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# Smiles 4 U Dental Care

## Inspection Report

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### Overall summary

We carried out a follow- up inspection on 01 September 2016 at Smiles 4 U Dental Care.

We had undertaken an announced comprehensive inspection of this service on 24 November 2015 as part of our regulatory functions where breach of legal requirements was found.

After the comprehensive inspection, the practice wrote to us to say what they would do to meet the legal requirements in relation to the breach. This report only covers our findings in relation to those requirements.

We revisited Smiles 4 U Dental Care as part of this review and checked whether they had followed their action plan and to confirm that they now met the legal requirements.

We reviewed the practice against one of the five questions we ask about services: is the service well-led?

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

# 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 well-led?**

At our previous inspection we had found that the practice had not established an effective system to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors.

Policies and procedures were not effective to ensure the smooth running of the service. Most policies were generic and had not been considered in the context in which services were provided. There were no mechanisms in place for obtaining and monitoring feedback for continuous improvements.

The review on 01 September 2016 concentrated on the key question of whether or not the practice was well-led.

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

At our review on the 01 September 2016 we received assurances that action had been taken to ensure that the practice was well-led because there were now effective systems in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors.

**No action**



# Smiles 4 U Dental Care

## 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.

We carried out a review of this service on 01 September 2016. This review was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 24 November 2015 had been made. We reviewed the practice against one of the five questions we ask about services:

- Is the service well-led?

The review was carried out by a CQC inspector and a dental specialist advisor.

During our review, we spoke with the principal dentist, two dental nurses and the receptionist. We checked that the provider's action plan had been implemented. We reviewed a range of documents including:

- Control of Substances Hazardous to Health (COSHH) risk assessment
- Health and safety risk assessment
- Continuing Professional Development (CPD) training certificates
- Disclosure and Barring Service (DBS) checks
- Practice policies and procedures
- Audits such as infection control, radiography and record keeping

# Are services well-led?

## Our findings

At our previous inspection on the 24 November 2015, the practice did not have adequate systems in place for the management of substances hazardous to health. Staff were not aware of the procedures in place for safeguarding adults and child protection. Details of the practice safeguarding lead, local authority safeguarding teams and other useful telephone numbers were not known to staff. We observed that the practice had a recruitment policy and procedure but this was not always followed.

We had also noted that the practice policies were not frequently reviewed and updated. We noted that the practice did not have robust systems in place to identify and manage risks. Practice meetings were not being used to update staff or support staff. There were no processes in place for staff development, no appraisals and no evidence of how staff were supported. There were no mechanisms in place for obtaining and monitoring feedback for continuous improvements.

At our review on 01 September 2016 we found the practice had undertaken further risk assessments around the safe use, handling and Control of Substances Hazardous to Health, 2002 Regulations (COSHH). The COSHH folder had been updated in April 2016.

The practice had policies and procedures in place for safeguarding adults and child protection. The policy now contained details of the local authority safeguarding teams, whom to contact in the event of any concerns and the team's contact details. We reviewed the safeguarding adults and child protection training for nine members of staff. There was no up-to-date evidence of training for four members of staff. We discussed this with the principal dentist. Following our inspection the principal dentist sent us confirmation of training in safeguarding adults and child protection.

At our review on 01 September 2016 we found the practice had a health and safety policy. Policies and protocols were implemented with a view to keeping staff and patients safe. The practice had undertaken a health and safety risk assessment in April 2016. For example, we saw records of risk assessment for eye injuries, manual handling, electrical faults and slips, trips and falls.

The practice had a recruitment policy which was updated in April 2016 and all staff recruitment records had been updated.

The practice carried out Disclosure and Barring Service (DBS) checks for all members of staff. [The Disclosure and Barring Service carries out checks to identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. Immunisation records were available for most members of staff. We did not see evidence of up-to-date immunisation for four clinical members of staff. We discussed this with the principal dentist. Following our inspection the principal dentist sent us confirmation of staff immunisation.

The principal dentist told us the practice was registered with Medicines and Healthcare products Regulatory Agency (MHRA) to receive alerts. Improvements could be made by ensuring safety alerts were disseminated to staff.

We checked policies and procedures and spoke with staff about the governance arrangements at the practice. The practice had updated its policies and procedures in line with current guidance. The principal dentist told us the practice was using an online compliance system to assist with policies and procedures.

We noted that the practice had implemented a staff development and review policy. The practice had a performance and development review procedure. We saw records which showed appraisals had been completed in May 2016.

There were protocols and procedures to ensure staff were up to date with their mandatory training and their CPD. Staff training records for infection control and radiography were up-to-date.

We saw records which showed that staff were booked to attend training as a team in radiation protection and medical emergencies including the use of an automated external defibrillator (AED) on 23 November 2016. (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm). Infection control training was booked for all staff for 26 October 2016.

We found that the practice had now put in place a formalised system of learning and improvement. The practice had implemented suitable arrangements for

## Are services well-led?

identifying, recording and managing risks through the use of scheduled risk assessments and audits. The practice had undertaken a risk assessment following the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.

A record keeping audit had been completed in June 2016, and infection control in May 2015. The practice had undertaken a radiography audit. The principal dentist told us the radiography audit was ongoing. Improvements could be made to ensure the audit was analysed and the resulting improvements could be demonstrated

We noted that the principal dentist had organised staff meetings to discuss key governance issues and staff

training sessions including topics such as health promotion information for patients, treatment plans, infection control, effective communication with patients and clinical governance compliance.

The practice had a system in place for seeking or acting on feedback from patients, staff or the public. We saw records which showed the NHS Friends and Family test was completed on a regular basis.

In summary, following our review on the 01 September 2016 we found evidence that the practice had taken action to ensure that the practice was well-led because the practice now had effective systems in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors.