Dr. Shala Imani

Bright On Smiles

Inspection report

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Date of inspection visit: 27 October 2020
Date of publication: 04/12/2020

Overall summary

We undertook a follow-up focused inspection of Bright On Smiles on 27 October 2020. This inspection was carried out to review in detail the actions taken by the registered provider to improve the quality of care and to confirm that the practice was now meeting legal requirements.

The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We undertook a focused inspection of Bright On Smiles on 17 September 2020 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We found the registered provider was not providing safe or well-led care and was in breach of Regulations 12, 15, 17 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can read our report of that inspection by selecting the 'all reports' link for Bright On Smiles on our website www.cqc.org.uk.

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 providing safe care in accordance with the relevant regulations.

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 17 September 2020.

Are services well-led?

Summary of findings

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

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 17 September 2020.

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.

The dental team includes three dentists, three dental nurses, one dental therapist one receptionist and a practice manager. Staff work between this practice and the sister practice, 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 one dentist, one dental nurse and the dental hygienist / therapist. We looked at practice policies and procedures and other records about how the service is managed.

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:

- Medical emergency equipment and medicines reflected nationally recommended guidance with the exception of four sizes of mask for the self-inflating resuscitation bag.
- Infection prevention and control procedures reflected nationally recognised guidance.
- A fire risk assessment had been carried out and recommended actions were being implemented.
- The instrument steriliser had been serviced and validated.
- A system to ensure general stock did not pass the expiry dates had been implemented.
- A system of clinical governance had been implemented to assist with good governance in the long term.

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

- Take action to ensure the availability of equipment in the practice to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK).

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	**No action** 
Are services well-led?	**No action** 

Are services safe?

Our findings

We found that this practice was providing safe care and was complying with the relevant regulations.

At our previous inspection on 17 September 2020 we judged the practice was not providing safe care and was not complying with the relevant Regulations. We told the provider to take action as described in our enforcement notice. At the inspection on 27 October 2020 we found the practice had made the following improvements to comply with the Regulations:

- We checked the contents of the medical emergency kit. We found all medicines were available as described in nationally recognised guidance in the British National Formulary. When we checked the medical emergency equipment, we noted sizes 0, 2, 3 and 4 masks for the self-inflating bag were not available. We highlighted this on the day of inspection and were told that these items would be ordered immediately.
- Staff talked us through the decontamination process. The decontamination room had been re-arranged and there was a clear dirty to clean flow. The handwashing sink and sinks used for scrubbing and rinsing instruments had been clearly identified. The room was uncluttered and easily cleanable. There were posters displayed in the decontamination room highlighting the decontamination process to be followed. There were clearly labelled dirty and clean boxes for transporting instruments to the treatment room. Staff described the process for manually scrubbing used instruments, this involved the use of a detergent and temperature monitoring the solution to ensure it did not exceed 45'C.
- Staff were fully aware of which instruments were re-usable and which ones were single use. Staff were able to describe the use of the autoclave and the process required for the daily validation tests.
- Staff were aware of when to wrap instruments if they were to be stored in the surgery for a year. This involved placing the instrument in a bag and stamping it with a "use by date". We checked a selection of pouched instruments and found this was the case. The provider had planned to carry out spot checks to ensure pouched instruments do not exceed their marked date. We also saw evidence that staff had completed training in infection prevention and control.
- We were shown evidence that the autoclave had been subject to a pressure vessel examination and been validated by a competent person.
- We checked a selection of dental materials and medicines and found these all to be within their expiry dates. These included local anaesthetic cartridges.
- A fire risk assessment had been carried out. This had some high-risk actions. We saw the "housekeeping" action had been addressed to ensure fire exits were clear. The fire risk assessment had recommended that a hard-wired fire alarm system to be fitted. The provider told us they had acted to have this done as soon as possible. However, due to delays in tradesmen being able to carry out the work this had not yet been completed. We were later sent evidence that this had been booked in to be completed. We saw evidence a fixed wire installation test and Portable Appliance Test had been carried out as recommended in the fire risk assessment. These both showed the installation and appliances were satisfactory. In addition, the provider told us the other less urgent actions would be completed within the time frames dictated in the risk assessment.
- We were shown a gas safety certificate for the boiler which showed it was safe to use.
- We discussed the practice's COVID-19 standard operating procedure and risk assessment. We were told that no aerosol generating procedures (AGPs) would be carried out until an external extractor fan had been installed as the surgery did not have any windows. We were told that once this had been done then a fallow time of thirty minutes would be implemented after an AGP. Staff described the process for donning and doffing personal protective equipment, (PPE), before and after an AGP. The doffing area was separate to the clinical area. Staff told us the correct PPE was available and we saw evidence of fit test certificates for enhanced PPE for members of staff who would be involved in the provision of AGPs.

Are services safe?

These improvements showed the provider had taken action to comply with the regulations when we inspected on 27 October 2020.

Are services well-led?

Our findings

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

At our previous inspection on 17 September 2020 we judged the provider was not providing well-led care and was not complying with the relevant regulations. We told the provider to take action as described in our enforcement notice. At the inspection on 26 October 2020 we found the practice had made the following improvements to comply with the Regulations:

- Since the previous inspection, the provider had enlisted the help of a compliance organisation to assist with the governance arrangements of the practice. We saw the systems and processes to ensure good governance is maintained in the long term had been implemented, including policies and procedures to support staff. Staff demonstrated to us how to locate the polices. They were aware that this system required embedding within the culture of the practice.
- Certain staff members had been delegated roles within the practice such as checking emergency medicines and equipment and infection prevention and control lead responsibilities.
- We saw evidence of current public liability insurance which was displayed in the waiting room.
- A system had been implemented to ensure general stock, (such as local anaesthetics and other medicines), did not pass its expiry date. A named individual had been appointed to carry out these checks. Any stock which had passed its expiry date would be disposed of in accordance with the relevant guidance.
- Systems and processes had been implemented to ensure premises and equipment was maintained according to guidance and Legislation. This included carrying out regular health and safety audits and using a task manager system through the compliance software system.
- An infection prevention and control audit had been carried out. This indicated the provider was meeting required standards. However, there were some questions which had been answered incorrectly. We discussed this with the provider on the day of inspection who assured us that the audit would be reviewed.

These improvements showed the provider had taken action to comply with the regulations when we inspected on 27 October 2020.