

Dr. Seyed Reza Manafi

Cricklewood Dental Clinic

Inspection report

2A Chichele Road
Cricklewood
London
NW2 3DA
Tel: 02084504949

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Overall summary

We carried out this announced inspection on 9 December 2021 under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to follow up on concerns we identified during our inspection of the service on 23 July 2021 and to check whether the registered provider 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 adviser.

We undertook a comprehensive inspection of Cricklewood Dental Clinic on 23 July 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 regulations 12 – Safe care and treatment and 17 – Good governance.

You can read our report of that inspection by selecting the 'all reports' link Cricklewood Dental Clinic on our website 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 five questions are not met we require the service to make improvements and send us an action plan (requirement notice only). We then inspect again after a reasonable interval, focusing on the areas where improvement was required.

Our findings were:

Are services safe?

Summary of findings

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

The provider had made some improvements. However, they had failed to make all of the improvements in relation to the regulatory breaches we found at our inspection on 23 July 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 some improvements. However, they had failed to make all of the improvements in relation to the regulatory breaches we found at our inspection on 23 July 2021.

Background

Cricklewood Dental Clinic is in the London Borough of Brent and provides NHS and private dental care and treatment for adults and children.

The dental team includes the principal dentist, one associate dentist, one visiting dentist and one trainee dental nurse. The clinical team are supported by a receptionist. The practice has two treatment rooms.

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 principal dentist, the associate dentist, the trainee dental nurse and the receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice opening times are:

9am to 6pm Mondays to Fridays

Our key findings were:

- The provider had arrangements to ensure that equipment was tested, serviced and maintained in accordance with relevant guidelines.
- Infection prevention and control procedures were in accordance with national guidance. However, there were ineffective arrangements to monitor these procedures.
- Emergency equipment was not available in accordance with the Resuscitation Council UK 2021 guidelines.
- There were ineffective systems to assess and mitigate the risks of fire at the practice. The findings from the most recent fire safety risk assessment had not been acted on to reduce identified risks.
- The provider had ineffective procedures to ensure that all the required information was available for staff who work at the practice.
- There was ineffective leadership to support a culture of continuous improvement, and there were ineffective governance systems to monitor the day to day running of the practice.

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?

Requirements notice



Are services safe?

Our findings

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

At our previous inspection on 23 July 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 warning notice. At the inspection on 9 December 2021 we found the provider had made some but not all the required improvements to comply with the 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). We will be following up on our concerns to ensure they have been put right by the provider.

- Improvements had been made to the practice infection prevention and control procedures, and these were followed in accordance with the guidance in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health and Social Care.
- Re-usable dental items were cleaned, sterilised and stored in accordance with guidance.
- There were ineffective arrangements to monitor the infection prevention control procedures at the practice. A system to carry out infection prevention and control audits twice a year had been implemented in accordance with published guidance. However, we found that the most recent audit which was carried out in August 2021 was not completed accurately to monitor and maintain infection prevention and control procedures and make improvements as required.
- Some improvements had been made so that the practice procedures for maintaining records in relation to staff. Records to show that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover were available. However, the provider had failed to carry out an enhanced Disclosure and Barring Service for one member of clinical staff. This had also been identified when we inspected in July 2021.
- Improvements had been made to the procedures to ensure that equipment was maintained according to manufacturers' instructions. Records were available to show that the Autoclave was serviced and there was an annual service and maintenance contract in place.
- There were ineffective arrangements for assessing and minimising the risk of fire at the practice. We were shown a fire safety risk assessment which had been carried out in August 2021. This risk assessment identified a number of issues which needed to be addressed to minimise the risks of harm. These included assessing the suitability of fire doors and a five year electrical condition assessment of the fixed wiring within the practice. The assessment also noted high quantities of combustible materials at the practice and that the ceiling was not fire proofed. The findings from the risk assessment had not been reviewed or acted on so as to minimise risks to people who use the service.
- Improvements had been made to the arrangements for the handling and disposal of dental sharps and the practice had procedures in accordance with the relevant sharps safety regulations.
- Improvements had been made to the arrangements for ensuring that clinical staff were protected against the Hepatitis B virus. Records were available to show that staff received vaccines and that the effectiveness of the vaccine was confirmed.
- Some improvements had been made to the arrangements for dealing with medical emergencies. Emergency medicines were available in accordance with the Resuscitation Council UK 2021 guidelines and there were systems to monitor these. However, self-inflating masks with reservoir for both adults and children were not available. Oropharyngeal airways in sizes 0,1 and 4 were not available.
- Improvements had been made to ensure that prescription documents were handled and stored in accordance with guidance. There were systems for monitoring prescription documents to minimise the risk of misuse.

Our findings showed the provider had made improvements but had not taken action to fully comply with the regulations when we inspected on 9 December 2021.

Are services well-led?

Our findings

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

At our previous inspection on 23 July 2021 we judged the practice 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 9 December 2021 we found the provider had made some but not all the required improvements to comply with the regulations.

We have told the provider to take action (see full details of this action in the Requirement 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.

- Improvements had not been made to the leadership and oversight arrangements for the day-to-day management of the practice.
- There was a lack of oversight for the day to day management of the service. The provider made improvements in a reactive manner rather than as part of an ongoing system for monitoring and improving quality and safety.
- The results of audits and risk assessments were not used as part of a system for monitoring and improving quality and safety at the practice.

Our findings showed the provider had made improvements but had not taken action to fully comply with the regulations when we inspected on 9 December 2021.

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 17 HSCA (RA) Regulations 2014 Good governance 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. The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person had maintained 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: • There were ineffective systems to ensure that all the required recruitment checks including Disclosure and Barring Service (DBS) checks were carried out when staff are employed, and these records are maintained for all staff. • An enhanced DBS check had not been carried out for one member of clinical staff. 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: • Infection prevention and control audit undertaken in August 2021 was not completed accurately to monitor and maintain infection prevention and control procedures and make improvements as required. Regulation 17 (1)

Enforcement actions

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 The registered person 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: • Emergency equipment was not available in accordance with Resuscitation Council UK Guidelines 2021: 1. Self-inflating masks with reservoir equipment for both adults and children were not available. 2. Oropharyngeal airways in sizes 0, 1 and 4 were not available. • There were ineffective arrangements to assess and mitigate risks of fire at the practice: • The last fire risk assessment was carried out in August 2021. The findings from this risk assessment had not been acted on to reduce the risk of harm to people who use the service: 1. There was no assessment as to the suitability of the fire doors within the practice 2. There was no five year electrical condition assessment of the fixed wiring within the practice 3. There was a large quantity of combustible materials within the practice and no assessment of its storage 4. The ceiling of the premises was not fire proofed. Regulation 12 (1)