

Dr. Shala Imani

# Bright On Smiles

## Inspection report

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Date of inspection visit: 17 September 2020  
Date of publication: 03/12/2020

### Overall summary

We carried out this unannounced focussed inspection on 17 September 2020 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.

As part of this inspection we asked:

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

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

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

We found this practice was not providing safe care in accordance with the relevant regulations.

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

We found this practice was not providing well-led care in accordance with the relevant regulations.

#### **Background**

Bright On Smiles is in Brighton and provides NHS and private treatment for adults and children.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces are available near the practice.

# Summary of findings

The dental team includes three dentists, three dental nurses, one dental therapist one receptionist and a practice manager. Staff work between this site and the sister practice of South Coast Dental Centre. The practice has one treatment room.

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.

During the inspection we spoke with the receptionist.

The practice is open:

Monday, Tuesday, Thursday and Friday from 9:00am to 5:30pm

Wednesday from 9:00am to 7:00pm

## **Our key findings were:**

- Infection control procedures did not reflect published guidance.
- Emergency medicines had either passed their expiry date or were unavailable.
- The risks associated with fire had not been appropriately managed.
- Clinical governance arrangements were not effective.
- Systems and processes to identify and manage the risks associated with the carrying out of the regulated activities were not effective.

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

- Ensure care and treatment is provided in a safe way to patients
- Ensure all premises and equipment used by the service provider is fit for use
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

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

# Summary of findings

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

We asked the following question(s).

**Are services safe?**

**Enforcement action**



**Are services well-led?**

**Enforcement action**



# Are services safe?

## Our findings

We found this practice was not providing safe care in accordance with the relevant regulations. We have told the provider to take action. After the inspection we served a notice of decision to impose an urgent suspension on the providers registration. We will be following up on our concerns to ensure they have been put right by the provider.

### **Safety systems and processes, including staff recruitment and equipment and premises**

Infection prevention and control procedures did not reflect guidance as laid out 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. The decontamination room was poorly organised and visibly unclean. There was no clear zoning in the decontamination room. The decontamination room was also used as a kitchen for food and drinks. A microwave and kettle were situated on a shelf above one of two sinks used to scrub and rinse contaminated instruments. The hand washing sink was also used to wash crockery and cutlery and there were plates, cutlery and cups on the draining board next to the hand washing sink. Beside the sinks used to manually scrub used instruments was a vacuum cleaner, three mops and three buckets. The mops were stored resting head down on the floor.

There was a box of contaminated instruments on top of the autoclave including single use items. There was no clinician working on the day of inspection and these instruments had been left from the day before and had not been processed in line with HTM 01-05. There was evidence of re-processing of single use items such as endodontic files and matrix bands. An enzymatic cleaner was used for the decontamination of used dental instruments. There was no thermometer available to measure the temperature of the solution to ensure it does not exceed 45°C as stated in HTM 01-05.

We saw an extension lead with four items plugged in and the extension lead was on as indicated by a red light, resting beside the sinks used to scrub and rinse contaminated instruments. This posed an electrical safety concern.

The process for pouching sterilised instruments was not effective and did not reflect guidance as laid out in HTM 01-05. We noted pouches did not have an expiry or processed date on them.

We asked to see evidence of a pressure vessel inspection report for the autoclave. Staff were unable to provide evidence that this had been done.

We asked to see evidence of an infection prevention and control audit. Staff were unable to evidence that an infection prevention and control audit had been carried out.

We asked staff if a fire risk assessment had been carried out. They were unable to show us a fire risk assessment. In addition, we asked to see evidence of smoke alarm or fire extinguisher checks. Staff were unable to demonstrate these were carried out. We asked to see evidence of a fixed wire installation test and a gas safety certificate for the premises. Staff were unable to provide these. In addition, we asked to see evidence of Portable Appliance Testing (PAT), staff were unable to show evidence this had been carried out.

### **Risks to patients**

During the inspection we checked the contents of the medical emergency kit. We noted some medicines had passed their expiry dates, namely,

- Glyceryl trinitrate spray (February 2020),
- salbutamol inhaler (May 2020),
- adrenaline (November 2019),
- glucose gel (February 2020).
- In addition, there was no buccal midazolam or glucagon available.

# Are services safe?

When we checked the medical emergency equipment we noted that some items had passed their expiry date, namely, the oropharyngeal airways (July 2013), needles and syringes (February 2012) and the medical oxygen cylinder was due to be serviced in November 2016.

We asked to see the practice public liability insurance certificate as this was not displayed. Staff could not produce this as they did not know where it was kept.

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

During the inspection we noted the stock control system was not effective. We identified numerous out of date medicines including local anaesthetics and antibiotics. There were no replacements available within the practice. The system for checking and disposing of out of date stock was not effective.

# Are services well-led?

## Our findings

We found this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action. After the inspection we served a notice of decision to impose an urgent suspension on the providers registration. We will be following up on our concerns to ensure they have been put right by the provider.

### **Governance and management**

We asked to see evidence of policies and risk assessments during the inspection. Staff were unable to locate any to show us.

Systems and processes were not working effectively to the risks associated with the carrying out of the regulated activities were appropriately managed:

- The system to ensure premises were maintained appropriately was not effective. There was no evidence of a fixed wire installation test, gas safety certificate and PAT certificate being carried out.
- The system to manage the risks associated with fire were not effective. There was no evidence of a fire risk assessment and no evidence that the smoke alarms or fire extinguishers were regularly checked.
- The system for ensuring medicines such as local anaesthetic and antibiotics do not pass their expiry date was not effective. We found numerous out of date medicines during the inspection.
- The system for ensuring medical emergency medicines and equipment reflect nationally recognised guidance and do not pass their expiry date was not effective. We found several items within the medical emergency kit had passed their expiry date and some items were also missing.
- The system to ensure infection prevention and control procedures reflected nationally recognised guidance was not effective. For example, we asked if an infection prevention and control audit had not been carried out. Staff were unable to show us an audit.

## 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.

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><b>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.</b></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. In particular:</p> <ul style="list-style-type: none"><li>• There were ineffective systems in place to ensure the emergency drugs and equipment, were checked weekly, had the recommended drugs and equipment and these were all in date or disposed of effectively, as required by the Resuscitation Council UK guidance.</li><li>• There were ineffective stock rotation systems in place as we identified dental materials (including local anaesthetics) which were out of date in one of the treatment rooms.</li><li>• Systems to identify and manage risks, issues and performance were ineffective. In particular, processes were not in place to effectively assess the risks relating to fire and electrical safety, Legionella, the control of hazardous substances, infection prevention and control and radiation protection.</li></ul> <p><b>There was additional evidence of poor governance. In particular:</b></p> <ul style="list-style-type: none"><li>• We asked to see the practice public liability insurance certificate as this was not displayed. Staff could not produce this as they did not know where it was kept.</li></ul>

## Enforcement actions

- There were no recruitment documents, policies, risk assessments or audits available for review, during the inspection.

**Regulation 17 (1)**

### Regulated activity

Diagnostic and screening procedures  
Surgical procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

**Ensure all premises and equipment used by the service provider is fit for use**

**How the regulation was not being met:**

**The registered person had failed to ensure that all premises used by the service were properly maintained. In particular:**

- Staff were not able to produce evidence of a fire risk assessment when asked and no evidence of any safety checks were available to show the fire alarm, extinguishers and fire drills had been undertaken or tested.
- No documents could be produced when requested regarding portable appliance testing or equivalent of any electrical items and there were no visible stickers on equipment to show they had been tested.
- No gas safety check certificate or 5-year electrical wiring certificate was available upon request and we were given no assurance one had been undertaken recently.
- No service documents or pressure vessel certificates were produced for the autoclave.
- We saw an extension lead with four items plugged in and the extension lead on as indicated by a red light, resting beside the scrub/rinsing sinks. This posed an electrical safety concern.

**Regulation 15 (1)**

### Regulated activity

### Regulation



This section is primarily information for the provider

# Enforcement actions

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

**Care and treatment must be provided in a safe way for service users.**

**How the regulation was not being met:**

**The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:**

- We reviewed the availability of the medical emergency drugs and equipment. We found several expired medicines which were available for use alongside medicines that were within their expiry date.
- Infection prevention and control procedures were not in line with The Health Technical Memorandum 01-05: decontamination in primary dental care practices (HTM 01-05) published by the Department of Health and Social Care.

**Regulation 12 (1)**