

Dr. Baber Khan

Dr Baber Khan - The Crescent

Inspection report

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Overall summary

We undertook a follow up focused inspection of Crescent Dental Practice on 23 November 2023. This inspection was carried out to review the actions taken by the registered provider to improve the quality of care and to confirm that the practice was now meeting legal requirements.

We carried out this announced focussed inspection under the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was led by a CQC inspector who was supported by a specialist dental advisor.

- We had previously undertaken a comprehensive inspection of Crescent Dental Practice on 13 September 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.
- We found the registered provider was not providing safe or well-led care and was in breach of regulations 9, 12, 13 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- We conducted further follow up focused inspections on 2 September 2021 and December 2022 where we found continued breaches of regulations 12 and 17.

You can read our report of that inspection by selecting the 'all reports' link for Crescent Dental Practice dental practice on our website www.cqc.org.uk.

When 1 or more of the 5 questions are not met we require the service to make improvements and send us an action plan. We then inspect again after a reasonable interval, focusing on the areas where improvement was required.

As part of this inspection, we asked:

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

Our findings were:

Summary of findings

Are services safe?

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

The provider had made insufficient improvements to put right the shortfalls and had not responded to the continued regulatory breaches we found at our inspection on 15 December 2022.

Are services well-led?

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

The provider had made insufficient improvements to put right the shortfalls and had not responded to the continued regulatory breaches we found at our inspection on 15 December 2022.

Background

Crescent Dental Practice, is in the Lincolnshire market town of Spalding and provides private treatment for adults and children.

There is level access for people who use wheelchairs and those with pushchairs at the rear of the premises. There are no car parking facilities, but there are public car parks within close proximity to the practice. These include parking for blue badge holders.

The dental team includes 3 dentists, 2 dental nurses and 1 receptionist. The practice has 2 treatment rooms and a dedicated decontamination room.

The practice is owned by an individual who is the principal dentist. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

The provider was not present during the inspection. We spoke with 1 dental nurse, 1 receptionist and a staff member identified as a practice manager / receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open Monday to Friday from 9am to 5pm.

We identified regulations the provider was not meeting. They must:



- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	Enforcement action	
Are services well-led?	Enforcement action	

Are services safe?

Our findings

We found that this practice was not complying with the relevant regulations. We have told the provider to take action (see full details of this action in the Enforcement Actions section at the end of this report).

At the inspection on 23 November 2023, we found the practice was not providing safe care and had failed to implement and sustain improvements to comply with the regulations:

- Systems to ensure fire exits were accessible were not effective. We found the fire exit at the rear of the ground floor was locked with a high level deadbolt as well as a mortice lock.
- Systems to ensure smoke detectors were in working order were not effective. 3 of 4 smoke detectors did not work as the batteries had been removed and not replaced. Staff who told us they carried out checks of this equipment were not aware of this issue.
- At our inspections of 15 December 2022, 2 September 2021 and 13 September 2020 we identified that the provider had not obtained a satisfactory five-year fixed wire electrical safety certificate.
- The certificate obtained on 27 April 2018 identified serious defects that posed immediate risk to life. A second report produced on 8 June 2022 had also rated the system as unsatisfactory. 18 defects were identified including 10 rated as C2 (potentially dangerous) and C3 (improvement recommended).
- At our inspection of 23 November 2023, we found the provider had not taken any action to address these risks.
- We found that not all staff on duty at the time of our inspection had completed annual basic life support training and could not demonstrate how to effectively operate lifesaving equipment, specifically the oxygen cylinder.
- Equipment to manage medical emergencies as per current national guidelines was not always available in the medical emergency kit. Specifically, we found that the Automated External Defibrillator (AED) was recorded as requiring calibration in June 2020, but this had not been completed and the adult pads for the AED had expired in September 2023.
- We identified out of date materials in all treatment rooms and noted that local anaesthetic and cotton wool rolls were not stored in a sterile manner.

We identified further areas where the provider should make improvements;

- Rectangular collimators, a device used to direct and focus the beam of an x-ray, were not used in treatment rooms.

The provider had made the following improvements.

- Evidence of servicing of fire extinguishers and the fire alarm system was now available.

Are services well-led?

Our findings

We found that this practice was not complying with the relevant regulations. We have told the provider to take action (see full details of this action in the Enforcement Actions section at the end of this report).

At the inspection on 23 November 2023, we found the practice was not providing well-led care and had failed to implement and sustain improvements to comply with the regulations:

- Evidence of required pre-employment checks was not available for all staff. We looked at records of 3 of the 5 staff and found evidence of references, employment history and Disclosure Barring Service checks (DBS) was not present.
- The provider did not have appropriate quality assurance processes to encourage learning and continuous improvement.
- There was no evidence that audits of disability access and radiographs, were undertaken in accordance with current guidance and legislation. We saw that information was gathered in relation to antimicrobial prescribing audits but there was no evidence that this was analysed, or that staff kept records of the results of these audits and any resulting action plans and improvements.
- Staff informed us they carried out regular monitoring and testing of water systems to prevent the risk and spread of legionella. We did not see any record of this monitoring between 15 December 2022 and 1 November 2023.

At the inspection on 23 November 2023, we found the practice had made the following improvements to comply with the regulations:

- A record of completion of recommended Continuous Professional Development (CPD) for clinical staff was available.
- Assessment and management of risk to patient airway was improved as the provider no longer carried out treatments

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met.

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>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none">• Fire risk was not effectively monitored or mitigated against;• Smoke alarms had batteries removed and fire exits were not accessible.• Staff could not demonstrate competence in and had not received training in the use of emergency medical equipment. <p>Risk of harm from electricity was not managed effectively. A satisfactory fixed wire electrical safety certificate had not been obtained and numerous defects previously identified had not been rectified.</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 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 were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p>

This section is primarily information for the provider

Enforcement actions

- Audits of radiography and disability access were not carried out
- Evidence of monitoring of pre employment recruitment checks for staff was not available.