

# Paris P Limited Smile Implant Clinics

## Inspection Report

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Date of inspection visit: 3 October 2016 & 27  
February 2017  
Date of publication: 05/05/2017

### Overall summary

This practice was previously known and registered as Clinic Nine. The old name Clinic Nine is no longer registered with CQC.

For the purpose of this report we refer to the provider as Paris P Ltd and Smile Implant Clinics as this is the registered name at this location at the time of publishing this report.

We carried out an announced follow-up inspection on 03 October 2016 and an announced inspection on the 27 February 2017 at Smile Implant Clinics. Following previous inspections the provider had received two warning notices and a requirement notice for the breaches of regulation.

You can read the previous inspection reports from our website at [www.cqc.org.uk](http://www.cqc.org.uk) by selecting the 'all reports' link for Smile Implant Clinics.

#### **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 did not assess this domain at this inspection

##### **Are services caring?**

We did not assess this domain at this inspection

##### **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**

CQC inspected the practice on 31 March 2016 and asked the provider to make improvements regarding Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment, Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment, and Regulation 17 HSCA (RA) Regulations 2014 Good governance.

We checked these breaches as part of the follow-up inspection on 03 October 2016 and 27 February 2017.

Smile Implant Clinics provides private dental treatment and facial aesthetics from their clinic in Hove, near Brighton.

The majority of the dental treatment provided is implants with some general dentistry. The practice mostly provides treatment for adults but has a very small number of patients that are children.

Practice staffing consisted of the principal dentist who is also the owner and registered manager, a practice manager, a dental nurse and a receptionist.

# Summary of findings

The principal dentist, Dr Mehdi Pourani is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

persons'. 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.

The practice opening hours are 9.00am to 6.00pm Monday to Friday.

# 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.

We saw improvements had been made since the last inspection with recording of incidents and accidents. Staff understood what constituted a significant event. Staff could now explain what Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) was, and their responsibilities in relation to reporting to RIDDOR or the difference between reporting to RIDDOR and the recording of a significant event.

The practice met the outstanding requirements for Control of Substances Hazardous to Health Regulations 2002 (COSHH) and infection control processes.

We found improvements had been made and the recruitment processes were complete at this inspection.

**No action**



### **Are services effective?**

We did not assess this domain at this inspection

**No action**



### **Are services caring?**

We did not assess this domain at this inspection

**No action**



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

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

Improvements were made since the last inspection.

**No action**



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

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

Previously we found the practice was installed with surveillance cameras throughout the practice without being able to demonstrate adherence with the necessary legal registration. During this inspection we found the practice had completely removed the surveillance system throughout the practice.

**No action**



# Smile Implant Clinics

## 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 announced and planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We had undertaken an unannounced focused inspection of this service on 31 March 2016. As part of our regulatory functions we carry out unannounced inspections where we have reported concerns. We found there was a breach of legal requirements when we inspected previously. The practice had received two warning notices and a requirement notice for the breaches of regulation. Previous to the inspection carried out in March 2016 we had carried out unannounced and announced inspections on 11 and 26 November 2015 where we found breaches of legal requirements.

After the unannounced inspection on the 31 March, the practice wrote to us to say what they would do to meet the

legal requirements in relation to the breaches identified. This report only covers our findings in relation to those requirements and we reviewed the practice against two of the five questions we ask about services: is the service safe and well-led?

We revisited the practice on 03 October 2016 and 27 February 2017 as part of this review and checked whether they had followed their action plan and to confirm that they now met the legal requirements.

The inspection was led by a CQC inspector who was accompanied by a dental specialist advisor and a second inspector. During our inspection visit, we checked that the provider's action plan had been implemented by looking at a range of documents such as risk assessments, audits, staff records, maintenance records and policies. We spoke with all the staff in the practice and this included; the provider, the practice manager, the dental nurse and receptionist and also carried out a tour of the premises.

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# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

At the previous inspections on the 31 March 2016 and 26 November 2015 staff did not always know what constituted a significant event. Staff could not fully explain what Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) was and they did not understand their responsibilities in relation to reporting to RIDDOR or the difference between reporting to RIDDOR and the recording of a significant event.

At the inspection on 3 October 2016 we found the practice had a policy in place for Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). There were no RIDDOR incidents within the last 12 months. All the staff had received training and were able to explain what RIDDOR was, their responsibilities in relation to reporting to RIDDOR or the difference between reporting to RIDDOR and the recording of a significant event. The practice had an accident book to record any incident that may occur. All staff we spoke with were aware of the reporting procedures including recording them in the accident book. On review of the accident book we noted this was kept in an unlocked cupboard in the waiting room. We highlighted the data protection issues around this to the registered manager and practice manager who removed the book and found a more secure place to store it and informed staff of the relocation. There were no accidents reported in the book.

### Staff recruitment

At the previous inspections on the 31 March 2016 and 26 November 2015, we found the recruitment processes were incomplete at both inspections. The registered manager had employed staff without completing Disclosure and Barring Service checks (DBS) for all members of staff.

At the inspection on the 03 October 2016 we found the registered manager had completed appropriate recruitment checks for the two members of staff that worked in the practice. This included; DBS checks, verifiable references, photo ID's, employment profiles, immunisation records and GDC registration document and indemnity insurance where applicable.

However the registered manager had not been consistent with following their practice recruitment policy when a third member of staff had been recruited in August 2016.

They had not completed all the necessary checks, for example DBS and following up references before the employee had started working. When we discussed the issues with the registered manager they were unaware they had not completed the full recruitment checks necessary and told us they were confident the employee was a fit and proper person because they interviewed the person more than once. We saw the employee had immunisation records, professional registration with the GDC and indemnity insurance.

We returned for a follow up inspection on 27 February 2017. The registered manager showed us all the completed checks including the DBS, a verified reference, a risk assessment that had been completed on 21 November 2016 and evidence of supervision plan for the new employee.

### Monitoring health & safety and responding to risks

At the previous inspections, it was found that the practice did not have effective arrangements to meet the Control of Substances Hazardous to Health Regulations 2002 (COSHH). COSHH is a law that requires employers to control potential hazardous substances they use to minimise risks and keep people safe. There was no COSHH file where risks to patients, staff and visitors associated with hazardous substances were identified.

During this inspection we found The practice met the requirements for COSHH. They had implemented a comprehensive file containing details of products in use at the practice, such as, materials used for dental treatment and cleaning products. The practice had retained the manufacturers' data sheets to inform staff what action to take in the event of a spillage, accidental swallowing or contact with the skin. The practice had secure storage facilities for hazardous materials and appropriate signage was displayed.

### Infection control

At the previous inspection on the 31 March 2016, we observed a member of staff performing decontamination duties incorrectly. These processes were not scrutinised effectively and adjusted where necessary. We observed that instruments were manually scrubbed at chest level and were not immersed in the water. We observed that

# Are services safe?

there was an illuminated magnifier available to check for any debris or damage throughout the cleaning stages. However, this was unplugged and the member of staff told us they did not need to use it.

During this inspection we found these processes had been improved. We observed the member of staff that demonstrated they scrubbed instruments using the correct procedures and checked for any debris using the illuminated magnifier that was available.

## Equipment and medicines

At previous inspections, it was found that the registered manager who was also the principal dentist and owner was using an unregistered dental laboratory for the commission of crowns, bridges, veneers and dentures..

The dentist had conditions applied to their registration by the GDC (General Dental Council) when we visited the practice in November 2015. One of the conditions imposed was the dentist must refrain from the provision of veneers, crowns, bridges and implants. We found evidence that suggested the dentist may have been in breach of the

conditions. We sent our concerns to the General Dental Council (GDC) following the inspection. The dentist's GDC registration was suspended. When we visited the practice in March 2016 the dentist was suspended from the GDC register. We found no evidence of breaches to the suspension imposed. The dentists' GDC registration has been fully reinstated since 27 May 2016.

During the inspection on 3 October 2016, we found that the dental laboratory had been completely removed and the room where it had previously existed had been redecorated. There was no evidence of any continuation of the laboratory services. We were shown evidence of three registered dental laboratories that were commissioned for crowns, bridges, implants, veneers and dentures. The registered manager told us the room was not used for any other services and from observations we saw no evidence of any unregistered use. At our more recent follow up inspection on 27 February 2017, the registered manager told us they had sublet the top floor of the building as a residential let.

# Are services effective?

(for example, treatment is effective)

## Our findings

We did not assess this domain at this inspection

# Are services caring?

## Our findings

We did not assess this domain at this inspection



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

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

During the last inspection, it was found that services offered at the practice were misleading and providing false information. The practice provided dentistry, facial

aesthetics and orthopaedic foot surgery. However, the front window and the practice website indicated that other procedures were available, such as cosmetic surgery and women's health.

At this inspection we found the signage on the front window and the website had been improved and only displayed information about services that the provider was registered to carry out.

# Are services well-led?

## Our findings

### Governance arrangements

At the previous inspection on the 31 March 2016 and 11 and 26 November 2015, we found the practice was installed with surveillance cameras. We noted cameras were installed throughout the practice including the waiting area, treatment rooms, operating theatre and a consultation room. The surveillance used was not operated in line with current guidance and patients were not aware that they may be filmed as there was no signage to inform them of this potential or forms for consent.

During the inspection on 03 October 2016 we found the practice still had the same surveillance system installed without having proper processes or the required registration in place. The registered manager told us they have not used the CCTV system since we raised concerns in November 2015 and they pointed out a sign displayed behind the reception desk informing patients that the CCTV was not in use. On inspection, the system indicated it was on standby with a red light indicator and plugged in to an electrical supply. The registered manager was unable to explain why the system remained installed and connected to the electricity supply. They had not registered the surveillance system with the Information Commissioner's Office (ICO) which is a requirement if a practice installs a

surveillance system. There was no policy in place that covered the data security, retention and how to request recorded information or what the data could or could not be used for. There was no mechanism for patients to request they were not filmed and patients did not have the opportunity to consent to this.

The registered manager had informed us in November 2016 they had made a decision and removed the surveillance system in its entirety. At the inspection on 27 February 2017 when we looked around the practice we saw all of the camera's had been removed from within the practice.

### Learning and improvement

We have previously sign posted the registered manager to national guidance on the CCTV code of practice issued by the ICO. The registered manager had not implemented the guidance and was unable to justify the reasons for having surveillance in the treatment rooms and operating theatre.

We have previously issued warning notices and requirement notices for the provider and asked the provider to learn and take actions to improve the processes for recruitment checks and the surveillance system. At our inspection on 27 February 2017 we found the provider had fully implemented improvements to previous requirement notices and demonstrated learning relating to recruitment processes and the installed CCTV.