

Dr Simon Azimi Fard

iSmile Dental Practice

Inspection Report

1 The Lodge Mount Pleasant Avenue
Tunbridge Wells Kent TN1 1QY
Tel: 01892 547286
Website: www.ismiledentalpractice.co.uk

Date of inspection visit: 23 and 29 September 2015
Date of publication: 04/02/2016

Overall summary

We carried out an announced comprehensive inspection on 23 September 2015 and 29 September 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this practice was not providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this practice was not 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 not providing responsive care in accordance with the relevant regulations.

Are services well-led?

We found that this practice was not providing well-led care in accordance with the relevant regulations.

iSmile Dental Practice provides general dentistry, such as treating tooth decay, gum disease and restorative dentistry. The practice provides private services for patients in Tunbridge Wells, Kent and the surrounding areas.

The practice staff includes one dentist, one person working as a hygienist / dental therapist / dental nurse as well as two receptionists. Dental services are provided Monday to Friday between the hours of 8.30am and 5.15pm.

The dentist is the registered 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.

Twelve people provided feedback about the service. We looked at ten patient comment cards where all comments were positive about the service patients experienced at iSmile Dental Practice. Patients indicated that they felt the practice offered an excellent service and staff were professional, helpful and kind. They said that staff treated patients with dignity and respect. Patients had sufficient time during consultations with staff and felt listened to as well as safe.

Our key findings were:

- There were systems to check equipment had been serviced regularly, including the compressor, autoclave, oxygen cylinder and the X-ray equipment.
- Patients were provided with information and were involved in decision making about the care and treatment they received.

Summary of findings

- The practice had a monitoring system to help ensure staff maintained their professional registration.
- There were meetings held in order to engage staff and involve them in the running of the practice.

We identified regulations that were not being met and the provider must:

- Ensure the content and quality of dental care records are in line with national guidance.
- Ensure that the practice is in compliance with its legal obligations under Ionising Radiation Regulations (IRR) 99 and Ionising Radiation (medical Exposure) Regulation (IRMER) 2000.
- Ensure the practice's recruitment policy and procedures are suitable and the recruitment arrangements are in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to help ensure necessary employment checks are carried out for all staff and the required specified information in respect of persons employed by the practice is held.
- Ensure there is a system that monitors and records the hepatitis B status of clinical staff.

- Ensure systems are introduced for the proper and safe management of medicines.
- Ensure the practice has an effective system to assess, monitor and mitigate the risks arising from the undertaking of the regulated activities.
- Ensure that there are appropriate governance arrangements for the safe running of the service by establishing systems to monitor and assess the quality of the service.
- Ensure audits of various aspects of the service are undertaken at regular intervals to help improve the quality of the service. The practice should also ensure that all audits have documented learning points and the resulting improvements can be demonstrated.

You can see full details of the regulations not being met at the end of this report.

There were areas where the provider could make improvements and should:

- Review the practice's protocols for the use of rubber dams for root canal treatment, giving due regard to guidelines issued by the British Endodontic Society.

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 not providing safe care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement notices section at the end of this report).

The practice had systems for reporting, recording and monitoring incidents, accidents and significant events. The practice was unable to demonstrate they had a system to receive and respond to national patient safety alerts. There were systems to safeguard vulnerable adults and children who used services. The practice demonstrated it was able to respond adequately to a medical emergency before the arrival of an ambulance. Staff recruitment files did not contain evidence that all appropriate checks were carried out on staff prior to their employment at iSmile Dental Practice. Management of clinical waste segregation was good. The practice was unable to demonstrate patients' medical history records, including medicines they were taking and any allergies they had, were updated regularly. Record keeping in the patients' dental care records we saw was generally poor. The practice was unable to demonstrate that radiography carried out at the practice followed current legislation.

Are services effective?

We found that this practice was not providing effective care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

The practice was unable to demonstrate it always provided evidenced based dental care which was focussed on the individual needs of each patient. The practice was unable to demonstrate that staff who were registered with the GDC had completed continuing professional development and were meeting the requirement of their professional registration. Consent to care and treatment was obtained from patients and recorded appropriately.

Are services caring?

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

Patients told us (through comment cards and in discussion) that they had positive experiences of dental care provided by iSmile Dental Practice. Patients felt they were listened to, treated with respect and were involved with the discussion of their treatment options which included risks, benefits and costs. Patients with urgent dental needs were responded to in a timely manner.

Are services responsive to people's needs?

We found that this practice was not providing responsive care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report).

The practice was unable 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 not always carried out prior to treatment being carried out. Appointment times and availability met the needs of patients. The practice was accessible to patients with mobility problems. The practice had a system to handle complaints in an open and transparent way. The complaints procedure was readily available to patients.

Are services well-led?

We found that this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

Summary of findings

The practice had clinical governance and risk management systems. However, the practice was unable to demonstrate they had a system to help ensure all governance documents were kept up to date. There was a leadership structure with named staff in lead roles. 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. The dentist was visible in the practice and there were meetings held in order to engage staff and involve them in the running of the practice. The practice had a system that carried out staff appraisal. The practice was unable 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 an announced comprehensive inspection of iSmile Dental Practice on 23 September 2015. Our inspection team was led by a CQC Lead Inspector and included a Dentist specialist advisor. We returned to the practice on 29 September 2015. Our inspection team was led by a CQC Lead Inspector and a second CQC Inspector was present.

We returned to the practice on 29 September 2015 in order to collect further evidence due to the complex nature of the inspection.

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations, such as NHS England and the local Healthwatch, to share what they knew. We did not receive any information of concern.

During our visit we spoke with a range of staff and spoke with two patients who used the service. We reviewed comment cards where patients and members of the public shared their views and experiences of the service and reviewed practice documentation.

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

The practice used a range of information to identify risk and improve quality regarding patient safety. For example, reported incidents and accidents. The staff we spoke with were aware of their responsibilities to raise concerns and knew how to report incidents and near misses.

The practice had a system for reporting, recording and monitoring incidents, accidents and significant events. There was a significant event policy that guided staff. We reviewed safety records and incident reports for the last 12 months. These showed there had been no reported incidents or accidents during that time period.

The practice was unable to demonstrate they had a system that monitored and responded to Medicines and Healthcare Products Regulatory Agency 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.

Reliable safety systems and processes (including safeguarding)

The practice had systems to safeguard vulnerable adults and children who used services. There was written information for safeguarding vulnerable adults and children as well as other documents readily available to staff that contained information for them to follow in order to recognise potential abuse and report it to the relevant safeguarding bodies. For example, an adult safeguarding policy. The dentist was the practice's appointed lead in safeguarding vulnerable adults and safeguarding children. However, contact details of relevant safeguarding bodies were not available for staff to refer to if they needed to report any allegations of abuse of children. All staff we spoke with told us they were up to date with training in safeguarding and records confirmed this. When we spoke with staff they were able to describe the different types of abuse patients may have experienced as well as how to recognise them and how to report them.

The practice had a whistleblowing policy that contained relevant information for staff to follow that was specific to the service. The document detailed the procedure staff should follow if they identified any matters of serious concern and contained the names and contact details of

external bodies that staff could approach with concerns, such as the charity Public Concern at Work. All staff we spoke with were able to describe the actions they would take if they identified any matters of serious concern and most were aware of this policy.

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.

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.

Medical emergencies

There were documents that guided staff in dealing with medical emergency situations. For example, the emergency collapse procedure. Staff we spoke with told us they were either up to date with basic life support training or due to attend this training in the near future. Records confirmed this.

Emergency equipment was available in the practice, including access to emergency medicines, medical oxygen and an automated external defibrillator (AED) (an AED is a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm). Staff told us these were checked regularly and records confirmed this.

There was an emergency and business continuity policy that indicated what the practice would do in the event of situations such as a temporary or prolonged power cut and loss of the practice premises.

Staff recruitment

Are services safe?

The practice had policies and other documents that governed staff recruitment. For example, an agency staff policy and procedure. However, staff recruitment records did not contain evidence to demonstrate that appropriate checks had been undertaken prior to employment. For example, the practice was unable to demonstrate they obtained references and there were no interview records for a member of staff who started working for the practice recently in 2015.

Records demonstrated all relevant staff had Disclosure and Barring Service (DBS) clearance or an assessment of the potential risks involved in using those staff without a DBS check. (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.)

Monitoring health & safety and responding to risks

The practice had a health and safety policy to help keep patients, staff and visitors safe. Health and safety information was displayed for staff to see.

There was a record of identified risks and action plans to manage or reduce risk 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.

Infection control

The premises were generally clean and tidy. Patients we spoke with told us they always found the practice clean and had no concerns regarding cleanliness or infection control at iSmile Dental Practice.

We looked at the treatment rooms, decontamination and waiting areas. The treatment rooms and decontamination

area were fitted with hard flooring so that spillages were easily cleaned up. However, all 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. Records showed that an audit carried out on 9 July 2015 by the practice had identified that the dental chair was not free from rips or tears. Records showed that the audit was repeated on 24 August 2015 and identified that the dental chair was still not free from rips or tears. The practice was unable to demonstrate there was an action plan to address the risk that had been identified by the two consecutive audits. Since our inspection visits the practice have sent us a copy of an email that confirms repairs to the damaged surface of the dental chair have been ordered and will take from three to six weeks to complete.

Damp had penetrated the ceiling and upper walls of the main treatment room at iSmile Dental Practice. Some wall coverings were not intact and the plaster had come away from the walls in places. Staff told us that a builder had been employed to carry out repairs to the fabric of the building but there was no documentary evidence to support this. After our first visit, the practice sent us a copy of a letter from a property maintenance company confirming that redecoration of the practice treatment room was due to take place on 29 September 2015. When we returned to the practice on the 29 September 2015 no redecoration activity was taking place. Staff present at the practice on the 29 September 2015 advised us that they were not expecting any redecoration to take place that day and they were not aware when it was due to take place. However, since our second visit staff had informed us that these works have now been carried out and sent us photographic evidence that the works had taken place.

Antibacterial hand wash, paper towels and posters informing staff how to wash their hands were available at all clinical wash-hand basins in the practice.

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.

Personal protective equipment (PPE) including disposable gloves, aprons, face masks and visors were available for staff to use. Clinical staff were provided with uniforms for use whilst at work.

Are services safe?

The practice had infection control policies that contained procedures for staff to refer to in order to help them follow the guidelines issued by the Department of Health – Health Technical Memorandum 01-05: Decontamination in primary care dental practices.

There was a system to help ensure that reusable items of equipment were only used for one patient before being decontaminated and sterilised. Dental instruments were cleaned and decontaminated in a dedicated decontamination room. This was laid out appropriately with clear separation of the dirty instruments entering the room and the clean sterile instruments coming out of the autoclave. A member of staff demonstrated the process for cleaning and sterilising instruments and the process followed current guidance and appropriate PPE was worn throughout the procedure. The equipment used for cleaning and sterilising was maintained and serviced as set out by the manufacturers. Daily, weekly and monthly records were kept of decontamination cycles and tests and when we checked those records it was clear that the equipment was in working order and being effectively maintained. We looked at the dental instruments which had been taken through the decontamination process and were ready for use in each of the dental consulting rooms. Instruments were stored in sterile pouches and had expiry dates indicating by which time they should be used.

The infection control policy contained information for staff on the frequency and method for cleaning equipment used in assessing and treating people who used the practice. For example, work surfaces and equipment. We saw that the provider had a cleaning schedule of the whole building and that records were made of cleaning that took place. However, 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.

There was a system for safely handling, storing and disposing of clinical waste. This was carried out in a way that reduced the risk of cross contamination. Clinical waste was stored securely in locked, dedicated containers whilst awaiting collection from a registered waste disposal company.

The practice was unable to demonstrate they had a system that monitored and recorded the hepatitis B status of all clinical staff at iSmile Dental Practice.

There were procedures to ensure that water used in the practice complied with purity standards. This included using specially treated water for clinical processes that could generate water vapour which could be inhaled. The practice was also able to demonstrate there was a system for the management, testing and investigation of legionella (legionella is a term for particular bacteria which can contaminate water systems in buildings).

Equipment and medicines

Staff we spoke with told us they had sufficient equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment (including clinical equipment) was tested, calibrated and maintained regularly and there were equipment maintenance logs and other records that confirmed this.

The practice had a prescribing and dispensing medicines policy that guided staff. The practice dispensed antibiotics and administered medicines, such as ibuprofen, and local anaesthetic. There was an inventory of antibiotics held by the practice and dispensing records were maintained. We looked at the dental care records of two patients who had been dispensed antibiotics by iSmile Dental Practice. Both records contained a details of the patients' medical history, including the medicines they were taking at the time they joined the practice. However, the practice was unable to demonstrate that the dental care record of one of these patients was up to date. We looked at five other patients' dental care records and found that the practice was unable to demonstrate that their medical history records, including medicines they were taking, were updated at regular intervals.

Staff told us they used a copy of the British National Formulary (BNF) as a reference source when prescribing medicines to patients. The BNF is a nationally recognised medicines reference book produced by the British Medical Association and Royal Pharmaceutical Society of Great Britain. However, the copy of the BNF available to staff at iSmile Dental Practice was dated 2010. Staff were therefore not accessing up to date information when prescribing medicines.

Are services safe?

Medicines were stored securely in areas supervised by practice staff. 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.

Records showed that when local anaesthetic agents were used during treatments this was not always recorded in the patients' dental care record.

The practice did not have a refrigerator dedicated for the storage of medicines. Medicines that required refrigeration were stored in the practice's domestic refrigerator together with food. Staff told us that appropriate temperature checks for the refrigerator used to store medicines had been carried out but there were no records to confirm this.

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.

Radiography (X-rays)

The practice was unable to demonstrate that radiography carried out at the practice followed current legislation. The X-ray equipment had been regularly checked by service engineers and more frequently by staff. There were clear lines of responsibility and accountability recorded in the local rules for each X-ray unit. (The local rules set out who is responsible for the oversight and safety of radiography in the practice and what to do in the event of an equipment failure). X-rays were not justified, graded and reported on in dental care records. Staff told us that the practice did not carry out any audits of the quality of X-rays taken at iSmile Dental Practice.

The practice had a comprehensive radiation protection file where information was stored to show how the practice complied with the Ionising Radiation Regulations 1999 (IRR99) and the Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R2000) with the exception of image quality assurance and audits. The file contained details of who was and how to contact the Radiation Protection Advisor (RPA).

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

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.

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.

Patients we spoke with and comments cards we reviewed reflected that patients were satisfied with the assessments, explanations, quality of dentistry and outcomes.

Health promotion & prevention

Staff told us the practice promoted the maintenance of good oral health and asked new patients to complete a health questionnaire which included information regarding their health history. The practice then invited patients for consultation with the dentist.

Records failed to demonstrate that patients were given advice appropriate to their individual needs such as alcohol avoidance when taking certain antibiotics dispensed to them by practice staff.

Information displayed in the waiting areas promoted good oral health in children.

Staffing

The practice staff included one dentist, one person working as a hygienist / dental therapist / dental nurse as well as two receptionists.

There was an induction programme for staff to follow which helped ensure they were skilled and competent in

delivering safe, efficient care and support to patients. However, not all staff had undertaken training to help ensure they were kept up to date with the core training and registration requirements issued by the General Dental Council. For example, the practice was unable to demonstrate that all clinical staff were up to date with infection control training.

There was an appraisal system used to identify training and developmental needs. Records showed that staff had received regular appraisals. The practice had processes to identify and respond to poor or variable practice including policies such as the absenteeism policy and procedure.

Working with other services

The practice had systems to refer patients to other service providers if the service they required was not available at iSmile Dental Practice. For example, treatments for patients with complex dental needs.

Where a referral was necessary, the type of care and treatment was explained to the patient and they were given a choice of other healthcare professionals who were experienced in undertaking the type of treatment required.

Consent to care and treatment

The practice had a consent policy that governed the process of patient consent and guided staff. The policy described the various ways patients were able to give their consent to examination, care and treatment but did not detail how that consent should be recorded.

Staff told us that they obtained either verbal or written consent from patients before carrying out examinations, tests, treatments, arranging investigations or referrals and delivering care. They said that parental consent given on behalf of children was documented in the child's dental records. Not all staff had received formal training on the Mental Capacity Act 2005. However, staff we spoke with were able to describe how they would manage the situation if a patient did not have capacity to give consent for any treatment they required. Staff also told us that patients could withdraw their consent at any time and that their decisions were respected by the practice.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We looked at ten patient comment cards where all comments were positive about the service patients experienced at iSmile Dental Practice. Patients indicated that they felt the practice offered an excellent service and staff were efficient, helpful and caring. They said that staff treated patients with dignity and respect. Patients had sufficient time during consultations with staff and felt listened to as well as safe.

We spoke with two patients who told us they were satisfied with the care provided by the practice and that their dignity and privacy had been respected. Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. They said that consultation / treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

The practice had documents that guided staff in order to keep patients' private information confidential. For example, the data protection policy statement and the confidentiality policy.

Incoming telephone calls answered by reception staff and private conversations between patients and reception staff that took place at the reception desk could be overheard by others. However, when discussing patients' treatments staff were careful to keep confidential information private. Staff told us that a private room was available near the reception desk should a patient wish a more private area in which to discuss any issues.

Staff told us that if they had any concerns or observed any instances of discriminatory behaviour or where patients' privacy and dignity was not being respected, they would raise these with the dentist. The dentist told us they would investigate these and any learning identified would be shared with staff.

Dental care records were in electronic and paper format. Records that contained confidential information were held in a secure way so that only authorised staff could access them.

Involvement in decisions about care and treatment

Patients we spoke with told us that health issues and medication were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make informed decisions about the choice of treatment they wished to receive. Patient feedback from comment cards we reviewed was also positive and aligned with these views.

Some patients were provided with written treatment plans that explained the treatment required and outlined any costs patients were required to pay. Staff told us that they rarely carried out treatment the same day unless it was considered urgent. This allowed patients to consider the options, risks, benefits and costs before making a decision to proceed.

Information leaflets were available that gave a details on a wide range of treatments and promoted good oral health in children. Information about procedures such as crowns and bridges was accessible on the practice website.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice did not always deliver personalised care to patients that took into account their individual needs. The practice was unable to demonstrate that national guidance was being considered when delivering patient care. 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.

Appointment times and availability met the needs of patients. The practice was open Monday to Friday between the hours of 8.30am and 5.15pm. Patients with emergencies were assessed and seen the same day if treatment was urgent.

Staff told us that the practice scheduled enough time to assess and undertake patients' care and treatment needs. Staff said they did not feel under pressure to complete procedures and always had enough time available to prepare for each patient.

Tackling inequity and promoting equality

The premises and services had been designed to meet the needs of patients with mobility issues and patients with prams and pushchairs. For example, the practice was wheelchair accessible.

The practice was unable to demonstrate they had access to interpreter services for patients whose first language was not English.

Interviews with clinical staff showed that the culture in the practice was that patients were cared for and treated based on need and the practice took account of each patient's age, gender, race and culture as appropriate. There was written guidance available for staff to refer to to help them avoid discrimination when making care and treatment decisions. For example, the equality, diversity and human rights policy.

Access to the service

Dental services were provided Monday to Friday between the hours of 8.30am and 5.15pm. Patients could book appointments by email, by telephoning the practice or by attending the reception desk in the practice. Where treatment was urgent patients were seen the same day.

The practice opening hours as well as details of how patients could access services outside of these times were available for patients to take away from the practice in written form. For example, in a practice leaflet. Details of opening hours and out of hours services were also displayed on the front of the building.

Patients we spoke with said they experienced few difficulties when making appointments and were happy with the continuity of care provided by iSmile Dental Practice.

Appointments were available outside of normal working hours and outside of school hours. Specific longer appointments were available for vulnerable patients and those with mental health conditions.

Concerns & complaints

The practice had a system for handling complaints and concerns. Timescales for dealing with complaints were clearly stated and details of the staff responsible for investigating complaints were given. Information for patients was available in the practice that gave details of the practice's complaints procedure and included the names and contact details of relevant complaints bodies that patients could contact if they were unhappy with the practice's response. Patients we spoke with were not aware of the complaints procedure but said they had not had cause to raise complaints about the practice.

Staff told us that iSmile Dental Practice had not received any complaints within the last 12 months and records confirmed this.

Are services well-led?

Our findings

Governance arrangements

Staff told us that the practice did not have any documents that set out iSmile Dental Practice's governance strategy and guided staff. However, the dentist was the clinical governance lead and clinical governance issues were discussed at staff meetings. There was a variety of policies, policy statements and other documents that the practice used to govern activity. For example, the sharps injury policy, the child protection policy statement as well as the radiation protection file. However, 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.

There was a leadership structure with named members of staff in lead roles. For example, the dental nurse had lead responsibilities for infection control. The dentist was responsible for the day to day running of the practice. Staff we spoke with were clear about their own roles and responsibilities. However, the dentist was not aware they were the dedicated radiation supervisor at the practice until other staff reminded them of this. Staff we spoke with said they felt valued by the practice and able to contribute to the systems that delivered patient care.

Staff told us that the practice had not carried out any audit activity for the last five years. However, there were records demonstrating that an infection control audit had been completed in July 2015 and August 2015. Records showed that the results of these audits had not been discussed at staff meetings. The practice was unable to demonstrate they had developed or implemented action plans to address issues identified by these audits.

The practice was unable to demonstrate that audits of the quality of X-rays taken at iSmile Dental Practice or the quality and accuracy of dental care records were being carried out.

The practice identified, recorded and managed some risks. It had carried out risk assessments where risks had been identified and action plans had been produced and implemented. For example, a fire risk assessment. However, risk assessment activity at iSmile Dental Practice

was not up to date and had failed to identify all risks. For example, risks associated with: incomplete record keeping of patients' dental care records and treatment; the presence of out of date medicines, equipment and other materials. Where risks had been established by the risk assessment, action had not always been taken to reduce them. For example, the practice was unable to demonstrate they had a system that monitored and recorded the hepatitis B status of all clinical staff.

Leadership, openness and transparency

The dentist was visible in the practice and staff told us that they were always approachable and always took time to listen to all members of staff. All staff were involved in discussions about the running and development of the practice.

Staff told us they felt well supported by colleagues and management at the practice. They said they were provided with opportunities to maintain skills as well as develop new ones in response to their own and patients' needs.

There were meetings held in order to engage staff and involve them in the running of the practice. For example, practice meetings. Staff we spoke with told us they felt valued by the practice and able to contribute to the systems that delivered patient care.

Management lead through learning and improvement

The practice valued learning. There was a culture of openness to reporting and learning from patient safety incidents. All staff were supported to update and develop their knowledge and skills.

We spoke with two members of staff who told us they had an annual performance review and personal development plan. Records confirmed this.

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

Staff told us the practice carried out a patient satisfaction survey in August 2014. Records demonstrated that the practice had collected four completed patient questionnaires. However, these were not dated so it was not clear when they were collected. Patient satisfaction survey results had not been collated and there were no records to demonstrate any suggestions for improvements identified by the survey had been considered or actioned

Are services well-led?

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

The practice gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they

would not hesitate to feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged in the practice to improve outcomes for both patients and staff.

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment was not always provided in a safe way for service users.</p> <p>The registered person was not: assessing the risks to the health and safety of service users of receiving the care or treatment; doing all that is reasonably practicable to mitigate any such risks; ensuring that persons providing care or treatment to service users had the qualifications, competence, skills and experience to do so safely; managing medicines properly or safely; assessing the risk of, and preventing, detecting and controlling the spread of infections, including those that are health care associated.</p> <p>Regulation 12(1)(2)(a)(b)(c)(g)(h).</p>
Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes were not established or operated effectively to ensure compliance with the requirements in this Part (of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).</p> <p>The systems or processes did not enable the registered person, in particular, to: assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the experience of service users in receiving those services); assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity; maintain an accurate, complete and contemporaneous record in respect of each service user, including a record of care and treatment</p>

Enforcement actions

provided to the service user and of decisions taken in relation to the care and treatment provided; maintain such other records as were necessary to be kept in relation to persons employed in the carrying on of the regulated activity, and the management of the regulated activity; seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purpose of continually evaluating and improving such services; evaluate and improve their performance in respect of the processing of the information referred to in sub-paragraphs (a) to (e).

Regulation 17(1)(2)(a)(b)(c)(d)(i)(ii)(e)(f).