Mrs. Nazak Tavakoli

N Tavakoli & A Arya Dental Surgery

Inspection report

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Date of inspection visit: 24 April 2023
Date of publication: 29/06/2023

Overall summary

We carried out this announced comprehensive inspection on 24 April 2023 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 advisor.

To get to the heart of patients' experiences of care and treatment, we always ask the following 5 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:

- The dental clinic appeared clean and well-maintained.
- Clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect. Staff took care to protect patients' privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system worked efficiently to respond to patients' needs.

Summary of findings

- The frequency of appointments was agreed between the dentist and the patient, giving due regard to National Institute of Health and Care Excellence (NICE) guidelines.
- There was effective leadership and a culture of continuous improvement.
- Staff felt involved, supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The practice had information governance arrangements.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had infection control procedures which generally reflected published guidance. Improvements could be made in relation to the practice's use of sharps bins.
- Emergency medicines and life-saving equipment were not available as per national guidance.
- Improvements were required in regard to managing risks for patients and staff, and those associated with use of equipment and the premises.
- Improvements were required in regard to the practice's recruitment process

Background

N Tavakoli & A Arya Dental Surgery is in Southall and provides NHS and private dental care and treatment for adults and children.

There is step free access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for disabled people, are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 3 dentists, 4 dental nurses which also work as receptionist part time and 1 Practice manager/ receptionist. The practice has 2 treatment rooms.

During the inspection we spoke with 2 dentists, 2 dental nurses, 2 receptionists and the practice manager. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday-Friday 09:00 AM to 06:00 PM

Saturday 09:00 AM to 01:00 PM

Sunday Closed

We identified regulations the provider was not complying with. 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 always ask the following five questions of services.

Are services safe?	**Requirements notice** ✖
Are services effective?	**No action** ✓
Are services caring?	**No action** ✓
Are services responsive to people's needs?	**No action** ✓
Are services well-led?	**Requirements notice** ✖

Are services safe?

Our findings

We found this practice was not providing safe 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.

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. Improvements could be made to have a suitable policy for staff to refer to.

The practice had infection control policy which reflected published guidance. However, some of the procedures were not being followed in line with the policy. For example, the sharps boxes were filled beyond the indicated point and had not been dated. We spoke to the provider about this, and they told us they would follow the policies going forward.

The practice had some procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, for example, they flushed the waterlines daily and used products to disinfect waterlines. However, this was not done in line with a legionella risk assessment, and they did not keep records of water temperatures or the waterline flushing. We spoke to the provider about this, they told us the legionella assessment had been undertaken the week before the inspection and they would adjust their procedures to be in line with it once they had received the report back.

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

The practice appeared clean and there was an effective schedule in place to ensure it was kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff, including for agency or locum staff. The policy had last been updated in 2012. Most of the staff had been employed at the practice for a number of years. However, the practice did not have suitable evidence of conduct in previous employment (references) or a Disclosure and Barring services (DBS) check for one recently employed member of staff.

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

We saw evidence that the autoclave had been serviced. However, there was no evidence that Portable Appliance Testing had been carried out and the practice also could not give assurance that an electrical condition report had been undertaken. We were told by the provider that these checks had been carried out the week before the inspection, but the reports had not yet been received by the practice.

The provider had undertaken fire safety risk assessment in house. However, this had not been undertaken by a person with the competence, skills and knowledge to do so, as per legal requirements. For example, the practice did not have emergency lighting and the assessment had not considered this.

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available.

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff relating to substances that are hazardous to health, sepsis awareness and lone working.

We found that the practice oxygen cylinder was empty. The records of the cylinder check had stopped a few days prior to the inspection. When we asked the provider about this, they said they noticed the cylinder was empty, and were making arrangements to order a new cylinder (when a specific member of staff was in on the day of the inspection). The practice

manager told us that they had made arrangements to use the oxygen of a medical practice based next door when they found out the oxygen was empty but other members of staff were not aware of this. While the inspection was taking place a member of staff did make arrangements to ensure the practice had oxygen available while they awaited a new cylinder. Following the inspection, the provider sent confirmation that the new oxygen cylinder had arrived at the practice. Buccal Midazolam, self-inflating bag, aspirin, child oxygen mask and clear face masks were also missing from the emergency kit. The provider told us they would order the missing items.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support (BLS) every year. However, the practice carried out sedation and we were not given assurance that the BLS training included airway management, or that staff had undertaken immediate life support (ILS) training.

Information to deliver safe care and treatment

Patient care records were complete, legible, 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.

Track record on safety, and lessons learned and improvements

The practice had systems to review and investigate incidents and accidents. 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.

The practice offered conscious sedation for patients. The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management and sedation equipment checks. Staff told us that they had undertaken relevant sedation training. While they were able to assure us of sedation specific training, they could not provide us with evidence that they had undertaken immediate life support training or Basic Life Support training with airway management. Following the inspection, they provided evidence that they were addressing this issue with their training provider and they gave assurance they would not carry out sedation until this issue was addressed.

We saw the provision of dental implants was in accordance with national guidance.

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. They understood their responsibilities under the Mental Capacity Act 2005.

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 patient care records in line with recognised guidance.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients living with dementia or adults and children with a learning disability.

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.

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

Are services caring?

Our findings

We found this practice was providing caring services in accordance with the relevant regulations.

Kindness, respect and compassion

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

On the day of inspection, we reviewed feedback from patients. Patients were positive about the practice and said staff were attentive, caring and respected them.

Patients said staff were compassionate and understanding when they were in pain, distress or discomfort.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

The practice had installed closed-circuit television to improve security for patients and staff. Relevant policies and protocols were in place.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and gave patients clear information to help them make informed choices about their treatment.

The practice provided patients with information about the range of treatments available at the practice.

The dentist explained the methods they used to help patients understand their treatment options. These included for example photographs, study models, videos, X-ray images and an intra-oral camera.

Are services responsive to people's needs?

Our findings

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs and preferences.

Staff were clear about the importance of providing emotional support to patients when delivering care.

Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

Timely access to services

The practice displayed its opening hours in information leaflets.

Patients could access care and treatment from the practice within an acceptable timescale for their needs. The practice had an appointment system to respond to patients' needs. The frequency of appointments was agreed between the dentist and the patient, giving due regard to NICE guidelines. Patients had enough time during their appointment and did not feel rushed.

The practice's answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

Patients who needed an urgent appointment were offered one in a timely manner. When the practice was unable to offer an urgent appointment, they worked with partner organisations to support urgent access for patients. Patients with the most urgent needs had their care and treatment prioritised.

Listening and learning from concerns and complaints

The practice responded to concerns and complaints appropriately. Staff discussed outcomes to share learning and improve the service.

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/ Enforcement Actions 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 provider did not demonstrate that there were effective systems for management including oversight, assessment and mitigation of risks, and implementation of systems to monitor and improve the service.

Culture

The practice had some arrangements to check staff training was up-to-date and was reviewed at the required intervals. The practice needed to make improvements in regard to checks for staff in regard to ILS or include airways management with BLS training.

Governance and management

We saw there were ineffective processes for managing risks, issues and performance. Risks to the health, safety and welfare of patients and staff were not assessed as part of an ongoing and robust system of governance and management in accordance with legislation and relevant guidelines.

The practice had not updated their recruitment, complaints, whistleblowing or consent policies for a number of years.

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 protecting patients' personal information.

Engagement with patients, the public, staff and external partners

The provider used social media reviews, patient surveys and verbal comments to obtain views from patients about the service.

Continuous improvement and innovation

The practice had systems and processes for learning, quality assurance, continuous improvement. These included audits of patient care records, disability access, antimicrobial prescribing, and infection prevention and control. However, improvements were required to ensure radiograph audits were analysed to improve continuous improvement. Staff kept records of the results of these audits and the resulting action plans and improvements.

This section is primarily information for the provider

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014** Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment 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: • The oxygen cylinder was empty and the provider had not taken appropriate steps to address this issue. There was no Buccal Midazolam, self-inflating bag, aspirin, child oxygen mask or clear face masks in the emergency kit. • No PAT testing or Electrical Installation Condition Report (EICR) test on the electrical wiring. Regulation 12 (1)

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014** **Regulation 17 Good governance** 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 mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:

This section is primarily information for the provider

Requirement notices

- Risks associated with undertaking regulated activities not appropriately identified & mitigated. For example, Fire risk assessment not undertaken by a competent person. There was no legionella risk assessment.
- No assurances around staff training & ability to undertake sedation safely in relation to immediate life support training, or airways management included with basic life support training.
- Sharps boxes were filled beyond the indicated point and had not been dated.

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. In particular:

- The practice had not updated their recruitment, complaints, whistleblowing or consent policies for a number of years. There was no safeguarding policy.
- Radiography audit not appropriately analysed for learning to improve continuous improvement.

The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to maintain securely such records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activity or activities. In particular:

- DBS & suitable evidence of conduct in previous employment (references) had not been obtained as part of recruitment checks for one member of staff

Regulation 17 (1)