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# Perfect Teeth

## Inspection Report

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### Overall summary

We carried out this announced inspection on 1 April 2019 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 not providing well-led care in accordance with the relevant regulations.

##### **Background**

Perfect Teeth is in the London Borough of Enfield and provides NHS and private treatment to adults and children.

There is access for people who use wheelchairs and those with pushchairs.

The dental team includes the principal dentist, two associate dentists, one hygienist, two dental nurses, one receptionist and a practice manager.

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.

# Summary of findings

On the day of inspection, we collected 21 CQC comment cards filled in by patients.

During the inspection we spoke with the two associate dentists, two 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 to Friday 9am to 5pm

## **Our key findings were:**

- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had 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.
- Staff were providing preventive care and supporting patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The practice dealt with complaints positively and efficiently.

- The practice's infection control arrangements required improvement in areas.
- Risks arising from Legionella had not been suitably identified and mitigated.
- The practice had not carried out a Disability Access audit.
- The practice had not asked patients for feedback about the services they provided.
- The practice had ineffective systems to help them assess, monitor and manage risks relating to undertaking of the regulated activities at the time of this inspection, though they showed willingness to address the concerns we identified during the inspection.
- A fire risk assessment had not been completed.

We identified regulations the provider was not complying with. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

## **Full details of the regulations the provider was not meeting are at the end of this report.**

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

- Review its responsibilities to respond to meet the needs of patients with disability and the requirements of the Equality Act 2010.

# 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.

Dental equipment had been regularly serviced.

The practice had arrangements for dealing with medical and other emergencies

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

The practice had infection control processes, though these required improving in areas.

Staff were qualified for their roles. The provider had carried out key recruitment checks for staff, though checks of conduct in previous employment, and checks of evidence of suitable immunity against Hepatitis B, had not been carried out for some staff.

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.

The provider supported staff to complete training relevant to their roles and had systems to help them monitor this.

The dentists discussed treatment with patients so they could give informed consent. We found the quality of a sample of dental care records from the recent domiciliary visits we checked required improvement.

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 21 people. Patients were positive about all aspects of the service the practice provided. They told us staff were kind and helpful and commented that they made them feel at ease.

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.

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

No action



# Summary of findings

Staff discussed how they would manage patients with enhanced needs, though they had not completed a Disability Access Audit.

The practice had an effective process in place to help them respond to complaints.

## Are services well-led?

We found that 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 Requirements Notice section at the end of this report).

There was not a clearly defined management structure although staff we spoke with felt supported and appreciated. They worked well as a team.

The practice manager worked hard to ensure an open, inclusive and supportive working culture within the team

We found the provider could make improvements. They had not suitably assessed, monitored or mitigated risks relating to:

- Use of single use items
- Risks arising from Legionella had not been suitably identified and mitigated.
- The lack of fire risk assessment by a competent person, and the lack of management of known health and safety risks.
- Some dental care records we checked were not complete.

We also noted that infection control audits had not been carried out in the last 12 months

Requirements notice 

# Are services safe?

## Our findings

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

The practice had clear systems to keep patients safe. Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the Care Quality Commission (CQC).

The practice had a system to highlight vulnerable patients on records e.g. adults and children where there were safeguarding concerns, people with enhanced learning needs or a mental health condition, or those who required other support such as with mobility or communication.

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

The dentists used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The provider had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice.

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. We checked seven staff recruitment records. These showed the practice carried out key background checks for staff.

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

The practice had ensured that equipment was maintained according to manufacturers' instructions. We saw records confirming the servicing, maintenance and regular checks of these appliances had taken place. However, the five-year

fixed electrical wire safety check had not been carried out. The practice manager sent evidence the following day to show this had been booked to take place the following week.

Records showed that fire detection equipment, such as smoke detectors, were regularly tested and firefighting equipment, such as fire extinguishers, were regularly serviced.

The practice had suitable arrangements to ensure the safety of the radiography equipment. They had the required information in their radiation protection file.

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

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

### **Risks to patients**

The practice had employer's liability insurance.

The practice had systems to assess, monitor and manage risks to patient safety, though we found these were not always effective.

A fire risk assessment had not been completed by a competent person; the practice manager had carried out regular fire risk assessments using a template. We were informed by the practice, shortly after the inspection that a fire risk assessment was completed by a fire contractor, though the assessment report was pending.

The staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been completed.

The provider had checked that all clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus. They had checked the effectiveness of the vaccination for all but one clinical member of staff.

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

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks.

# Are services safe?

A dental nurse worked with the dentists when they treated patients in line with the GDC's Standards for the Dental Team. We were told that the hygienist did not always have a chair-side support. A risk assessment for when the dental hygienist worked without chairside support had not been undertaken. Shortly after the inspection the practice sent us evidence showing that they had addressed the related risks.

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

The provider did not have suitable arrangements for transporting, sterilising and storing dental instruments in line with guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Single use burs were being reused.

The practice appeared clean in most areas. However, we noted that:

- Cabinetry and wall coverings in the decontamination room were damaged in areas. Several surfaces were not impervious, which would prevent them from being cleaned and disinfected suitably. Cabinetry in the clinical rooms were lightly damaged and not impervious.
- There was exposed pipework in some clinical areas.
- Single use items such as rose head burs were being reused.

The practice had not carried out infection prevention and control audits in the last 12 months

The practice had systems in place to ensure that work was disinfected prior to being sent to a dental laboratory and before treatment was completed.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems. However, recommendations in the Legionella risk assessment had not been actioned and records of water testing were not in place.

There were cleaning schedules for the premises. However, colour coded mops and buckets were not stored appropriately. They were stored outside the back of the practice and were not under any shelter. This was rectified immediately by the practice manager.

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

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

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

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

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

The dentist was aware of current guidance with regards to prescribing medicines.

The practice stored and kept records of NHS prescriptions as described in current guidance.

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

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

There were comprehensive risk assessments in relation to safety issues. The practice monitored and reviewed incidents. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

In the previous 12 months there had been one safety incident. The incident was investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again in the future.

There was no system for receiving and acting on national alerts related to equipment and medicine safety alerts. This was actioned immediately and we were assured the practice was now receiving the relevant alerts.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

We saw that clinicians assessed patients' needs. The dental clinicians we spoke with described to us how they kept themselves up to date with current evidence-based practice.

### Helping patients to live healthier lives

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

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

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

The dentists we spoke with described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients preventative advice, taking plaque and gum bleeding scores, recording detailed charts of the patient's gum condition and referring them to the in-house periodontal specialist wherever appropriate.

### Consent to care and treatment

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

The practice team understood the importance of obtaining patients' consent to treatment. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice had a policy that 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. They also had a policy giving staff guidance on Gillick competence,

the precedent by which a child under the age of 16 years of age may give consent for themselves. The staff we spoke with were aware of the need to consider this when treating young people under 16 years of age.

Staff described how they involved patients and their relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

### Monitoring care and treatment

We checked a sample of dental care records to confirm our findings. We found records contained information about the patients' current dental needs, past treatment and medical histories. However, improvements were required to ensure records from domiciliary visits to residents in care homes included relevant key information about the diagnosis and treatment.

### Effective staffing

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

Staff new to the practice had a period of induction based on a structured programme.

We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Staff discussed their training needs during informal discussions, appraisals and clinical supervision. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

### Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver care and treatment. The dentist we spoke with confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

The practice had systems to identify, manage, follow up and where required refer patients for specialist care when presenting with dental infections. The practice also had systems for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by the National Institute for Health and Care Excellence (NICE) in 2005 to help make sure patients were seen quickly by a specialist.



# Are services caring?

## Our findings

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

Staff treated patients with kindness, respect and compassion. They were aware of their responsibility to respect people's diversity and human rights. They treated patients with kindness and respect, and were friendly towards patients at the reception desk and over the telephone.

We received feedback from 21 patients. They commented positively that staff went out of their way to make them feel comfortable. They told us staff were caring and professional.

Patients who shared with us their anxieties about visiting the dentist told us staff made them feel calm and at ease.

Information was available for patients to read in the waiting area.

### **Privacy and dignity**

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of the reception and waiting areas provided privacy when reception staff were dealing with patients. If a patient asked for more privacy, staff could take them into another room. The computer screens at the reception desk were not visible to patients, and staff did not leave patients' personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up daily to secure storage. They stored paper records securely.

### **Involving people in decisions about care and treatment**

Staff helped patients to be involved in decisions about their care. Staff spoke a variety of languages to help support patients who could not understand or speak English.

The practice gave patients clear information to help them make informed choices about their treatment. Patients who completed comment cards confirmed that staff listened to them, did not rush them and discussed options for treatment with them to help them make an informed decision. Patients who completed comment cards told us their questions were answered clearly. The dentist we spoke with described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice's website and information leaflet in the practice provided patients with information about the range of treatments available at the practice.

The dentist we spoke with described to us the methods they used to help patients understand treatment options discussed. These included, for example, photographs, models, and radiograph images.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

Staff were clear on the importance of emotional support needed by patients when delivering care.

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

Staff described how they would support patients with enhanced needs. For example, they told us they could communicate in writing with patients who had hearing difficulties, and they could provide documents in larger print if needed.

The practice had not completed a Disability Access Audit to determine how they could continually improve access for patients. Staff told us there were limitations to making the premises more accessible due to its layout and listed status.

### Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs. The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment could be seen on the same day.

The practice displayed its opening hours in the premises, and on their website. Their answerphone provided a telephone number for patients needing emergency dental treatment when the practice was not open.

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

### Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The practice had a policy providing guidance to staff on how to handle a complaint. There was also information available to patients about how to make a complaint.

The practice manager was responsible for dealing with complaints; they aimed to settle complaints in-house and promptly. Information was available about organisations patients could contact if they were not satisfied with the way the practice dealt with their concerns.

We checked one complaint the practice received in the last 12 months and found the patients' concerns had been responded to appropriately and in a timely manner. The practice manager told us they discussed outcomes of complaints with relevant staff to share learning and improve the service.

# Are services well-led?

## Our findings

### Leadership capacity and capability

Staff told us the principal dentist and practice manager were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

### Vision and strategy if applicable

Staff described a vision to provide high quality care to patients. This included giving them good advice, putting their interests first, giving them as many options for treatment as possible, explaining treatments and costs fully, and not making them feel pressurised.

### Culture

The practice had an open, inclusive culture that was focused on good team working, well-being and communication. They had processes in place to manage behaviour that was not in line with their culture and values.

Staff we spoke with stated they felt respected, supported and valued. They appeared proud to work in the practice. They told us that they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.

Staff showed openness, honesty and transparency when responding to complaints. They were aware of, and had systems to ensure compliance with, the requirements of the Duty of Candour.

### Governance and management

The principal dentist had overall responsibility for the clinical leadership of the practice. The practice manager was responsible for the management and day to day running of the service.

The provider 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.

There were some processes for managing risks, issues and performance. However, we found the provider had not suitably assessed, monitored or mitigated risks relating to:

- Infection control arrangements.
- Legionella.
- The lack of fire risk assessment by a competent person, and the lack of management of known health and safety risks.
- Incompletely maintained dental care records.
- 

Staff shared with us challenges the practice had faced due to staffing pressures.

### Appropriate and accurate information

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

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

The practice did not have any processes such as for example undertaking surveys to obtain patients' views about the service.

### Continuous improvement and innovation

The practice had limited arrangements in place to help monitor and improve the quality of care and treatment. This related to ensuring that audits in relation to infection control were complete and accurate and in line with current guidance and regulation and that there were systems in place to share learning and to use this to make improvements where indicated.

We discussed our findings with the practice manager. They showed a commitment to addressing our concerns, and to learning and making the necessary improvements.

## 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>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p><b>How the regulation was not being met</b></p> <p>The registered person had systems or processes in place that operated ineffectively, in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.</p> <p>In particular:</p> <ul style="list-style-type: none"><li>• The registered person had not reviewed or mitigated risks identified in their Legionella risk assessment.</li><li>• The provider had not mitigated risks relating to infection control processes that required improvement.</li><li>• They had not ensured that a fire risk assessment had been completed by a competent person.</li></ul> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to ensure that accurate, complete and contemporaneous records were being maintained in respect of each service user.</p> <p>In particular:</p>

## Requirement notices

- Some dental care records relating to domiciliary visits to cares home did not contain information about the treatment delivered, medical history or consent.

The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided.

In particular:

- Infection control audits had not been carried out in the last 12 months

### **Regulation 17 (1)**

This section is primarily information for the provider

## Enforcement actions

### 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.