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# Sidcup Dental Spa

## Inspection report

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### Overall summary

We carried out this announced focused comprehensive inspection on 23 March 2022 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 practice was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a Care Quality Commission, (CQC), inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we usually ask five key questions, however due to the ongoing COVID-19 pandemic and to reduce time spent on site, only the following three questions were asked:

- Is it safe?
- Is it effective?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

- The dental clinic appeared to be visibly clean and well-maintained.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which reflected current legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff provided preventive care and supported patients to ensure better oral health.
- Staff felt involved and supported and worked as a team.
- Improvements were required to information governance arrangements.
- The practice had infection control procedures which broadly reflected published guidance. Improvements were required with regards to checks to sterilisation equipment.

# Summary of findings

- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available. Improvements were required with regards to staff training for medical emergencies
- Improvements were required with regards to the systems in place to help the practice manage risks to patients and staff.

## Background

Sidcup Dental Spa is in the London borough of Bexley and provides private dental care and treatment for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces are available near the practice.

The dental team includes a principal dentist, a dental nurse and a trainee dental nurse. The practice has two treatment rooms.

During the inspection we spoke with the principal dentist, the dental nurse and the trainee dental nurse. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday and Wednesday 9.00am to 6.00pm

Tuesday and Thursday 9.00am to 8.00pm

Friday and Saturdays 9.00am to 1.00pm

We identified regulations the provider was not complying with:

Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

**Full details of the regulation the provider was not meeting are at the end of this report.**

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

Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the College of General Dentistry.

# Summary of findings

## The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	No action	✓
Are services effective?	No action	✓
Are services well-led?	Requirements notice	✗

# Are services safe?

## Our findings

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

### **Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)**

The practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children. Staff we spoke with demonstrated adequate knowledge of safeguarding; however improvements were required to ensure that staff undertook training at appropriate intervals in safeguarding vulnerable adults and children in line with continuing professional development requirements. The practice provided evidence of training they completed after the inspection demonstrating they were up to date.

The practice had infection control procedures which broadly reflected published guidance. The practice had introduced additional procedures in relation to COVID-19 in accordance with published guidance. Improvements were required with regards to testing sterilisation equipment. Foil tests were not being carried out accurately on the ultrasonic bath. TST tests (a test that measures time, steam and temperature within an autoclave) were not being completed in line with manufacturers guidance for the autoclave. We discussed this with the provider and they assured us the tests would be completed appropriately in the future.

The practice had procedures to reduce the risk of Legionella or other bacteria developing in water systems, in line with a risk assessment.

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

We saw the practice was visibly clean and there was an effective cleaning schedule to ensure the practice was kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation.

Clinical staff were qualified, registered with the General Dental Council and had professional indemnity cover.

The practice ensured equipment was safe to use and maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations.

The practice did not ensure the facilities were maintained in accordance with regulations. Portable appliance testing (PAT) had been completed but the five-year fixed wire installation was overdue. The practice made arrangements for this to be carried out shortly after the inspection. Documentary evidence was sent to confirm this.

The practice did not have arrangements to ensure the safety of the X-ray equipment. The required radiation protection information was not available. For example, there was no Radiation Protection File; a Radiation Protection Advisor (RPA) had not been appointed; the X-ray equipment had not been serviced and maintained according to manufacturer's requirements. We discussed this with the practice, and they made arrangements for equipment to be serviced the week after the inspection. Documentary evidence was sent to confirm this.

### **Risks to patients**

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety, sepsis awareness and lone working.

Emergency equipment and medicines were available and checked in accordance with national guidance. Improvements were required with regards to the storage of glucagon, ensuring if stored in the fridge, a thermometer is available to measure the temperature.

# Are services safe?

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Face to face basic life support had not been completed by the team in the last couple of years. We discussed this with the practice and they confirmed they were trying to secure the training. The practice contacted us shortly after the inspection confirming it had been booked for the coming months.

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health.

## **Information to deliver safe care and treatment**

Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

The practice had systems for referring patients with suspected oral cancer under the national two-week wait arrangements.

## **Safe and appropriate use of medicines**

The practice had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were carried out.

Antimicrobial prescribing audits were not carried out.

## **Track record on safety, and lessons learned and improvements**

The practice had implemented systems for reviewing and investigating when things went wrong. The practice had a system for receiving and acting on safety alerts.

# Are services effective?

(for example, treatment is effective)

## Our findings

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

### **Effective needs assessment, care and treatment**

The practice had systems to keep dental professionals up to date with current evidence-based practice.

### **Helping patients to live healthier lives**

The practice provided preventive care and supported patients to ensure better oral health.

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

Staff obtained patients' consent to care and treatment in line with legislation and guidance.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA).

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

### **Monitoring care and treatment**

The practice kept detailed dental care records in line with recognised guidance.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits six-monthly following current guidance and legislation. The practice had not carried out six-monthly radiography audits in line with the current guidance and legislation. The radiography audits we saw were completed in 2015.

### **Effective staffing**

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

Newly appointed staff had a structured induction and clinical staff completed continuing professional development required for their registration with the General Dental Council.

### **Co-ordinating care and treatment**

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The dentist confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide

# Are services well-led?

## Our findings

We found 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 section at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

### **Leadership capacity and capability**

The practice demonstrated a transparent and open culture in relation to people's safety.

The information and evidence presented during the inspection process was clear.

### **Culture**

The practice could show how they ensured high-quality sustainable services and demonstrated improvements over time.

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

Staff discussed their training needs during annual appraisals and one to one meetings. They also discussed learning needs, general wellbeing and aims for future professional development.

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals.

### **Governance and management**

Staff had clear responsibilities roles and systems of accountability.

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

The practice did not have clear and effective processes for managing risks, issues and performance. For example the five year fixed wire installation certificate was overdue, the practice had not completed the 2017 re-registration for the use of radiography equipment with the Health and Safety Executive, daily checks were not being completed for the automated external defibrillator (AED), the contract with the radiation protection service had elapsed and there was no radiation protection file in place.

### **Appropriate and accurate information**

Staff acted on appropriate and accurate information.

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

### **Engagement with patients, the public, staff and external partners**

Staff gathered feedback from patients and external partners and a demonstrated commitment to acting on feedback.

The practice gathered feedback from staff through daily huddles, meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

### **Continuous improvement and innovation**

The practice had systems and processes for learning, continuous improvement and innovation. Improvements were required to the current system in place for staff training. The dentist was overdue in completing radiography training.

The practice had some quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, disability access, radiographs and infection prevention and control.

# Are services well-led?

The practice had not undertaken audits of radiographs in accordance with current guidance and legislation.



## Requirement notices

### 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 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</b></p> <p><b>Regulation 17 Good governance</b></p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>How the Regulation was not being met</p> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided.</p> <p>In particular:</p> <ul style="list-style-type: none"><li>• The contract for radiation protection had expired. At the time of the inspection there was no radiation protection file in place, servicing of radiography equipment was not up to date, there was no radiation protection supervisor or radiation protection advisor.</li><li>• At the time of the inspection the dentist was not up to date with radiography training.</li><li>• The five-year fixed wire installation certificate was out of date, having expired in 2017.</li><li>• There was no evidence of the practice carrying out radiography audits since 2015.</li><li>• The practice had not kept up to date Health and Safety Executive requirements and had not re-registered with the HSE in line with the 2017 requirements.</li></ul>

This section is primarily information for the provider

## Requirement notices

- Tests to the autoclave and ultrasonic bath were not always carried out and recorded in line with manufacturers guidance.
- Records to medical emergencies equipment did not evidence that checks were carried out daily to the AED.
- Staff were overdue with their safeguarding training in line with continuing professional development requirements.

Regulation 17 (1)