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iSmile Dental Practice

Inspection Report

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Overall summary

We carried out an unannounced focused inspection on 19 April 2016 to follow up on previous inspections carried out on 23 and 29 September 2015 to ask the practice the following key questions; Are services safe, effective, responsive and well-led?

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 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 23 and 29 September 2015 and asked the provider to make improvements regarding Regulation 12 HSCA (RA) Regulations 2014 Safe care and

treatment, Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment and Regulation 17 HSCA (RA) Regulations 2014 Good governance. We checked these breaches as part of the focused inspection on 19 April 2016.

iSmile Dental Practice provides private dental treatment and facial aesthetics from their practice in Tunbridge Wells, in Kent. The majority of the dental treatment provided is 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, , one dental nurse, one receptionist and a practice 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 8.30am to 5.15pm Monday, Tuesday, Thursday and Friday and 8.30am to 7.00pm on Wednesday.

Summary of findings

Our key findings were:

- The practice had systems and processes in place to assess risks to the health and safety of patients, staff and visitors.
- The practice had carried out audits in key areas, such as infection control, record keeping and the quality of X-rays.
- There were systems in place to check all equipment had been serviced and maintained regularly, including the steriliser and the X-ray equipment.
- Dental care records were consistent and contained accurate information of the treatments provided to patients.
- Staff followed the appropriate decontamination process of instruments according to national guidelines.
- There was a process in place to assess the risks in relation to the Control of Substances Hazardous to Health (COSHH) 2002 regulations.
- Staff had received further training appropriate to their roles and were supported in their continued professional development (CPD).

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.

The practice provided evidence of shared learning in the format of practice meeting minutes with regards to significant events and the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

We were assured that the practice was meeting the HTM01-05 essential requirements for decontamination of instruments in dental practices. The dental nurse followed the correct process of instrument decontamination in line with the requirements.

Staff recruitment files contained all of the necessary employment checks for staff. One member of staff did not have appropriate Disclosure and Barring Service (DBS) certification. However this was actioned following our inspection.

No action



Are services effective?

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

The dental care records we looked at were clear and contained appropriate information about patients' dental treatment. Staff were working within the scope of their practice.

We saw evidence that staff had received professional development appropriate to their role and learning needs.

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.

The practice was able to demonstrate it was responsive to patients' oral health needs. Patient dental care records demonstrated that an examination of the patient's oral health was carried out prior to treatment being carried out

No action



Are services well-led?

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

The practice had clinical governance and risk management systems. The practice was able to demonstrate they had implemented a system to help ensure all governance documents were kept up to date.

No action



Summary of findings

At the last inspection we found that the practice was unable to demonstrate that audits of various aspects of the service were undertaken at regular intervals and there was no evidence of documented learning points and any resulting improvements. At this inspection we found that audits were being carried out with points to be actioned. This had been discussed at a staff meeting and improvements were made.

The practice was now able to demonstrate they took into account the views of patients via feedback from patient surveys when planning and delivering services.

iSmile Dental Practice

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

The focused inspection was carried out on 19 April 2016 by a lead CQC inspector and a dental specialist advisor. The inspection was unannounced due to concerns raised at the previous inspections on 23 and 29 September 2015. We received an action plan from the provider and evidence of actions taken to address the breaches of regulation found at the last inspections.

During the inspection we spoke with the receptionist. We did not speak with any patients on this occasion. We looked around the premises and the treatment rooms. We reviewed a range of policies and procedures and other documents including dental care records, staff recruitment files, audits, X-ray documents, staff training, risk assessments and adherence to HTM01-05 guidance.

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 therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

At the last inspection, some systems and processes to identify and improve patient safety were not robust. The practice was unable to demonstrate they had a system that monitored and responded to Medicines and Healthcare Products Regulatory Agency (MHRA) alerts. Staff we spoke with were unaware of these alerts, what information they might contain and their responsibilities to act on information contained in them.

During this inspection, we saw evidence of an implemented process to share alerts from MHRA and other agencies such as Public Health England. Once received these alerts were discussed as a team and actions identified where these related to dentistry. Staff were all aware of the importance of the sharing of this type of information.

Reliable safety systems and processes (including safeguarding)

At the last inspection, staff spoken to were unaware of who to contact should suspected abuse of children or vulnerable adults be identified. During this inspection we saw that the practice had a list of the local authority contact details and the out of hours duty team. All staff had completed safeguarding training online to level 2.

At the last inspection, care and treatment was not always planned and delivered in a way that was intended to ensure patients' safety and welfare. The majority of dental care records that we viewed

did not contain an up to date medical history that documented patients' current health status, any medicines they were taking as well as any allergies they had.

During this inspection, we found that medical histories were taken at the beginning of each course of treatment and discussed again before any treatment commenced. The practice had implemented an alert system on the electronic patient record and also on the paper records.

At the last inspection, rubber dams were not available for staff to use during root canal treatment on patients at iSmile Dental Practice. Staff told us that they did not use rubber dams as they found

them difficult to work with. (A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated

and to protect patients from inhaling or swallowing debris or small instruments used during root canal work). The practice was therefore unable to demonstrate they were following national guidance when carrying out root canal treatments to reduce the risk of cross contamination and risk of inhalation of debris and small instruments. There was no evidence a risk assessment had been carried out to evaluate and mitigate the risk of not using a rubber dam.

At this inspection, we saw that a full rubber dam kit had been purchased and was in use. We saw that the practice had both latex and non-latex sheets for patients and we saw evidence in patients dental care records that stated the rubber dam had been used, clamp size and how well the patient had coped with its use.

Monitoring health & safety and responding to risks

At the last inspection, there was a record of identified risks and action plans to manage or reduce risks dated January 2014. Records indicated there were plans to review the risk assessments in January 2015. However, the practice was unable to demonstrate that this had been carried out to ensure identified risks were being reduced and managed effectively. A fire risk assessment had been undertaken in January 2014 that included actions required in order to maintain fire safety. The practice was unable to demonstrate that this had been reviewed as planned in January 2015. We looked at the fire extinguishers in the practice and found that one had not been inspected during regular maintenance checks. The label affixed to the fire extinguisher stated that it was due to be inspected and maintained in April 2013.

At this inspection, we found that all practice wide risk assessments had been carried out and actions identified attended to. We saw a new fire risk assessment had been conducted on 22 February 2016 by an external contractor and we saw that the expired extinguisher had been replaced.

At the last inspection 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.

Are services safe?

During this inspection we found that there was a COSHH file in place.

Infection control

The 'Health Technical Memorandum 01-05:

Decontamination in primary care dental practices' (HTM01-05) published by the Department of Health, sets out in detail the processes and practices which are essential to prevent the transmission of infections. During the previous inspection, we were not assured that the practice was meeting the HTM01-05 essential requirements for decontamination in dental practices. We found that surfaces of the dental chair were not intact. Staff told us the practice had plans to replace the damaged surface of the dental chair but were unable to provide any documentary evidence of this plan.

During this inspection, we saw that the dental chair had been recovered and the surface was now intact.

At the last inspection, the practice had an identified infection control lead. However, the practice was unable to demonstrate that all relevant members of staff were up to date with infection control training.

At this inspection we found that all clinical staff had completed infection control training.

At the last inspection, the cleaning schedule of the whole building did not indicate the frequency that cleaning activity should take place. The practice was unable to demonstrate that cleaning audits took place to help ensure cleaning was being carried out in line with the cleaning schedule and to an acceptable standard.

At this inspection we saw an updated cleaning schedule that included daily, weekly and monthly cleaning tasks. The practice had carried out an audit to ensure that the new schedule was being followed. Initial results showed that all tasks were being completed. Staff told us that these audits were now scheduled to be repeated every three months or sooner should any actions be identified.

At the previous inspection it was found that the practice was unable to demonstrate they had a system that monitored and had been recorded the hepatitis B status of all clinical staff at iSmile Dental Practice.

At this inspection we found that a log of all clinical staff and their hepatitis B status was recorded. Also there were dates for boosters where they had been indicated and also what level of cover each member of staff presented.

Equipment and medicines

At the last inspection, it was found that the practice referred to an outdated copy of the British National Formulary (BNF) which was dated 2010. The BNF is a nationally recognised medicines reference book produced by the British Medical Association and Royal Pharmaceutical Society of Great Britain. We could not be assured that staff were accessing up to date information when prescribing medicines.

At this inspection we found that the practice had received and was using a new up to date copy of the BNF.

At the previous inspection, staff told us that stock levels and expiry dates of medicines held were not routinely audited, although they said that the expiry date of all medicines were checked before staff administered them to patients. Some medicines that we checked has passed their expiry date.

At this inspection we saw that a medicines audit had been conducted and this had included, stock procurement, stock rotation and to whom each medicine was prescribed. We did not find any out of date medicines.

At our previous inspections, records showed that when local anaesthetic agents were used during treatments this was not always recorded in the patients' dental care record.

At this inspection we saw that anaesthetic agents were recorded in patients dental care records, including the administration site, the type of anaesthetic used, batch number and expiry date and the outcome.

At our last inspection, the practice did not have a refrigerator dedicated for the storage of medicines. Although the domestic refrigerator used was being checked for a consistent temperature range. Staff could not provide any evidence that these checks had been completed.

At this inspection we saw a new medicines refrigerator had been purchased and that daily temperature checks had been carried out since its installation.

At the last inspection, we looked in cupboards and drawers at iSmile dental practice and found some equipment and other materials that were out of date and had expired in September 2013.

At this inspection we did not find any out of date materials in the practice.

Are services safe?

Radiography (X-rays)

During the last inspection it was found that the practice was not working in accordance with the Ionising Radiation Regulations 1999 (IRR99) and the Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R). There was no quality assurance process of the quality and accuracy of X-rays which had been taken.

During this inspection, we were shown a full radiography audit had taken place on 1 April 2016. X-rays had been graded, an analysis of the results had taken place and improvements needed had been identified.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

At the previous inspection, the practice was unable to demonstrate that the dentist regularly assessed each patient's gum health and took X-rays at appropriate intervals, as informed by guidance issued by the Faculty of General Dental Practice (FGDP). The practice was unable to demonstrate that they also recorded the justification, findings and quality assurance of X-ray images taken as well as each patient's basic periodontal examination (BPE). The practice was unable to demonstrate a risk assessment process for oral disease.

At this inspection we saw that the justification, findings and quality assurance was documented in patients dental care records. We saw that guidance from the FGDP on the frequency of radiographic examination was available for staff to refer to. Dental care records also demonstrated that BPE scores were recorded for patients at their examination appointments. The practice was able to demonstrate that there was a process for assessment of oral disease and that where identified they would consider an urgent referral to hospital.

At the last inspections, the practice was unable to demonstrate that it took into account assessment guidance from the National Institute for Health and Care Excellence (NICE). The dentist stated they were unaware of the organisation NICE.

During this inspection, we found that patients' dental care records contained a record of the discussion of treatment options, comprehensive treatment plans and we saw an urgent oral cancer referral. We saw evidence in dental care records that the practice was adhering to current NICE guidelines when deciding how often to recall patients for examination and review.

Health promotion & prevention

The registered manager had an awareness of promoting the maintenance of good oral health giving due regard to guidelines issued by the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'. The registered manager told us that smoking cessation leaflets had been ordered to give to patients. Staff told us that patients were given advice appropriate to their individual needs, such as smoking cessation and dietary advice. We did not see evidence that high fluoride toothpaste was prescribed in the dental care records. We brought this to the attention of the registered manager who told us that this would be recorded fully in dental care records along with an explanation

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, we found that the practice did not always deliver personalised care to patients and took into account their individual needs. Dental care records we looked at demonstrated that the dentist did not always carry out an oral examination prior to delivering care and treatments to patients.

At this inspection, we saw that this had been addressed, however where patients attended for a hygiene appointment it had been documented that an examination had been offered and the patient refused. Staff honoured patients right to refuse any treatment should they wish.

Are services well-led?

Our findings

Governance arrangements

At the last inspection, we found that the provider did not have effective governance arrangements at the practice. The practice policies were generic with little adaptation to the practice. We looked at 21 such documents and saw that 18 were not dated so it was not clear when they were written or when they came into use. All 21 documents did not contain a planned review date. The practice was unable to demonstrate that they had a system to help ensure all governance documents were kept up to date.

During this inspection, we found that the practice policies had been updated and reviewed by all members of staff. We saw evidence that policies had been discussed during practice meetings. The practice manager had taken the responsibility for ensuring that the policies were updated when necessary. The practice had procured a clinical governance support programme and were working their way through the programme to establish a plan for when policies, procedures and audits were next due to be reviewed and updated.

The practice had undertaken regular meetings involving all of the staff since the last inspection and records of these meetings were retained. Staff told us that during staff meetings, patient-centred actions were discussed and shared learning regularly took place.

Management lead through learning and improvement

At the previous inspection it was found that the practice did not have a formalised system of learning and improvement. There was no schedule of audits for the past five years. Staff had not attended staff meetings and there was no formal mechanism to share learning. During this inspection, we saw evidence to demonstrate that regular staff meetings and shared learning had taken place. Staff meeting minutes showed that a practice meeting had taken place during March 2016. Shared learning meetings had taken place on a regular basis since the last inspection and included discussions regarding child protection, complaints, safe practice, medical emergencies, waste disposal, single use items, staff training and infection control.

The registered manager had attended various training courses and completed additional continued professional development. This included topics such as standards for the dental team and delivering better oral health.