

Mr. Saranjit Sihra

SimplyTeeth - Seven Kings

Inspection Report

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Overall summary

We carried out this announced inspection on 18 June 2019 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 Care Quality Commission (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 effective?
- Is it caring?
- Is it responsive to people's needs?
- 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 effective?

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

Are services caring?

We found that this practice was providing caring services 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

Simply Teeth – Seven Kings in the London Borough of Redbridge. The practice provides NHS and private dental treatment to adults and children.

The practice is located on the ground floor in purpose-adapted premises. The practice has two treatment rooms. There is step-free access to the practice. The practice is located close to public transport services.

Summary of findings

The dental team includes the principal dentist who owns the practice, two associate dentists, one foundation dentist and two dental nurses. The clinical team are supported by an assistant practice manager and a receptionist.

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.

On the day of our inspection we received feedback from five patients.

During the inspection we spoke with one associate dentist, the foundation dentist, one dental nurse, the assistant practice manager and the receptionist. We checked practice policies and procedures and other records about how the service is managed.

The practice is open:

Mondays to Fridays between 9am 5.30pm

Alternate Saturdays between 9am and 1pm

The practice is closed each day between 1pm and 2pm for lunch.

Our key findings were:

- The practice appeared clean and well maintained.
- The practice had infection control procedures in place.
- 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 suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The practice was providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs.
- The practice had effective leadership.
- Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice had arrangements to deal with complaints positively and efficiently.
- The practice had suitable information governance arrangements.

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

- Review the practice's protocols for the use of dental dam for root canal treatment taking into account guidelines issued by the British Endodontic Society.
- Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies, such as Public Health England (PHE).
- Review the practice's audit protocols to ensure audits of various aspects of the service, such as radiography and infection prevention and control are undertaken at regular intervals to help improve the quality of service. Practice should also ensure that where appropriate audits have documented learning points and the resulting improvements can be demonstrated.

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. Some areas for improvement were identified.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

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 arrangements for dealing with medical and other emergencies.

There were systems to use learning from incidents and complaints to help them improve. Improvements were needed so that there were arrangements for receiving and responding to patient safety alerts.

No action



Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. The dental care records we looked at were detailed, complete and included information about treatment and advice provided.

Patients described the treatment they received as excellent and highly recommended. They told us that they were always happy with the care and treatment that they received.

The dentists discussed treatment with patients so they could give informed consent.

The practice had arrangements when patients needed to be referred to other dental or health care professionals. There were systems to ensure that referrals were monitored suitably.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

No action



Are services caring?

We found that this practice was providing caring services in accordance with the relevant regulations.

We received feedback about the practice from five people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly, helpful and understanding. We were told that staff treated patients with care and respect.

No action



Summary of findings

They said that they were given detailed explanations about dental treatment, and said their dentist listened to them. Patients commented that all members of staff made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

The practice had arrangements to obtain the views of patients and used these to improve where indicated the level of patient satisfaction.

Are services responsive to people's needs?

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if they were experiencing dental pain.

Staff considered and took into account patients' different needs and had made reasonable adjustments to accommodate patients who may need additional support. The practice was currently carrying out work to improve the facilities including accessible toilets and a more spacious waiting area.

The practice could make arrangements to help patients with sight or hearing impairment and those whose first language was not English.

The practice took patients views seriously. They valued compliments and suggestions from patients and had arrangements to respond to concerns and complaints quickly and constructively.

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 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 clearly defined management structure and staff felt supported and appreciated.

The practice had a range of policies and procedures to underpin the day to day management of the service.

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. Improvements were needed so that where appropriate audits have documented learning points and the resulting improvements can be demonstrated.

No action



Are services safe?

Our findings

Safety systems and processes (including staff recruitment, Equipment & premises and Radiography (X-rays))

The practice had systems to keep patients safe. There were some areas where improvements were needed.

Staff knew their responsibilities if they had concerns about the safety of adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse.

We saw evidence that staff received safeguarding training to an appropriate level depending on their roles within the practice. The principal dentist was the safeguarding lead and they had undertaken additional training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns to the local safeguarding team and the police as appropriate and notification to the CQC.

Staff demonstrated an understanding and awareness of issues which may render some people more vulnerable such as people with a learning disability or a mental health condition, or who require other support such as with mobility or communication.

The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

Some but not all dentists used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment. They described to us the methods used to protect the airway in instances where the dental dam was not used, such as for example refusal by the patient. Improvements were needed so this was documented in the dental care record.

The practice had a business continuity plan describing how the practice would deal with events that could disrupt the normal running of the practice. This included the arrangements in place to minimise disruption to the running of the practice while building works were completed.

The practice had a suitable staff recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We checked the

recruitment records for five members of staff. These showed the practice followed their recruitment procedure. Appropriate procedures and checks including where relevant employment references and Disclosure and Barring Services (DBS) checks and evidence of each candidate's skills and experience were carried out for all staff.

We noted that the dentists and the dental nurses were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover. There were systems in place to monitor this.

The practice ensured that the facilities and equipment were safe, and that equipment was maintained according to the manufacturers' instructions, including sterilising and radiography equipment, gas, electrical and mechanical appliances.

The practice had a fire safety procedure and a fire safety risk assessment was in place. These were kept under review. Staff undertook training in fire safety awareness and staff we spoke with were aware of the fire safety procedures in the practice. Records showed that fire detection and firefighting equipment such as fire extinguishers were regularly tested and serviced.

The practice had suitable arrangements to ensure the safety of the radiography equipment. They met current radiation regulations and had the required information in their radiation protection file. Clinical staff completed continuing professional development (CPD) in respect of dental radiography.

We saw evidence that the dentists justified, graded and reported on the radiographs they took.

The practice carried out radiography audits following current guidance and legislation. Improvements were needed so that the results of these audits were reviewed, and action plans used to monitor and improve the quality of dental radiography.

Risks to patients

The practice's health and safety policies, procedures and these were up to date and accessible to staff to help manage potential risk.

The practice had employer's liability insurance.

Are services safe?

We looked at the practice's arrangements for safe dental care and treatment. The practice had arrangements to manage risks associated with use and disposal of dental sharps in line with current legislation. There was a sharps risk assessment in place and this was kept under review.

The provider had a system in place to ensure that clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

The practice had policies and procedures in place to assist staff to respond promptly and appropriately to medical emergencies. The staff team demonstrated that they understood and followed these procedures. Staff completed training in emergency resuscitation and Basic Life Support (BLS) every year.

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.

A dental nurse worked with the dentists when they treated patients in line with GDC Standards for the Dental Team.

The provider had arrangements to minimise the risk that can be caused from substances that are hazardous to health. There were records maintained of all hazardous materials used at the practice and staff had access to detailed information to protect them and guide them on how to act in the event of accidental exposure to hazardous substances.

The practice had an infection prevention and control policy and procedures. 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 were aware of and followed these procedures. Staff completed infection prevention and control training and received updates as required.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment used by staff for cleaning and sterilising instruments were validated, maintained and used in line with the manufacturers' guidance. There were arrangements to ensure that suitable number of dental instruments available to treat patients and measures were in place to ensure that dental instruments were cleaned and sterilised

in line with current recognised standards. The practice had in place systems and protocols to ensure that any dental laboratory work was disinfected prior to being sent to a dental laboratory and before the dental laboratory work was fitted in a patient's mouth. The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems. A Legionella risk assessment was in place and this was reviewed annually. The results of the most recent assessment showed that the practice was following recommended protocols. We saw records of water testing and dental unit water line management were in place.

The practice had arrangements for cleaning clinical and non-clinical areas and there were cleaning schedules in place. There were arrangements to monitor these. The practice appeared clean when we inspected, and patients confirmed that this was usual. Patients commented that the practice was always clean and hygienic.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The practice carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the principal dentist how information to deliver safe care and treatment was handled and recorded. We checked a sample of dental care records to confirm our findings and noted that individual records were managed in a way that kept patients safe. Dental and other records were kept securely. Information handling processes at the practice were in compliance with General Data Protection Regulations requirements (GDPR) (EU) 2016/679.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

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

The dentists were aware of current guidance with regards to dispensing and prescribing medicines.

Are services safe?

Antimicrobial prescribing audits were carried out annually. The most recent audit demonstrated the dentists were following current guidelines.

Track record on safety

The practice had a good safety record.

The practice had arrangements to report and investigate safety incidents should these occur. Staff were aware of these and their responsibilities to report any concerns. These arrangements included procedures to monitor and review various aspects in relation to safety. These procedures helped the practice to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Staff told us that there had been no safety incidents in the previous 12 months.

Lessons learned and improvements

There were suitable systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. Staff were aware of safety incidents which are reportable to external organisations including those that must be reported to the CQC.

Improvements were needed to the system for receiving and acting on safety alerts. The dentists who we spoke with were unaware of the arrangements and could not tell us about any recent relevant safety alerts or recalls.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The practice had systems to keep the dental practitioners up to date with current evidence-based practice. We noted that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The practice offered dental implants. These were placed by two dentists at the practice who had undergone appropriate post-graduate training in this speciality. The provision of dental implants was in accordance with national guidance.

Helping patients to live healthier lives

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The practice had procedures in place so that high concentration fluoride toothpaste was prescribed if a patient's risk of tooth decay indicated this would help them. The principal dentist told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments. Details of these conversations and the advice given to patients were recorded within the patients' dental care records.

The dentists provided patients with oral health and dietary advice.

Patients with more severe gum disease were recalled at more frequent intervals to review their compliance and to reinforce home care preventative advice.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists described to us the discussions they had with patients about treatment options, risks and benefits which were discussed with patients so they could make informed decisions and consent to their treatment. Patients told us they were provided with detailed information and explanations in relation to their proposed treatments.

The practice's consent policy included information about the Mental Capacity Act 2005. The principal dentist

understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The practice consent policy also referred to the Gillick competence by which a child under the age of 16 years of age can consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age.

Monitoring care and treatment

The dentists described to us how they assessed patients' treatment needs and this was in line with recognised guidance.

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information. The most recent audits in relation to dental radiography and record keeping had identified some areas for improvement and there were action plans in place to address these.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

There were arrangements in place to provide a period of induction based on a structured programme to newly appointed staff to help familiarise themselves with the practice policies, procedures and protocols.

There were arrangements in place to appraise performance and discuss staffs' individual training and development needs. We saw completed appraisal documents and how the practice addressed the training requirements of staff.

Co-ordinating care and treatment

The practice had procedures for when they referred patients to in primary and secondary care if they needed treatment the practice did not provide.

There were systems and processes for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by the National Institute for Health and Care Excellence (NICE) in 2005 to help make sure patients were seen quickly by a specialist.

The practice had arrangements in place to monitor urgent and routine referrals to make sure they were dealt with promptly.

Are services caring?

Our findings

Kindness, respect and compassion

Staff had access to practice policies and were aware of their responsibility to respect people's diversity and human rights. Staff undertook training in relation to equality and diversity and the requirements of the Mental Capacity Act 2005.

We saw that staff treated patients respectfully and appropriately and the receptionist was friendly and helpful towards patients at the reception desk and over the telephone.

We received feedback from five patients who commented positively that staff were caring, helpful and friendly.

Patients said staff were understanding particularly when treating nervous patients and children.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of the reception and waiting area was open-plan in design and staff were mindful of this when assisting patients in person and on the telephone.

Staff told us that if a patient asked for more privacy they would take them into another room. Staff did not leave patients' personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Involving people in decisions about care and treatment

Staff helped patients be involved in decisions about their care. The dental team were aware of the Accessible Information Standards requirements and the Equality Act.

- Language interpretation services could be accessed, if required, for patients whose first language was not English.
- Patients were also told about multi-lingual staff who might be able to support them. For example, the receptionist spoke Hindi and Gujarati.

The practice gave patients clear information to help them make informed choices.

The practice provided patients with information about the dental team, the range of range of treatments available at the practice, costs of treatment and arrangements for booking appointments.

A range of information leaflets and posters provided additional information for patients.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

Staff were clear on the importance of emotional support needed by patients when delivering care.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. A Disability Access audit was carried out and kept under review in order to continually improve access for patients. The practice had made reasonable adjustments for patients with disabilities. There was step free access to the treatment rooms.

The layout of the practice did not afford the provision of wheelchair accessible toilet facilities. Staff told us that they would inform new patients when they made enquiries about joining the practice and would suggest alternative services as required.

The practice was undergoing building and refurbishment work to better meet the needs of patients. These included planned additional treatment rooms, accessible toilet facilities and a more spacious patient waiting area.

Timely access to services

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs. The practice displayed its opening hours in the practice. Patients can make appointments in person or by telephone.

Staff told us that patients who requested an urgent appointment were, where possible, seen on the same day. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

The practice answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint.

The principal dentist was responsible for dealing with complaints. Staff we spoke with told us that they reported any complaints made promptly so patients received a quick response.

Information was available about organisations patients could contact if they were not satisfied with the way the practice dealt with their concerns.

There were arrangements to ensure that comments and suggestions made by patients were reviewed and used to improve the services provided. The principal dentist told us that there had been no complaints about the practice within the previous 12 months.

Are services well-led?

Our findings

Leadership capacity and capability

The practice had arrangements in place to help ensure that they had the capacity and skills to deliver their aims and goals to provide high quality, patient focused care. There were arrangements in place to review patient and service demands and plans to ensure that the practice had the capacity to meet these.

Staff told us the principal dentist was supportive and approachable. They told us that they were aware of the leadership arrangements within the practice and that these worked well.

The practice had systems and procedures in place which underpinned the management and the delivery of the service. These were reviewed and updated as required and accessible to staff.

Vision and strategy

The practice had a clear vision which was reflected in its policies, procedures and the day-to-day management of the service. Building work was being undertaken to increase the number of treatment rooms and improve the facilities for patients, including the provision of accessible toilets and a more spacious waiting area.

There were arrangements to share relevant information with staff through a range of practice meetings and informal discussions and staff could contribute to how the practice vision and strategy was delivered.

Culture

The practice had a culture of openness, transparency and candour and there were policies and procedures in place to support this. These were in accordance with compliance with the requirements of the Duty of Candour.

Staff stated they felt involved, supported and valued. They told us that they were very happy to work at the practice. The practice had arrangements to support staff and to ensure that behaviour and performance were consistent with the practice's vision and values.

Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that any concerns would be addressed.

Governance and management

The principal dentist was responsible for the clinical leadership of the practice and the day to day running of the service. There were processes for identifying and managing risks, issues and performance.

The practice had a system of clinical governance in place. This included policies, protocols and procedures that were accessible to all members of staff.

There was a system for monitoring and reviewing various aspects of the service as part of an annual quality assurance programme. These included clinical and non-clinical audits in areas including safety and risk, infection control, dental care records and dental radiography procedures. The most recent audits in relation to dental radiography and record keeping had identified some areas for improvement and there were action plans in place to address these.

Appropriate and accurate information

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. The practice was aware of and had systems in relation to the General Data Protection Regulation (GDPR) requirements. Patients were told how information about them would be used and were assured of the measures in place to protect this information.

Engagement with patients, the public, staff and external partners

The practice used patient satisfaction surveys to obtain patients' views about the service. 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. The results from these showed that 100% of patients who participated would recommend the dental practice to their family and friends. The practice gathered feedback from staff through regular meetings, reviews and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Continuous improvement and innovation

There were arrangements to review staff appraise staff performance, and to support all members of staff to develop their skills, knowledge and experience.

Are services well-led?

Staff completed 'highly recommended' and continuing professional development training as per General Dental

Council professional standards. This included undertaking medical emergencies and basic life support training annually. Staff told us the practice provided support and encouragement for them to do so.