to date with the latest practices.

### Working with other services

The practice worked, where appropriate with other professionals in delivering care of their patients. This included for example referrals for complex endodontics and orthodontics. Dental care records we looked at contained details of the referrals made and information that was shared between the practice and the referring organisations. The records showed the practice worked well with other services.

### Consent to care and treatment

Patients who used the service were given appropriate information and support regarding their dental care and treatment. We received feedback from 14 patients. Patients said they were given clear treatment options which were discussed in an easy to understand language by practice staff. Patients understood and consented to treatment. This was confirmed when we checked dental care records and noted evidence that dentists discussed treatment options including risks and benefits, as well as costs with patients.

Staff we spoke with showed some understanding of how they would support a patient who lacked the capacity to consent to dental treatment. They explained how they would involve the patient and carers to ensure that the best interests of the patient were met and showed a general understanding of the principals of the Mental Capacity Act (MCA) 2005. (MCA 2005 provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves). However, some staff we spoke with did not have a good understanding of MCA capacity issues. None of the staff at the practice had received formal training on the requirements for the Mental Capacity Act.

# Are services caring?

## Our findings

### **Respect, dignity, compassion & empathy**

The feedback we received from patients was positive. Staff were described as caring and helpful. Patients said staff treated them with dignity and respect during consultations. We observed staff interaction with patients and saw that staff interacted well with patients, speaking to them in a respectful and considerate manner.

### **Involvement in decisions about care and treatment**

The practice displayed information in the waiting areas that gave details of fees. Information of fees was also available on their website. We spoke with the principal dentist, a nurse, and the receptionist on the day of our visit. There was a culture of promoting patient involvement in treatment planning which meant that all staff ensured patients were given clear explanations about treatment. Staff told us that treatments, costs, risks and benefits were discussed with each patient to ensure that patients understood what treatment was available so they were able to make an informed choice.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### **Responding to and meeting patients' needs**

The practice had a system in place to schedule enough time to assess and meet patients' needs. Staff told us there was enough time to treat patients, and that patients could generally book an appointment in good time to see a dentist. There were arrangements in place for out of hours appointments. These arrangements were advertised on the practice telephone answering machine and in a practice leaflet.

### **Tackling inequity and promoting equality**

The practice had recognised the needs of different groups in the planning of its services. Staff at the practice spoke a number of different languages. They told us that it was very rare for them to get patients who could not speak English. If such a patient came to the practice, and spoke a language not spoken by the practice staff, they would arrange for an interpreter. The practice had undertaken a disability audit. The practice was not accessible to patients with mobility problems. They had contact details of accessible practices that they could refer patient to.

### **Access to the service**

The opening hours for the practice were Monday to Friday 8.00am to 5.30pm.

We saw there were arrangements for emergency appointments. There were out of hours arrangements in place to deal with emergencies that took place when the practice was closed; these were advertised on the practice telephone answer machine.

### **Concerns & complaints**

The practice had effective arrangements in place for handling complaints and concerns. There was a complaints policy, and information for patients about how to complain was available in the reception area. The policy had last been reviewed in November 2016. The policy included contact details of external organisations that patients could contact if they were not happy with the practice's response to a complaint. This included the General Dental Council. There had been no complaints in the last year.

# Are services well-led?

## Our findings

### **Governance arrangements**

The provider had governance arrangements in place for the effective management of the service. There were procedures in place including health and safety, and infection control. There was a clear management structure in place with identified staff leading on specific roles such as on infection control and safeguarding. Staff told us they felt supported and were clear about their areas of responsibility. Staff told us regular meetings were held to discuss issues in the practice and update on things affecting the practice. Staff we spoke with confirmed that meetings took place and we saw notes of these meetings. For example we saw that complaints handling was discussed during a January 2016 meeting.

The quality audits undertaken at the practice included infection control, radiography audits and waste disposal audits. Improvements could be made as the practice did not carry out record keeping audits.

### **Leadership, openness and transparency**

Staff we spoke with said they felt the owner of the practice was open and transparent. Staff told us they were comfortable about raising concerns with the owner. They felt they were listened to and responded to when they did so. They described the culture encouraged candour, openness and honesty.

### **Learning and improvement**

Staff told us they had access to training. There was a system in place to monitor staff training to ensure essential training was completed each year. Staff working at the practice were supported to maintain their continuing professional development (CPD) as required by the General Dental Council (GDC).

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

The practice had gathered feedback from patients the practice's own survey forms and through reviews left on social media. We saw the results of an October 2016 survey completed by 19 patients. It found all the patients surveyed were happy with the service provided.