

Dr Babak Amozandeh + Mrs Maryam Amozandeh Smile Creator Dental Surgery

Inspection Report

332-334 Norris Road
Sale
Cheshire
M33 2UG
Tel: 0161 9699907
Website: none

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Overall summary

We carried out this announced inspection on 20 July 2017 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.

We told the NHS England area team that we were inspecting the practice. We did not receive any information of concern from them.

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

Smile Creator Dental Surgery is in Sale, Cheshire and provides NHS and private treatment to adults and children.

There is level access for people who use wheelchairs and pushchairs. The practice has a small car park which includes a designated space for patients with disabled badges. Additional on-street parking is available.

Summary of findings

The dental team includes three dentists, four dental nurses (one of whom is a trainee), a receptionist and a practice manager. The practice has three treatment rooms.

The practice is owned by a partnership and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Smile Creator Dental Surgery was the principal dentist.

On the day of inspection we collected 48 CQC comment cards filled in by patients. This information gave us a positive view of the practice.

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

The practice is open:

Monday to Thursday 09:00 to 13:00 and 14:00 to 17:00

Friday 09:00 to 15:00

Our key findings were:

- The practice was clean and well maintained.
- Improvements were needed to infection control procedures.
- Staff knew how to deal with emergencies. Appropriate medicines were available but some items of life-saving equipment were missing.
- 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 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 dealt with complaints positively and efficiently.

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

- 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 availability of medicines and equipment to manage medical emergencies giving due regard to guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team. The practice should also review the security of prescription pads in the practice and ensure there are systems in place to monitor and track their use.
- Review the practice's infection control procedures giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices to ensure that the risk of legionella is assessed and the processes for cleaning, checking and sterilising instruments are reviewed.
- Review governance processes relating to:
 - Sharps procedures giving due regard to the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
 - Compliance with its legal obligations under Ionising Radiation Regulations (IRR) 99 and Ionising Radiation (Medical Exposure) Regulation (IRMER) 2000.
 - Procedures for closed-circuit television (CCTV) and compliance with the information commissioner's office protocols (ICO).
 - Audit protocols of various aspects of the service, such as radiography at regular intervals to help improve the quality of service. The practice should also check all 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. They used learning from incidents and complaints to help them improve.

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. Minor improvements were needed to the processes for cleaning and sterilising dental instruments. Procedures were not in place to reduce the possibility of Legionella or other bacteria developing in the water systems.

Improvements were needed to the equipment for dealing with medical emergencies.

The practice had systems in place to help them manage most risks. The use of sharps had not been risk assessed and protective measures were not implemented.

The practice did not have access to a Radiation Protection Adviser and recommendations from the X-ray maintenance tests had not been implemented.

A system was not in place to ensure all MHRA alerts relevant to dental practices were received and acted upon.

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. Nervous patients said staff were compassionate and understanding. They described a friendly and responsive staff team. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

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.

No action



Summary of findings

We received feedback about the practice from 48 people. Patients were positive about all aspects of the service the practice provided. They told us staff were professional, caring and friendly. They said that they were given helpful, honest explanations about dental treatment, and said their dentist listened to them. Patients commented that they 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. The practice had installed CCTV with audio recording around the premises following security incidents. Signs were not displayed to advise people they were being recorded with audio recordings and the ICO had not been informed of the use of CCTV.

Patients said staff treated them with dignity and respect.

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 in pain.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had also installed colour coded treatment rooms with corresponding lines of colour in the floor which patients could follow from the reception area to the correct room.

Staff at the practice could speak other languages and the practice had access to telephone interpreter services and had arrangements to help patients with sight or hearing loss.

The practice took patients views seriously. They valued compliments from patients and responded 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 team kept complete patient dental care records which were, clearly written or typed and stored securely.

There was evidence of audits of dental care records, X-rays and infection prevention and control but these were not carried out at the recommended frequency.

The practice used patient surveys and verbal comments to obtain staff and patients' views about the service.

No action





Are services safe?

Our findings

Reporting, learning and improvement from incidents

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 all incidents to reduce risk and support future learning.

The practice had registered to receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). We found recent relevant alerts had not been received and acted upon. We alerted the practice manager on the day of the inspection about this and they reviewed these alerts to ensure they were not affected by them. The practice manager told us they would ensure that future alerts are received, acted upon and retained for reference.

Reliable safety systems and processes (including safeguarding)

Staff knew their responsibilities if they had concerns about the safety of children, young people and 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. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The practice had not carried out a sharps risk assessment and not all clinicians were using safety devices to re-sheath needles. This was discussed with the dentists who gave assurance that a full risk assessment would be carried out and discussed with all clinical staff. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice had a business continuity plan describing how the practice would deal events which could disrupt the normal running of the practice.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year.

Emergency medicines were available as described in recognised guidance; all staff were not aware of their location. Not all the recommended emergency equipment items were available. For example, oropharyngeal airways, self-inflating bags and face masks. The practice manager sent us evidence to show these were obtained immediately after the inspection. Staff carried out a basic monthly check of the emergency equipment and kept records of their checks but these could be improved to be carried out on a weekly basis. The clinical team discussed the emergency kit and the arrangements for checking at the end of the inspection.

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at nine 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

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics. Fire evacuation plans were in place and staff had received fire safety training. The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

The staff records we reviewed with the principal dentist provided evidence to support the relevant staff had received inoculations against Hepatitis B. It is recommended that people who are likely to come into contact with blood products or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of acquiring blood borne infections. Evidence of satisfactory blood tests for the presence of the



Are services safe?

Hepatitis B antibody was not available for one clinical staff member. This was brought to the attention of the practice manager who assured us they would review and risk assess as required.

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

Infection control

The practice had an 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 completed infection prevention and control training every year.

The practice had suitable arrangements for transporting and storing instruments in line with HTM01-05. Minor improvements were needed to the processes for cleaning, checking and sterilising instruments. A protocol was displayed in the decontamination room but not all staff were familiar with or followed this.

The practice carried out infection prevention and control audits annually, we discussed the requirement to undertake these six-monthly with the practice manager. The latest audit showed the practice was meeting the required standards.

The practice manager told us that a legionella risk assessment had been carried out but this could not be located. They had acted upon recommendations such as disconnecting the shower. The practice previously had procedures in place to reduce the possibility of Legionella or other bacteria developing in the water systems. These had ceased after the provider sought advice and obtained a water purification system. Staff had a system to drain the water lines at the end of each day and were flushing water lines but not all relevant staff were familiar with the recommended times for flushing. This was discussed with the principal dentist who took immediate action to arrange a full Legionella risk assessment of the practice. They gave assurance that any recommendations would be acted upon without delay.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed this was usual.

Equipment and medicines

We requested servicing documentation for all equipment in the practice, including the practice's sterilisers. We found the service for one of the sterilisers was two months overdue and the second spare steriliser had not been serviced since November 2015; The practice manager told us that this device was not currently in use but staff told us the spare machine was used a few months ago. The practice manager immediately arranged an annual service and ensured all staff were aware; evidence was sent to confirm this the following day. Staff carried out checks in line with the manufacturers' recommendations but evidence of all sterilisation cycles was not retained.

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

The security of prescription pads could be improved. Records of NHS prescriptions were not maintained as described in current guidance. At the end of the inspection, the principal dentist discussed this with the clinical staff and all prescriptions were placed in a secure location.

Radiography (X-rays)

The practice had arrangements to ensure the safety of the X-ray equipment. The practice had not appointed a Radiation Protection Adviser (RPA) as per national requirements. We reviewed the recent maintenance reports of the X-ray equipment. Recommended actions (relocation of isolation switches and the appropriate protective lining of treatment room walls) had not been implemented. The practice manager assured us they would appoint an RPA and arrange a consultation in regards to the recommendations immediately. We received email confirmation of this the following day.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice had carried out X-ray audits but these were not carried out every year following current guidance and legislation.

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



Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information.

Health promotion & prevention

The practice provided preventative care and support to patients in line with the Delivering Better Oral Health toolkit.

The dentists told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children as appropriate.

The dentists told us they discussed smoking, alcohol consumption and diet with patients during appointments and patient comments confirmed this. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

Staffing

Staff new to the practice had a period of induction based on a structured induction programme. We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council.

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals.

Working with other services

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. The practice monitored urgent referrals to make sure they were dealt with promptly.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence and the dentists were aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.



Are services caring?

Our findings

Respect, dignity, compassion and empathy

Staff were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were professional, caring and friendly. We saw that staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Nervous patients said staff were compassionate and understanding. They described a friendly and responsive staff team. Several patients commented that they looked forward to visiting the practice and would recommend the service to family and friends.

The layout of reception and waiting areas did not provide privacy when reception staff were dealing with patients but staff were aware of the importance of privacy and confidentiality. Staff described how they avoided discussing confidential information in front of other patients and if a patient asked for more privacy they would take them into another room.

The reception computer screens were not visible to patients and staff did not leave 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.

The provider had installed a closed circuit television system, (CCTV), in the reception, waiting room and in the treatment rooms. We saw that notices were displayed to inform people that CCTV was in use to protect the premises but the provider had not displayed any information to make patients aware that some of the areas recorded audio or their right of access to footage which may contain their images. The provider assured us this would be addressed.

Music was played in the treatment rooms and waiting areas. There was a variety of oral health information, magazines, patient satisfaction and feedback forms available for patients.

Involvement in decisions about care and treatment

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. The dentists described the conversations they had with patients to satisfy themselves they understood their treatment options. Many patients comments confirmed that the dentists spent time explaining and discussing treatment options and gave them time to ask questions.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

The practice's website provided patients with information about the range of treatments available at the practice. These included general dentistry and treatments for gum disease and more complex treatment such as crowns, bridges and implants.



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Patients described high levels of satisfaction with the responsive service provided by the practice.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen 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.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. For example, patient notes were flagged if they were unable to access the first floor surgery or if they required a translator.

Tackling inequity and promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access and an accessible toilet with hand rails and a call bell. The practice had also installed colour coded treatment rooms with corresponding lines of colour in the floor which patients could follow from the reception area to the correct room.

Staff at the practice could speak Urdu, Hindi and Punjabi and could provide information in different formats and languages to meet individual patients' needs. They had access to interpreter and translation services which included British Sign Language and braille.

Access to the service

The practice displayed its opening hours in the premises, their information leaflet and on their website.

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day and kept appointments free for same day appointments. The website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Concerns & complaints

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 these. Staff told us they would tell the practice manager or principal dentist about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments and complaints the practice received in the past 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service. We saw numerous compliments from patients about all aspects of the service.



Are services well-led?

Our findings

Governance arrangements

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

Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong.

Staff told us there was an open, no blame culture at the practice. They said the partners encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us partners were approachable, would listen to their concerns and act appropriately. The partners discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

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.

Learning and improvement

On the day of the inspection the practice were open to feedback and took immediate actions to address the

concerns raised during the inspection. The partners asked the whole team to attend the inspection feedback where they discussed the concerns and plans to make immediate improvements. They sent evidence to confirm that actions had been taken the following day. They demonstrated a commitment to continuing the work and engagement with staff and external organisations to make further improvements.

The practice had quality assurance processes to encourage learning and continuous improvement. There was evidence of audits of dental care records, X-rays and infection prevention and control but these were not carried out at the recommended frequency.

The partners showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The dental nurses had annual appraisals. 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 and basic life support, each year. 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

The practice used patient surveys and verbal comments to obtain staff and 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.