

# Dr. Shailesh Gohil

# Shasgo Dental

## Inspection Report

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### Overall summary

We carried out this announced follow-up inspection of Shasgo Dental on 1 December 2017. The inspection was led by a Care Quality Commission (CQC) inspector who was supported by a specialist dental adviser.

At the previous comprehensive inspection on 15 June 2017 we found the registered provider was providing effective, caring and responsive care in accordance with relevant regulations.

We judged the practice was not providing safe or well-led care in accordance with regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can read our report of that inspection by selecting the 'all reports' link for Shasgo Dental on our website [www.cqc.org.uk](http://www.cqc.org.uk).

The provider submitted an action plan to tell us what they would do to make improvements. We undertook this inspection on 1 December 2017 to check they had followed their plan. We reviewed the key question of well-led. We also reviewed the key question of safe, effective and responsive as we had made recommendations to the provider relating to these key questions.

#### **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 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.

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

- Review the practice's protocols for the use of rubber dam for root canal treatment taking into account guidelines issued by the British Endodontic Society.
- Review staff training and the availability of equipment used to manage medical emergencies, taking into account guidelines issued by the Resuscitation Council (UK) and the General Dental Council (GDC) standards for the dental team. In particular this relates to the lack of availability of buccal Midazolam and training on the use of the Automated External Defibrillator (AED).
- Review the practice's protocols for completion of dental care records taking into account guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.

# 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 followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had systems and processes to provide safe care and treatment.

The practice had improved arrangements for dealing with medical and other emergencies by ordering an Automated External Defibrillator. Improvements could be made to ensure all staff received training on how to operate this equipment.

**No action**



### **Are services effective?**

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

The practice team kept patient dental care records which were stored securely, though improvements could be made to ensure key information was always recorded by the dentist.

The practice ensured staff completed training relevant to their roles.

**No action**



### **Are services responsive to people's needs?**

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

The practice had considered the needs of patients with a disability and those who did not speak or understand English.

**No action**



### **Are services well-led?**

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

The provider had made improvements though further improvements could be made to fully address shortfalls we had identified during the previous inspection on 15 June 2017.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. They had carried out a Legionella risk assessment and reviewed other risk assessments.

The practice had reviewed and updated several policies.

**No action**



# Are services safe?

## Our findings

At the previous inspection on 15 June 2017, we found the provider was not providing safe care.

### Reporting, learning and improvement from incidents

During this inspection on 1 December 2017, we found the provider had implemented a new accident recording book.

The receptionist and dental nurse were able to discuss examples of significant events, though the principal dentist did not demonstrate an understanding of these.

Improvements were required to establish a process to report, investigate, respond and learn from significant events and incidents.

Shortly after the inspection the principal dentist sent us evidence of a significant event policy they had implemented to provide staff with guidance on the process to follow, and a recording form.

The principal dentist had signed up to receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). They told us relevant alerts would be discussed with staff and acted on.

### Reliable safety systems and processes (including safeguarding)

Staff had received safeguarding training and 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 implemented local guidelines and safeguarding aims from Bexley council for identifying a vulnerable adult, a system for recording incidents involving children, and protocols for reporting child and adult safeguarding concerns to external safeguarding leads along with the relevant contact details.

Improvements could be made to ensure there were child and vulnerable adult safeguarding policies and procedures available to provide staff with information about identifying, reporting and dealing with suspected abuse within the practice.

Shortly after the inspection the principal dentist sent us evidence of safeguarding child and vulnerable adult policies.

The dentist was still not using rubber dam when providing root canal treatment, which was not in line with guidance from the British Endodontic Society; they had still not formally assessed the risks related to the lack of use of rubber dams. The principal dentist told us they would continue to use an alternative safety method with a chain that could be attached to dental files and hand pieces.

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 had completed training in emergency resuscitation and basic life support since the previous inspection.

Emergency equipment and medicines were available, though improvements could be made to ensure these were as described in recognised guidance. For example, the provider had still not stocked Midazolam (a medicine used for managing epileptic seizure) that could be administered orally. They had instead ordered an alternative injectable Diazepam. Staff checked the medicines and equipment regularly to ensure they were available, within their expiry date, and fit for use, and they kept records of these checks.

The practice had ordered an Automated External Defibrillator which they received the day prior to the inspection. Improvements could be made to ensure the defibrillator was assembled and ready to use, and that staff completed training on how to operate it. The principal dentist told us they were planning on arranging training to be completed in 2018.

### Staff recruitment – recruitment checklist now in place & policy is fine

The practice had updated their recruitment policy and procedure to include key background documentation the practice would request to help them employ suitable staff. This reflected the relevant legislation.

### Monitoring health & safety and responding to risks

The practice had reviewed and updated their health and safety risk assessment. They carried out a further review of this assessment shortly after the inspection to ensure it contained information that was consistent with arrangements in the practice.

The practice had still not carried out a sharps risk assessment.

# Are services safe?

The practice had carried out a fire drill since the last inspection.

## **Infection control**

Staff had completed infection prevention and control training since the previous inspection. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health for cleaning, checking and storing dental instruments. They ensured they ran a test cycle of the autoclave prior to sterilising dental instruments and used a dedicated handwashing sink.

Improvements could be made to ensure staff also sterilised used dental instrument trays, used a box to transport clean instruments from the decontamination area to the surgery, and to ensure they did not use a metal brush to scrub used dental instruments.

After the inspection the provider sent us evidence they had purchased a sealable box they told us would be used for transporting clean instruments. They also told us they would cease the use of the metal brush and ensure they sterilised used dental instrument trays.

The practice had displayed clear signs to indicate the clean and dirty zones in the decontamination room, ensured the waste bin in the decontamination area was pedal-operated, and ensured the bag used to collect clinical waste in the treatment room was the designated orange bag clinical waste bag.

The practice had not removed crockery and a kettle from a counter in the decontamination room or protected them from exposure to aerosols. After the inspection the provider sent us evidence showing these items had been removed from the counter in the decontamination room.

The practice had carried out a new infection prevention and control audit since the last inspection.

They had ensured the autoclave was serviced and sealed the flooring in the treatment room.

The practice had implemented procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. They ensured water was tested for the presence of Legionella and disinfected water lines in accordance with current guidelines.

## **Equipment and medicines**

The practice showed us servicing documentation and updated electrical safety testing for the equipment used. The principal dentist told us they carried out checks of electrical equipment in line with the manufacturers' recommendations.

## **Radiography (X-rays)**

The practice had ensured radiography equipment was serviced in line with recommendations from their most recent radiological survey. Clinical staff had completed continuous professional development in respect of dental radiography. They had begun to use a rectangular collimator in line with current guidelines.

# Are services effective?

(for example, treatment is effective)

## Our findings

At the last inspection on 15 June 2017 we found the practice was providing effective care though some improvements could be made.

### **Monitoring and improving outcomes for patients**

During this inspection on 1 December 2017 we found the principal dentist had audited dental care records to check whether they had recorded the necessary information.

We checked dental care records made since the last inspection to confirm our findings. The practice had made some efforts to improve the quality of record keeping since the last inspection, though we found they still did not always contain the necessary information; for example,

assessments of the patient's oral health (including periodontal charting) and risk levels, diet and lifestyle advice, consent, review arrangements, and the justification and grading of radiographs.

### **Health promotion & prevention**

The principal dentist told us they delivered preventative care and supported patients to ensure better oral health. They told us that where applicable they discussed smoking cessation, alcohol consumption and diet with patients during appointments. Improvements could be made to ensure these discussions were recorded in dental care records.

### **Consent to care and treatment**

The practice's consent policy had not been updated with information about the Mental Capacity Act 2005 or Gillick competence.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

At the last inspection on 15 June 2017 we found the practice was providing responsive care though improvements could be made.

### **Promoting equality**

During this inspection on 1 December 2017 we found the practice had reviewed the needs of people with a disability

including those with hearing difficulties, and those who did not speak or understand English, in line with an audit. They told us they could access interpreting services if needed; improvements were needed to ensure the contact details of these services were available. After the inspection the provider sent us evidence showing they had updated the audit with contact details of an interpreter that offered translation services and British Sign Language.

# Are services well-led?

## Our findings

At the last inspection on 15 June 2017 we found the practice was not providing well-led care.

### Governance arrangements

During this inspection on 1 December 2017, although staff knew the management arrangements and their roles and responsibilities, not all demonstrated a good understanding of significant events or of the processes that needed to be implemented to manage them.

Shortly after the inspection the provider sent us evidence that they had implemented a significant event policy they had implemented to provide staff with guidance on managing significant events, and a recording form.

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. The health and safety risk assessment had been reviewed though it required further improvement to ensure it contained information that was consistent with arrangements in the practice. Improvements could also be made to ensure practice-specific child and adult safeguarding policies were available for managing safeguarding concerns within the practice.

Shortly after the inspection the principal dentist sent us evidence showing they had reviewed and made amendments to the health and safety risk assessment.

They also sent us evidence of safeguarding child and vulnerable adult policies to provide staff with information about reporting and dealing with suspected abuse within the practice.

### Leadership, openness and transparency

The principal dentist told us they discussed concerns and non-clinical updates via informal discussions with staff. Improvements could be made to formalise this process and document discussions.

### Learning and improvement

The principal dentist showed some commitment to learning and improvement though further improvements could be made in this regard. The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiography and infection prevention and control. They had clear records of the results of these audits.

Staff told us they discussed well-being and training needs during informal discussions. After the inspection the provider sent us evidence of completed appraisals for the receptionist and dental nurse.

Staff had completed key training including safeguarding vulnerable adults and children, radiation protection, medical emergencies and basic life support, and infection control since the last inspection. There were records of continuous professional development for all staff.