

Mr Roopesh Singh

# Mr Roopesh Singh

## Inspection report

10 The Crescent  
Spalding  
PE11 1AE  
Tel: 01775760364

Date of inspection visit: 4 March 2022  
Date of publication: 11/05/2022

### Overall summary

We undertook a follow up focused inspection of Mr Roopesh Singh on 4 March 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.

We undertook a comprehensive inspection of Mr Roopesh Singh 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, effective or well-led care and was in breach of regulations 12 and 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 Mr Roopesh Singh dental practice on our website [www.cqc.org.uk](http://www.cqc.org.uk).

As part of this inspection we asked:

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

When one or more of the three 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.

### Our findings were:

#### Are services safe?

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

# Summary of findings

The provider had made insufficient improvements to put right the shortfalls and had not responded to all of the regulatory breaches we found at our inspection on 11 November 2021.

## **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 all of the regulatory breaches we found at our inspection on 11 November 2021

## **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 all of the regulatory breaches we found at our inspection on 11 November 2021

## **Background**

Mr Roopesh Singh, known as Crescent Dental Surgery, is in Spalding, Lincolnshire and provides private dental treatment for adults and children.

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.

The practice is open:

Monday, Tuesday and Friday from 9.15am to 5.30pm

Thursday from 9.15am to 1pm

## **Our key findings were:**

- The provider had not made sufficient progress to ensure care and treatment is provided in a safe way to patients.
- The provider had not made sufficient progress to improve the practice's arrangements for ensuring good governance and leadership are sustained in the longer term.

# Summary of findings

- A system of checks of medical emergency equipment and medicines taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council had been implemented but it was not effective.
- The provider had taken robust and effective action to implement recommendations in the practice's fire safety risk assessment and ensure ongoing fire safety for all people at the practice.
- Practice protocols and procedures to ensure staff are up to date with their mandatory training and their continuing professional development, were improved but still not effective.

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

- Improve the practice's arrangements for ensuring good governance and leadership are sustained in the longer term.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure care and treatment is provided in a safe way to patients.

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

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

- Implement practice protocols and procedures to ensure staff are up to date with their mandatory training and their continuing professional development.

# Summary of findings

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

We asked the following question(s).

Are services safe?	Requirements notice	✗
Are services effective?	Requirements notice	✗
Are services well-led?	Enforcement action	✗

# Are services safe?

## Our findings

We found that this practice was not providing safe 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 Requirement Notices section at the end of this report).

At our previous inspection on 11 November 2021 we judged the practice was not providing safe care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notice. At the inspection on 4 March 2022 we found the practice had made the following improvements to comply with the regulation(s):

- The provider had taken action to improve fire safety, detection and awareness and had implemented recommendations in the practice's fire safety risk assessment. This included the installation of a new fire detection system and the purchase of fire extinguishers.
- Staff had completed safeguarding awareness training and were able to describe their role in identifying and raising safeguarding concerns.
- The dentist was now using rubber dam to protect patient airways, when carrying out root canal treatments in line with guidance from the British Endodontic Society.
- An electrical fixed wire safety examination had been carried out by a qualified person. We noted the examination identified remedial work was required which had not been completed at the time of our inspection.
- Decontamination process were improved and followed current guidance.

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

- Procedures to monitor and mitigate against the risk and spread of legionella were in place but were not implemented effectively. The provider had engaged an external agency to complete a legionella risk assessment and provide monitoring tools and guidance. We found these tools and guidance were not used effectively or as instructed. Weekly flushing of seldom used outlets and boiler temperature checks were not carried out. Monthly water temperature checks of taps was completed once but did not include date or action taken.
- An Infection prevention and control audit had been completed. The audit was not dated, and an action plan for improvement had not been developed from this.
- Clinical waste bags were still not marked with identification of the practice.
- Appropriate pre employment checks were still not carried out for staff prior to recruitment. Evidence of employment history, references and disclosure and barring service checks were not sought or available.
- Some equipment had been purchased for the medical emergency kit, but we found items were still missing including; masks for self-inflating bag size 0-4. Glucagon use by date had not been adjusted to reflect storage method. These items were not available at the previous inspection.
- Radiography equipment had still not been registered with the Health and Safety Executive. Following our inspection, the provider submitted evidence they had registered the equipment.
- Radiographs taken were still not graded or justified.
- Prescription pads were stored in a more secure manner. We noted that prescriptions were still pre-printed with medicine prescribed and the provider used a sticky label to identify the practice. A system to monitor their use was still not in place. The provider again failed to demonstrate an awareness of current guidance with regards to prescribing.

These findings showed the provider had not taken sufficient action to comply with the regulations: when we inspected on 4 March 2022.

# 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.

At our previous inspection on 11 November 2021 we judged the practice was not providing effective care and was complying with the relevant regulations. We told the provider to take action as described in our requirement notice. At the inspection on 4 March 2022 we found the practice had made the following improvements to comply with the regulations:

- Evidence of completion of some training Continuing Professional Development (CPD) for the dentist was now available. However, we found this did not show evidence of completion of all GDC recommended training for example, safeguarding of adults, children and young people, oral cancer detection and dealing with complaints
- Training records for the nursing staff were provided and showed completion of sufficient hours of CPD.

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

- Care records were still not robust or accurate. Evidence of treatment options discussed, treatment given, or consent gained were still not recorded. The provider again failed to demonstrate an understanding of the importance of obtaining and recording patients consent to treatment.
- The practice consent policy had not been updated since our last inspection. The policy had last been reviewed in 2014.
- Processes to provide preventive care and support patients to ensure better oral health, where not always in line with the Delivering Better Oral Health toolkit. We did not see evidence that medical history was updated or recorded at each appointment, and we did not see evidence of advice given to promote and maintain better oral health.

These findings showed the provider had not taken sufficient action to comply with the regulations: when we inspected on 4 March 2022.

# 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 our previous inspection on 11 November 2021 we judged the provider was not providing well led care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notice. At the inspection on 4 March 2022 we found the practice had made the following improvements to comply with the regulation(s):

- The provider had purchased an online governance system to provide guidance and templates for the governance and oversight of the practice. We found that these were not used effectively or in line with guidance provided.

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

- None of the practice policies or procedures had been updated or reviewed since our last inspection. All policies stated their last review date as 2015.
- Antimicrobial prescribing, radiography and Detailed Disability Access (DDA) audits were still not completed.
- The providers sharps risk assessment did not reflect current guidance or practice procedures and had last been updated in 2013.
- The provider did not demonstrate or provide evidence to confirm that they had effective systems and processes for learning, continuous improvement or innovation. Processes for oversight of training, staff development or a schedule for appraisals were not in place.
- 

These findings showed the provider had not taken sufficient action to comply with the regulations: when we inspected on 4 March 2022.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Surgical procedures	Assessments of the risks to the health and safety of service users of receiving care or treatment were not being carried out and the registered person had not done all that was reasonably practicable to mitigate these risks. In particular:
Treatment of disease, disorder or injury	<ul style="list-style-type: none"><li>• Systems to ensure safe care and treatment was provided were not in place.</li><li>• Equipment was missing from the medical emergency kit.</li><li>• Prescription pads were not stored securely or monitored.</li><li>• Regulation 12(1)(2)</li></ul>



## 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 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>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:</p> <ul style="list-style-type: none"><li>• A system for completing required audits including, infection prevention and control, radiography and disability access, was not in place. Assessments and information gathering that were completed did not generate action plans or learning points to help improve the practice.</li><li>• Records relating to the recruitment and training of staff were disorganised and did not include required information. Information regarding the recruitment of your current staff member was not available including, references or photographic proof of identification.</li><li>• Policies and procedures were not updated and did not reflect current guidance or how the practice operated.</li><li>• Systems to ensure safe care and treatment was provided were not in place.</li><li>• Care records were still not robust or accurate. Evidence of treatment options discussed, treatment given, or consent gained were still not recorded. The provider again failed to demonstrate an understanding of the importance of obtaining and recording patients consent to treatment.</li></ul>