

Dr. Mehran Sanei

# Dental Perfection

## Inspection report

53a Heath Street  
London  
NW3 6UG  
Tel: 02074312710  
[www.dentalperfections.co.uk](http://www.dentalperfections.co.uk)

Date of inspection visit: 20 July 2021  
Date of publication: 02/09/2021

### Overall summary

We carried out this announced inspection on 20 July 2021 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 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 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 are three of the five questions that form the framework for the areas we look at during the inspection.

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

##### **Are services safe?**

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

##### **Are services effective?**

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

##### **Are services well-led?**

# Summary of findings

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

## Background

Dental Perfection is located in Hampstead Village in the London Borough of Camden and provides private dental treatment. The treatment provided includes; general dentistry, cosmetic dentistry and specialist dental treatment to adults and children. The practice is easily accessible by Transport for London underground and bus services. The location is based along the village high street which has access to various amenities. Paid parking spaces are available near the practice including for blue badge holders.

The practice is owned by an individual. The principal dentist who is the responsible individual has a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The provider is registered to provide the regulated activities of treatment of disease, disorder or injury, surgical procedures and diagnostic and screening procedures from two locations.

A shopfront practice is located on the first floor of the building which is accessed using a flight of stair which leads to the reception area. There are two treatment rooms, a separate decontamination room, staff area and a toilet. The premises is not suitable for patients using wheelchairs and pushchairs as there is no lift access to the practice.

The dental team includes - the principal dentist, two visiting anaesthesiologists, two dental hygienists, two dental nurses - one of whom is a trainee and a CQC compliance lead. They are supported by a full-time practice manager who also undertakes reception duties.

The practice is open between 9.00am and 5.30pm Monday to Thursday, 9.00am to 5.00pm on Friday and occasionally 9.00am to 2.00pm on Saturday. During out of hours, patients are advised to contact the dedicated telephone number to access emergency care.

During the inspection we spoke with the practice manager, lead dental nurse and the CQC compliance lead. On the 12 August 2021, we spoke to the principal dentist and one of the visiting anaesthesiologists over the telephone. We looked at practice policies and procedures and other records about how the service is managed.

## Our key findings were:

- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The provider had systems to help them manage risk to patients and staff.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider offered specialist treatment to patients.
- The provider had staff recruitment procedures which reflected current legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff provided preventive care and supported patients to ensure better oral health.
- The practice had good facilities and was well equipped to treat patients and meet their needs. The practice was well-maintained.
- Staff felt involved and supported and worked as a team.
- Clinicians participated in quality initiatives including audits which were used to improve services.
- There was a clear leadership structure and staff felt supported by management.

# Summary of findings

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

- Take action to ensure that conscious sedation for dental procedures is undertaken taking into account guidelines published by The Intercollegiate Advisory Committee on Sedation in Dentistry in the document 'Standards for Conscious Sedation in the Provision of Dental Care 2015'.

# Summary of findings

## The five questions we ask about services and what we found

We asked the following question(s).

<b>Are services safe?</b>	<b>No action</b> ✓
<b>Are services effective?</b>	<b>No action</b> ✓
<b>Are services well-led?</b>	<b>No action</b> ✓

# 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)**

Staff 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 provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff had received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The provider had a system to highlight vulnerable patients and minors who were not brought for their appointments, this was recorded within the dental care records. The provider also had a system to identify adults that were in other vulnerable situations for example, those who were known to have experienced modern-day slavery or female genital mutilation.

The provider had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required. Additional standard operating procedures had been implemented to protect patients and staff from Coronavirus. Appropriate personal protective equipment (PPE) was in use and staff had been fit tested. The provider had systems in place to ensure appropriate fallow period was in place. Fallow referred to the time designed to allow droplets to settle and be removed from the air following treatments involving the use of aerosol generating procedures.

The provider had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. The provider had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

The staff had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw staff had procedures to reduce the possibility of Legionnaire's disease or other bacteria developing in the water systems, in line with a recent professional risk assessment which regarded the practice as "low" risk. All recommendations in the professional risk assessment of 13 July 2017 had been actioned and records of water testing and dental unit water line management were maintained. Since the risk assessment there had been no significant changes made to the facility.

We saw effective cleaning schedules to ensure the practice was kept clean. When we inspected, we saw the practice was bright, airy, visibly clean, tidy, well organised and well ventilated.

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

The lead nurse who led on infection control carried out infection prevention and control audits twice a year. The most recent audit dated 18 May 2021 showed the practice was meeting the required standards in all areas. Furthermore, we saw the completion of other audits relating to hand hygiene, clinical waste and domestic cleaning.

# Are services safe?

The practice had a whistleblowing policy and staff we spoke with during the inspection knew how to access the policy and told us they felt confident in raising concerns without fear of recrimination. The policy also detailed how to report suspected wrongdoings to external organisations including the CQC.

From the dental care records, we reviewed, we found that the clinicians used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment.

The provider 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 looked at four staff recruitment records including the most recent recruit. These showed the provider followed their own recruitment procedure.

We observed that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover. We confirmed that the two visiting anaesthesiologists were registered with the General Medical Council and had the appropriate qualifications. For those member of staff who were trainees or unqualified, we noted they were enrolled on approved training courses.

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances. A fire risk assessment was carried out in line with the legal requirements. We saw there were fire extinguishers which had been serviced to ensure they were in good working order; fire detection systems were installed throughout the building and fire exits were kept clear. Staff had received training in the management of fire safety including those nominated as fire marshals.

The practice had arrangements to ensure the safety of the x-ray equipment and we saw the required radiation protection information was available. We reviewed the dose assessment quantity submitted by the practice between 15 March 2021 to 13 June 2021 and found they were in line with quantities as specified by Schedule 3 of the Ionising Radiations Regulations 2017. We saw evidence the dentist justified, graded and reported on the radiographs they took. The provider carried out annual radiography audits following current guidance and legislation. Clinical staff completed continuing professional development in respect of dental radiography.

We observed that the practice used a hand-held x-ray machine which had a square acrylic shield and was last serviced on 29 July 2021; prior to this date it was serviced on 4 December 2019. Staff had received training in the use of it and appropriate safeguards were in place for patients and staff.

## Risks to patients

The provider had implemented systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed the relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

Staff knew how to respond to medical emergencies and had completed training in emergency resuscitation and basic life support. Immediate Life Support training with airway management was completed by staff providing treatment under sedation was also completed by the dentist-operator.

Emergency equipment and medicines were available as described in recognised guidance. We found staff kept records of their checks of these to ensure they were available, within their expiry date, and in working order.

# Are services safe?

A dental nurse worked with the dentist and the dental hygienists when they treated patients in line with General Dental Council Standards for the Dental Team.

The provider had risk assessments to minimise the risk that can be caused from substances that are hazardous to health and data sheets were available.

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

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

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at dental care records and observed that individual records were written, typed and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist.

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

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

The dentist was aware of current guidance with regards to prescribing medicines and we found that the clinicians kept accurate records of their assessment of the patient's condition before prescribing. Antimicrobial prescribing audits were carried out annually. The most recent audit indicated the dentists were following current guidelines.

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

The provider had implemented systems for reviewing and investigating when things went wrong. There were comprehensive risk assessments in relation to safety issues and staff told us they monitored and reviewed incidents. This helped staff to understand risks which led to effective risk management systems in the practice as well as safety improvements. In the last 12 months there had been no safety incident, however, the practice manager and compliance lead described how incidents would be investigated and documented and what steps would be embedded to minimise recurrence.

The provider had a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required. Copies of all relevant alerts were printed and stored for future reference.

# 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 clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The practice offered conscious sedation for patients. This included patients who were very anxious about dental treatment and those who needed complex or lengthy treatment. The practice had systems to help them do this safely. These were in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.

The practice's systems included checks before and after treatment, maintaining emergency equipment requirements, medicines management, sedation equipment checks and staff availability and training. They also included recording patient checks and information such as consent, monitoring patients during treatment and providing discharge and post-operative instructions. We saw evidence that pulse, oxygen and blood pressure levels were monitored; however, this was not always consistently recorded in patients' clinical notes. In a telephone meeting with one of the anaesthesiologists on 12 August 2021, this issue was raised. They told us all vital signs were consistently measured throughout the procedure using a digital monitoring device. They told us the process would be improved to ensure as a minimum pre-operative, intra-operative and post-operative recordings are documented throughout the sedation event until point of discharge. In addition to this, the principal dentist told us they had begun working on improving the systems and processes around sedation to ensure patient safety.

The staff assessed patients for sedation. The dental care records we reviewed showed that patients having sedation had important checks carried out first including body mass index and American Society of Anaesthesiologists (ASA) physical classification system score (ASA score). These included a medical history and an assessment of health using the guidance.

The practice offered dental implants. These were placed by the principal dentist who had undergone appropriate post-graduate training in the provision of dental implants. We saw the provision of dental implants was in accordance with national guidance.

### **Helping patients to live healthier lives**

The practice provided preventive care to ensure better oral health in line with the Delivering Better Oral Health toolkit. The clinicians where applicable, recorded smoking status, alcohol consumption and diet with patients during appointments. The dentist prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

The providers described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

Records showed patients with severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

### **Consent to care and treatment**

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



# Are services effective?

(for example, treatment is effective)

The practice team understood the importance of obtaining and recording patients' consent to treatment. The clinicians gave examples of when they needed to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity. The dentist gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this documented in patients' records.

The practice's consent policy included information about the Mental Capacity Act 2005. The team hadn't received training in mental capacity; however, they understood their responsibilities under the act when treating adults who might not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves in certain circumstances. Staff were aware of the need to consider this when treating young people under 16 years of age.

## **Monitoring care and treatment**

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical history. The dentist assessed patients' treatment needs in line with recognised guidance. We noted that the visiting anaesthesiologists maintained paper-based records for individual sedation cases which were not integrated to patients' electronic records. We raised this with the provider who told us immediate action had been taken to ensure patient records were complete and readily available. Electronic and paper-based records we looked at were kept securely and complied with General Data Protection Regulation requirements.

The provider had quality assurance processes to identify gaps, encourage learning and continuous improvement. Staff kept records of the results of these audits, the resulting action plans and improvements.

## **Effective staffing**

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

Staff new to the practice had a structured induction programme which included training, shadowing and probation period. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council. Staff received training that included; safeguarding, fire safety awareness, infection control, and basic life support.

Patient Group Directions had been adopted by the practice to allow hygienists to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).

## **Co-ordinating care and treatment**

Staff worked together and with other health and social care professionals to deliver effective care and treatment. The dentist confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide. Referrals were monitored through a tracking system to ensure they were actioned appropriately and promptly.

# 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**

We found the principal dentist, practice manager and the CQC compliance lead had the capacity, values and skills to deliver high-quality sustainable care. The principal dentist focused more on delivering treatment and care to patients across two practices; however, they had a management team that were knowledgeable about issues relating to the quality of the service.

The principal dentist told us that whilst they had overall responsibility of the practice, they ensured key clinical and administrative tasks were fulfilled by staff members who had received training and were competent in the areas they led on. This was evident when we spoke to the lead dental nurse who was knowledgeable about infection prevention and control guidance, procedures and arrangements.

On the day of the inspection, staff members demonstrated cohesiveness and we saw how they addressed challenges as a team.

Staff told us the principal dentist was visible although they worked between the two locations. Staff we spoke with told us they were approachable and understanding and that they worked closely to make sure they delivered compassionate and inclusive leadership. Although this was a small dental practice, we saw the provider had processes to develop leadership capacity and skills.

### **Culture**

The practice had a culture of high-quality sustainable care in that they offered a diverse range of care and treatment.

Staff stated they felt respected, supported and valued. They enjoyed working at the practice. Staff knew how to access key employee relation policies including those pertaining to anti-bullying.

Staff discussed their training needs at annual appraisals. We did not see evidence of completed appraisals in the staff folders as they were held offsite by the principal dentist; however, during our meeting on 12 August 2021 they explained the process which they told us was an opportunity to evaluate individual work performance and aims for future development.

The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour. The policy detailed the importance of openness, honesty and transparency when something goes wrong. Staff told us they could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

### **Governance and management**

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

The principal dentist had overall responsibility for the clinical leadership of the practice. The practice manager was responsible for the day to day running of the service whilst the CQC compliance lead's role was to ensure that care and treatment were delivered in line with legislation and key guidance. Staff knew the management arrangements and their roles and responsibilities.

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

# Are services well-led?

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs, access and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.

## **Appropriate and accurate information**

Staff acted on appropriate and accurate information which were underpinned in data protection and information security policies.

The provider had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information, we saw evidence staff had completed training in information governance.

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

The practice involved patients, the public, staff and external partners to support the service. We saw evidence the principal dentist invested heavily in staff training which meant they brought varied perspective to the practice.

The provider used internal and external feedback to monitor the quality of the service.

The provider gathered feedback from staff through meetings, surveys and informal discussions.

Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.