

Mr Roopesh Singh

Mr Roopesh Singh

Inspection report

10 The Crescent
Spalding
PE11 1AE
Tel: 01775760364

Date of inspection visit: 8 July 2022
Date of publication: 08/08/2022

Overall summary

Recent Regulatory History

We undertook a comprehensive inspection of Mr Roopesh Singh, also known as Crescent Dental surgery on 11 November 2021 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 regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We carried out a follow up inspection of Mr Roopesh Singh on 4 March 2022 and found the provider was again not providing well led care and was in breach of Regulation 17. You can read our report of that inspection by selecting the 'all reports' link for Mr Roopesh Singh, dental practice on our website www.cqc.org.uk.

We undertook a further follow up focused inspection of Mr Roopesh Singh, also known as Crescent Dental surgery on 8 July 2022. This inspection was carried out to review in detail the actions taken by the registered provider to improve the quality of care and to confirm that the practice was now meeting legal requirements. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

When one or more of the key questions (listed below) 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.

Key questions:

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

Summary of findings

This is the report of our findings from the follow up inspection on 8 July 2022 where our focus was on the following 3 key questions.

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

Our findings were:

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 fully to all of the regulatory breaches we found at our inspection on 4 March 2022.

Are services effective?

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

The provider had made insufficient improvements to put right the shortfalls and had not responded to the all of the regulatory breaches we found at our inspection on 4 March 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 fully to all of the regulatory breaches we found at our inspection on 4 March 2022.

Background

The practice is not accessible to people with reduced mobility as access is via a set of stone steps. The practice is located on a narrow road so parking is not available although there are several car parks a short walk away.

The dental team includes one dentist, one dental nurse and a practice manager. The practice has one treatment room and a dedicated decontamination room.

The practice is owned by an individual who is the principal dentist there. 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.

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

Summary of findings

The practice is open:

Monday, Tuesday and Friday from 9.15am to 5.30pm

Thursday from 9.15am to 1pm

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

Ensure care and treatment is provided in a safe way for service users.

Ensure systems and processes that enable the registered person to assess, monitor and improve the quality and safety of the services being provided are in place.

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 effective?	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 8 July 2022, we found the practice had made the following improvements to comply with the regulations:

- The practice had infection control procedures which reflected published guidance. The practice had introduced additional procedures in relation to COVID-19 in accordance with published guidance.
- The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.
- Emergency equipment and medicines were available and checked in accordance with national guidance.
- The practice had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were carried out.

The provider had failed to make sufficient improvements in the following areas:

- Recruitment checks had not been carried out in accordance with relevant legislation to help them employ suitable staff. Pre employment information was not available as required for all staff.
- Risks associated with fire were not appropriately managed. We noted that weekly checks to confirm the fire alarm system was functioning correctly were not carried out or recorded accurately. We saw that confirmation to state the weekly check was completed had been recorded and signed for from 2 February 2022 up to 25 July 2022. We saw that an attempt was made to change the entries for the weeks following our inspection date. Staff we spoke with could not demonstrate how the system should be checked despite having recorded they had done so.
- The dental care records we saw were not complete. In particular, evidence of diagnosis, treatment options, justification for x-rays or social and medical history were not always recorded.

Are services effective?

(for example, treatment is effective)

Our findings

We found that this practice was not providing effective care and 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 8 July 2022, we found the practice had made the following improvements to comply with the regulations:

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

The provider had failed to make sufficient improvements in the following areas:

- There was no evidence the practice provided preventive care and supported patients to ensure better oral health. In particular, we did not see evidence that oral hygiene advice was given to patients.
- Dental care records we looked at showed there was a lack of consistency in staff obtaining patient's consent to care and treatment.
- Clinical staff could not demonstrate an understanding of informed patient consent.
- Staff were unable to describe how they involved patients' relatives or carers when appropriate and did not ensure they had enough time to explain treatment options clearly. In particular we did not see evidence of patients informed consent recorded.
- The practice did not keep detailed dental care records in line with recognised guidance.
- Evidence was not available to demonstrate the dentists justified, graded and reported on the radiographs they took.
- The practice had carried out a radiography audit. We found that this did not follow current guidance and legislation as the staff member completing the audit did not have the skills or experience to do so effectively. Information used for this audit did not match the evidence we viewed in care records.
- We did not see evidence that the practice carried out a structured induction for newly appointed staff.

Are services well-led?

Our findings

We found that this practice was not providing well-led care and 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 8 July 2022, we found the practice had made insufficient improvements to comply with the regulations:

- The practice did not demonstrate a transparent and open culture in relation to people's safety. In particular, we found records in relation to fire safety monitoring were not an accurate reflection of events. Risk assessments and policies were marked as updated but had not always been completed.
- There was a lack of leadership and oversight at the practice.
- Systems and processes were not embedded among staff. For example, reviews of risk assessments and policies and completion of governance and oversight monitoring tasks.
- The practice did not demonstrate a culture of high-quality sustainable care. In particular, care and treatment was not always carried out effectively and care records were not detailed or accurate.
- The practice had an ineffective clinical governance system in place. For example, we did not see evidence of any clinical oversight and support for the principal dentist. Audits of care records and treatment were not effective.
- The governance system included policies, protocols and procedures however we were not assured these were implemented or regularly updated and reviewed.
- The practice did not have clear and effective processes for managing risks, issues and performance. For example, we did not see evidence of staff appraisals or independent oversight of the principal dentist's work.
- The practice did not have appropriate quality assurance processes to encourage learning and continuous improvement. Audits of disability access, radiographs and infection prevention and control were completed, however we found these were not in accordance with current guidance and legislation.

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>Assessments of the risks to the health and safety of service users of receiving care or treatment were not being carried out. In particular:</p> <ul style="list-style-type: none">• Fire safety checks were not being carried out in accordance with guidance or manufacturer's instructions. Weekly alarm system checks were not completed.• Pre employment recruitment checks were not carried out for all staff.
Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury Surgical procedures	<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> <ul style="list-style-type: none">• Audits were not completed following recommended guidance and action plans were not always developed from these.• An effective system of governance, oversight and leadership and a culture of openness and commitment to improvement were not in place.