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Signature Smile Dental Surgery

Inspection report

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Overall summary

We carried out this announced focused inspection on 26 July 2022 under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered practice was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a Care Quality Commission (CQC) inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we usually ask five key questions, however due to the ongoing COVID-19 pandemic and to reduce time spent on site, only the following three questions were asked:

- Is it safe?
- Is it effective?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

- The dental clinic was visibly clean and well-maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk to patients and staff.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which reflected current legislation.

Summary of findings

- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff felt involved and supported and worked as a team.
- The dental clinic had information governance arrangements.

Background

Signature Dental Surgery is in Woodford in the North East London Borough of Redbridge. They provide private dental care and treatment for adults and a small percentage of children.

There is a small step to access the practice so access for those people who use wheelchairs and pushchairs is not possible without a ramp. Ample paid car parking spaces, including dedicated parking for disabled people, are available near the practice.

The dental team includes the principal dentist who is a specialist in oral surgery, a qualified dental nurse and two part-time receptionists. The practice has one treatment room, an x-ray room, combined reception/waiting area and a separate decontamination room.

During the inspection we spoke with the dentist and the dental nurse. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open Monday to Thursday 9am to 6pm and Friday 9am to 1pm. Outside of these hours, patients are advised to telephone the practice out of hours mobile number for emergency care and treatment.

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

- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the College of General Dentistry.
- Improve the practice protocols regarding auditing patient dental care records to check that necessary information is recorded.
- Improve the practice's processes for the control and storage of substances hazardous to health identified by the Control of Substances Hazardous to Health Regulations 2002, to ensure risk assessments are undertaken and the products are stored securely.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	No action ✓
Are services effective?	No action ✓
Are services well-led?	No action ✓

Are services safe?

Our findings

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

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

The practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.

The practice had infection control procedures which reflected published guidance. The practice maintained the additional procedures which were implemented in relation to the COVID-19 pandemic in accordance with published guidance.

The practice had procedures to minimise the risk of Legionella or other bacteria developing in water systems, in line with a risk assessment.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

We saw the practice was visibly clean and there was an effective cleaning schedule to ensure the practice was kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation.

Clinical staff were qualified, registered with the General Dental Council and had professional indemnity cover. We noted the clinician had appropriate indemnity to reflect the nature of dental cases undertaken.

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

A fire risk assessment was carried out in line with the legal requirements and the management of fire safety was effective. Fire drills were carried out at regular intervals.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. This included annual inspection of the cone beam computed tomography equipment (CBCT). We also saw that the provider had received Levels 1 and 2 training in the use of CBCTs.

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety, building safety, display screen equipment and sepsis awareness.

Emergency equipment and medicines were available and checked in accordance with national guidance.

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

The practice had completed risk assessments for some of the harmful substances that are hazardous to health. However, we saw that substances including antibacterial hand gels and cleaning products were not risk assessed. Furthermore, safety data sheets were not available for all substances.

Information to deliver safe care and treatment

The practice maintained computerised dental care records and we observed that they were kept securely and complied with General Data Protection Regulation requirements.

Are services safe?

The practice had effective systems for managing patients with suspected oral cancer under the national two-week wait arrangements.

Safe and appropriate use of medicines

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

The provider dispensed antimicrobials and had a stock control system in place to ensure medicines did not pass their expiry date and enough medicines were available if required. They told us that prescribed antimicrobials were documented in the patients' dental care records.

The practice did not routinely audit the use of their antimicrobial prescribing at regular intervals.

Track record on safety, and lessons learned and improvements

The practice had implemented systems for reviewing and investigating incidents and accidents.

The practice had a system for receiving and acting on safety alerts. The provider told us that they would document the system issues which impacted the service on the day of the inspection as a significant event.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

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

We saw the provision of dental implants was done in accordance with national guidance.

We saw that the performing clinician had undergone appropriate training in the provision of dental implants. The equipment used during implant procedures had received annual calibration in line with the manufacturer's guidance.

Helping patients to live healthier lives

The practice told us they provided preventive care and supported patients to ensure better oral health, for example, they discussed alcohol consumption and smoking cessation.

Consent to care and treatment

The policy which underpinned consent was in line with legislation and guidance.

Staff had completed training in Mental capacity, and they understood their responsibilities under the Mental Capacity Act 2005.

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

At the inspection of 26 July 2022, the inspection team was unable to review individual dental care records because of system issues with the computer software. We had conversations with the dentist around record keeping and based on their responses we found that they understood the expected record keeping standards.

Additionally, the team reviewed the practice clinical records policy which state that they adhered to "principle 4 of the GDC Standards" and that patients could expect their records to be up to date, complete, clear, accurate and legible. The provider told us that the practice kept detailed dental care records in line with recognised guidance. Improvements could be made to audit dental care records at regular intervals.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits following current guidance and legislation.

Effective staffing

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

We reviewed recruitment records for newly appointed staff and saw that they had received a structured induction. We also looked at training information and found that clinical staff completed 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.

Are services effective?

(for example, treatment is effective)

The dentists confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide, for example, those presenting with mild to moderate periodontitis were referred to the periodontist.

Are services well-led?

Our findings

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

Leadership capacity and capability

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

We found most systems and processes were embedded, and staff worked together in such a way that the inspection did not highlight any major issues or omissions.

The information and evidence presented during the inspection process was clear and well documented.

We saw the practice had effective processes to support and develop staff with additional roles and responsibilities.

Culture

The practice had a mission statement which was to "provide high quality dental care by appropriately trained staff and ensure that patients are involved in decisions about their care."

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

Staff discussed their training needs during formalised annual appraisals, ongoing one to one meetings and during clinical supervision. They also discussed learning needs, general wellbeing and aims for future professional development.

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals.

Governance and management

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

The practice 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 on a regular basis.

We saw there were clear processes for managing risks, issues and performance.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

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

Staff password protected patients' electronic care records and backed these up to secure storage.

Engagement with patients, the public, staff and external partners

The provider used patient surveys and encouraged verbal comments to obtain staff and patients' views about the service. The most recent patient survey completed in January 2022 found that patients were happy about the continuity of care provided by the clinician and that they were good at explaining tests and treatments to them. Patients answered that the dentist was very good at treating them with care and concern. One area for development was patient would like the provider to consider opening on weekends. We saw that the results of surveys were analysed, summarised and used to drive improvements.

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Are services well-led?

he complaints policy and procedures were in line with recognised guidance and there was a lead member of staff for managing complaints.

Continuous improvement and innovation

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

These included audits of; disability access, radiographs and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.