

Miss Atena Shirafkan

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Inspection report

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Date of inspection visit: 13 January 2023
Date of publication: 08/02/2023

Overall summary

We undertook a follow-up focused inspection of Miss Atena Shirafkan on 13 January 2023. 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 undertaken by a CQC inspector who was supported by a specialist dental adviser.

We had previously undertaken a comprehensive inspection of Miss Atena Shirafkan on 28 June 2022 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 12, 17, 18 and 19 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 Miss Atena Shirafkan on our website www.cqc.org.uk.

When one or more of the five 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

Are services safe?

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

The provider had made insufficient improvements in relation to the regulatory breaches we found at our inspection on 28 June 2022.

Summary of findings

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 in relation the regulatory breaches we found at our inspection on 28 June 2022.

Background

Miss Atena Shirafkan is located in Kilburn in the London Borough of Brent 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.

The dental team includes 1 dentist, 1 dental nurse, 1 trainee dental nurse and a practice manager. The practice has two treatment rooms.

During the inspection we spoke with the dentist, the practice manager and the receptionist /dental nurse. 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.

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.
- Implement a system to ensure patient referrals to other dental or health care professionals are centrally monitored to ensure they are received in a timely manner and not lost.
- Improve the practice protocols regarding auditing patient dental care records to check that necessary information is recorded.

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 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 Enforcement Actions section at the end of this report).

At the inspection on 13 January 2023 we found the practice had made the following improvements to comply with the regulation:

- Safeguarding procedures were available and accessible to staff. All staff had undertaken training in safeguarding children and vulnerable adults on 27 July 2022.
- The decontamination of dental instruments was carried out in accordance with current guidelines.
- Staff had undertaken training in infection prevention and control on 27 July 2022. The practice was clean, cleaning schedules were available and cleaning equipment was stored in accordance with guidelines.
- Records were available to evidence that daily checks and periodic service and maintenance were carried out for the sterilising equipment.
- Staff had undertaken training in basic life support and the recommended emergency medicines and equipment were available.
- The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health.
- The practice had implemented systems for reviewing and investigating accidents and incidents.
- The practice had a system for receiving and acting on safety alerts.

There were areas where the provider had failed to make improvements to comply with regulation:

- The provider did not have effective fire safety management procedures. A fire risk assessment had been carried out by the principal dentist. However, the risk assessment indicated that there were no items which could cause a fire such as electrical equipment and flammable items such as chemicals and paper. These items were present in the practice. The risk assessment also indicated fire safety equipment was tested to ensure it was in good working order. There were no records to evidence the smoke detectors were tested. The risk assessment stated that staff were trained in fire safety and that fire evacuation drills were carried out and reported on. There were no records to evidence that staff were trained in fire safety procedures or that fire evacuation drills were carried out.
- The provider did not have effective Legionella management procedures. A Legionella risk assessment was carried out by the principal dentist in August 2022. However, the risk assessment indicated that a risk assessment including an assessment of the water systems within the building and a written scheme for preventing or controlling the risk of legionella were not applicable. This meant that risks of Legionella growth in the practice water systems had not been assessed. The risk assessment also indicated that hot and cold water temperatures were monitored to minimise the risk of Legionella growth in the practice water systems. There were no records available to evidence that water temperatures were monitored and the principal dentist confirmed these checks were not carried out.
- There were ineffective arrangements to ensure clinical staff had adequate immunity for vaccine preventable infectious diseases. Clinical staff had been vaccinated against Hepatitis B virus. However, they had no blood tests to confirm the effectiveness of the vaccination.
- The provider did not have systems to manage medicines safely. We found intravenous Midazolam in the emergency medicines kit. This medicine is part of the recommended emergency medicines however is not indicated for use in this form as an emergency medicine within a dental practice setting. The principal dentist removed the medicine once we brought this to their attention.

Are services safe?

- We found the emergency medicine used to treat hypoglycaemia (low blood sugar) was not stored in accordance with the manufacturer's instructions. This medicine was stored in a fridge and there was a record of fridge temperatures. However, these records showed the fridge temperature had exceeded the manufacturer's recommended temperature (2 to 8 degrees Celsius) on a number of occasions. The provider had not considered the impact on the effectiveness of the medicine.
- The practice dispenses medicines. There were ineffective systems to monitor stock levels of medicines. The manufacturers' batch numbers were not recorded for medicines as part of a system to enable tracing of medicines if required, for example, in the event of a defect or recall. The rationale for prescribing and dispensing medicines such as antibiotics was not recorded in patients' dental care records.

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 13 January 2023 we found:

- Audits of dental radiographs were not carried out in accordance with relevant legislation to assess, monitor and improve the quality of dental X-rays. We asked to see audits of dental radiographs. We looked at 2 radiograph audits. Both audits indicated that 20% of the sample were of an unacceptable quality. There was no analysis of the findings and no action plan for improving the quality of dental radiographs.
- Infection prevention and control audits were not completed accurately or used as part of a system to monitor and improve infection control procedures at the practice. One audit had been carried out in November 2022. The audit was not completed accurately. The audit indicated the presence of a spillage kit, dating of sharps bins and a schedule for Legionella management. These were not present at the practice.
- The provider had ineffective systems to maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.
- We looked at a sample of 11 dental care records. We found that records were incomplete. Information such as assessment of periodontal, hard and soft tissues, caries and cancer risks were not recorded. Where dental radiographs were taken the reason and findings from the radiographs were not recorded. We reviewed 4 patient records where no records of the appointment were made.
- Relevant records in relation to staff working at the practice were not maintained. There were no records in respect of identity for any of the 4 members of staff. There was no General Dental Council (GDC) registration records for one of the dental nurses. There were no training records available in respect of the dentists continuing professional development (CPD), a requirement for their GDC registration. There were no records in respect of training in fire safety, dental radiography, or records in respect of CPD for the 2 dental nurses.

This section is primarily information for the provider

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 Treatment of disease, disorder or injury Surgical procedures	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <ul style="list-style-type: none">• There were ineffective systems to protect staff and patients against the risk of Hepatitis B virus. There were no records to demonstrate the effectiveness of the vaccination.• There were ineffective systems to assess and mitigate the risk of fire at the practice. The practice risk assessment did not identify fire risks such as systems and equipment which may cause a fire and flammable materials. Fire safety equipment was not tested and fire evacuation drills were not carried out.• There were ineffective systems to assess and mitigate the risk of Legionella growth in the practice water systems. Risks were not identified in the practice risk assessment. There were no arrangements to monitor water temperatures to minimise the risk of Legionella growth in the practice water systems.• There were ineffective systems to manage medicines safely. The emergency medicine used to treat hypoglycaemia was not stored in accordance with the manufacturer's instructions. There were ineffective arrangements for managing stocks of medicines at the practice. The manufacturer's batch numbers were not recorded to aid effective tracing in the event of a defect or recall. Where medicines were prescribed or dispensed, details of these medicines were not recorded in patients dental care records. <p>Regulation 12 (1)</p>
Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p>

Enforcement actions

Surgical procedures

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:

- Infection prevention and control audits were not completed accurately or used as part of a system to monitor and improve infection control procedures at the practice.
- Audits of dental radiographs were not carried out in accordance with relevant guidance to assess, monitor and improve the quality of dental X-rays.

The provider had ineffective systems to maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.

- Dental care records did not include information including an assessment of periodontal, hard and soft tissues, caries and cancer risks were not recorded. Where dental radiographs were taken the reason and findings from the radiographs were not recorded.

We reviewed 4 patient records where no records of the appointment were made.

The provider had ineffective systems to maintain securely such other records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activity

- There were no records in respect of identity for any of the 4 members of staff.
- There was no General Dental Council (GDC) registration records for one of the dental nurses.
- There were no training records available in respect of the dentist's continuing professional development (CPD), a requirement for their GDC registration.
- There were no records in respect of training in fire safety, dental radiography, or records in respect of CPD for the 2 dental nurses.

This section is primarily information for the provider

Enforcement actions

Regulation 17 (1)