

Dr Arash Jafari

# Brighton White Dental Studio

## Inspection Report

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### Overall summary

We carried out this announced responsive inspection on 21 June 2017 to follow up on our previous inspection on 26 October 2016 where we found breaches of regulations 12 and 17. This inspection was carried out 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 CQC inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

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

These questions form the framework for the areas we look at during the inspection.

#### Our findings were:

##### Are services safe?

We found that this practice was providing safe 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

Brighton White Dental Studio is in Brighton and provides NHS and private treatment to patients of all ages.

There is access via a small flight of stairs and the practice has a portable ramp for people who use wheelchairs and pushchairs. Car parking spaces, including those for patients with disabled badges, are available near the practice.

The dental team includes four dentists, three registered dental nurses, two student dental nurses, two dental hygienists, a practice manager who manages two locations owned by the principal dentist and a receptionist. The practice has three treatment rooms.

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.

We did not provide comment cards on this occasion as the inspection focused on the previous breaches of regulations 12 Safe care and 17 Good governance.

During the inspection we spoke with two dentists, two dental nurses, the receptionist and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

# Summary of findings

Monday- Thursday 9am -6pm

Friday 9am -5pm

## **Our key findings were:**

- The practice had a system to record, analyse and learn from significant events, accidents and incidents.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk.
- The practice had up to date policies and procedures for staff to refer to.
- Radiological practices were now carried out in line with current legislation
- The practice had completed audits for radiographical image quality and infection control
- Recruitment practices had been improved and all of the required documentation was available.
- The practice held regular staff meetings.
- Staff had completed the required training.

# 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 had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

Staff were qualified for their roles and the practice completed essential recruitment checks.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had suitable arrangements for dealing with medical and other emergencies.

No action



### 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 to people's needs?

We did not assess this domain at this inspection

### Are services well-led?

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

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a defined management structure.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

No action



# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

At our last inspection we found that the practice did not have a system to record, analyse or learn from incidents, accidents and significant events.

At this inspection we found the practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

The practice recorded, responded to and discussed at practice meetings all incidents to reduce risk and support future learning.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff, acted on and stored for future reference.

### Medical emergencies

At the last inspection we found medicines and oxygen cylinders that had passed their expiry date and staff had not completed medical emergency training.

At this inspection we found that staff knew what to do in a medical emergency and had completed training in emergency resuscitation and basic life support.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order.

### Staff recruitment

At the last inspection we found that recruitment had not always been carried out appropriately and many required documents were not available.

At this inspection we saw that practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at three staff recruitment files. These showed the practice followed their recruitment procedure.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

### Monitoring health & safety and responding to risks

At the last inspection we could not be assured that the practice was monitoring, responding or reducing possible risks.

At this inspection we saw the practice's health and safety policies and risk assessments were up to date and had been reviewed to help manage potential risk. These covered general workplace and specific dental topics. The practice had current employer's liability insurance and the clinicians' professional indemnity insurance was up to date.

A dental nurse worked with the dentists and dental hygienists when they treated patients.

### Infection control

At the last inspection we found that the treatment rooms were not clean and were cluttered. We noted that environmental cleaning was not completed sufficiently and the infection control audit did not reflect the standards we found in the practice.

At this inspection we saw the practice had infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff had completed infection prevention and control training.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

The practice had carried out infection prevention and control audits. The latest audit showed the practice was meeting the required standards and reflected current practice.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment.

We saw cleaning schedules for the premises. The practice was clean when we inspected.

# Are services safe?

## Equipment and medicines

At the last inspection servicing documentation was not available and medicines were not being managed appropriately.

At this inspection we saw servicing documentation for all of the equipment used. Staff had carried out checks in line with the manufacturers' recommendations.

The practice had suitable systems for prescribing, dispensing and storing medicines.

The practice stored and kept records of NHS prescriptions as described in current guidance.

## Radiography (X-rays)

At the last inspection we were unable to assess the way in which radiography was conducted and quality of radiographic images was assessed.

At this inspection we saw that the practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice carried out an X-ray audit following current guidance and legislation.

Clinical staff had completed continuous professional development in respect of dental radiography.

# 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

We did not assess this domain at this inspection.



# Are services well-led?

## Our findings

### **Governance arrangements**

At the last inspection we were unable to assess how the practice conducted clinical governance. The practice had some policies which did not contain up to date information and were not available for staff to refer to.

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The practice had new updated policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements. The policies and procedures were available electronically on each computer monitor and all staff were aware of how to access them.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

### **Leadership, openness and transparency**

At the last inspection staff told us that there had been no staff meetings for some time and that issues often did not get addressed.

The practice held meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information.

Staff told us they felt they could raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the practice manager would listen

to their concerns and act appropriately. The practice manager discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

At this inspection staff demonstrated awareness of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong.

### **Learning and improvement**

At the last inspection we noted that some of the mandatory training had not been completed and the practice did not have a way to monitor that training had been carried out or was due.

At this inspection we saw the practice had a process to encourage learning and continuous improvement. These included audits of dental care records, X-rays and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

The whole staff team had annual appraisals where they discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff told us they completed mandatory training, including medical emergencies, infection control, radiography, safeguarding and basic life support. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so.

### **Practice seeks and acts on feedback from its patients, the public and staff**

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used.