

Miss Atena Shirafkan

# Miss Atena Shirafkan

## Inspection report

341 Kilburn High Road  
London  
NW6 7QB  
Tel: 02076256060  
[www.lemogeclinic.co.uk](http://www.lemogeclinic.co.uk)

Date of inspection visit: 28 June 2022  
Date of publication: 08/09/2022

### Overall summary

We carried out this unannounced focused inspection on 28 June 2022 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 raised during a monitoring call on 21 June 2022 and 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 adviser.

To get to the heart of patients' experiences of care and treatment,

we usually ask five key questions, however due to the ongoing COVID-19 pandemic and to reduce time spent on site, only the following three questions were asked:

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

These questions form the framework for the areas we look at during the inspection.

Our findings were:

- Patients were treated with dignity and respect and staff took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- The appointment system took account of patients' needs.
- The dental clinic had information governance arrangements
- The dental clinic was visibly clean and well-maintained.
- Improvements were required to ensure infection control procedures were in accordance with relevant guidelines.

# Summary of findings

- Improvements were required to the arrangements for dealing with medical emergencies.
- The practice had ineffective systems to help them manage risk to patients and staff.
- Improvements were needed to the practice safeguarding processes.
- The practice staff recruitment procedures were not in accordance with current legislation.
- There was ineffective leadership and a lack of culture of continuous improvement.

## Background

The provider has one practice.

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 one dentist, one dental nurse, one trainee dental nurse and a practice manager. The practice has two treatment rooms.

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

The practice is open:

Monday to Friday 9am to 5pm

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
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out their duties
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed

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

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

- Implement an effective system for identifying, disposing and replenishing of out-of-date stock.
- Improve the practice's protocols for medicines management and ensure all medicines are stored and dispensed of safely and securely.
- Implement an effective system for receiving and responding to patient safety alerts, recalls and rapid response reports issued by the Medicines and Healthcare products Regulatory Agency, the Central Alerting System and other relevant bodies, such as Public Health England.

# 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?	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 did not have information available to staff in relation to safeguarding vulnerable adults and children and there were no safeguarding training records available for staff other than the dentist.

The practice did not have infection control procedures which reflected current published guidance. The decontamination of instruments was not carried out in accordance with The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) guidance. Staff who carried out decontamination of dental instruments were following procedures such as monitoring water temperatures when manually cleaning instruments. Wire brushes were used when manual cleaning contrary to guidance.

Staff could not locate records in relation to daily checks and required service and maintenance for the sterilising equipment. These were provided following our inspection visit.

Staff had not completed training in infection prevention and control as recommended.

The practice did not have adequate procedures to reduce the risk of Legionella or other bacteria developing in water systems. There were arrangements to disinfect dental waterlines. However, a risk assessment had not been undertaken in respect of Legionella contamination. There were no records of recording hot and cold temperatures as part of minimising bacterial growth in the water systems.

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

Cleaning schedules were available, and the practice, though visibly clean, was cluttered and untidy. Cleaning equipment was not stored appropriately.

Infection prevention and control audits were not carried out to monitor the procedures at the practice.

The practice did not have a recruitment policy and procedure in accordance with relevant Legislation. Following the inspection, the practice shared with us a Recruitment Policy dated 2012. There were no staff records available for the practice manager.

The dentist was qualified, registered with the General Dental Council (GDC) and had professional indemnity cover. There were no records available in respect of GDC registration or professional indemnity for the dental nurse.

Improvements were needed to ensure equipment was safe to use and maintained and serviced according to manufacturers' instructions.

The provider did not have effective fire safety management procedures. In particular there was no fire risk assessment, no fire safety procedures and no records of checks in relation to fire safety equipment.

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

### **Risks to patients**

# Are services safe?

The practice had not implemented systems to assess, monitor and manage risks to patient and staff safety. In particular there were no risk assessments relating to sharps safety and there were ineffective arrangements to ensure clinical staff had adequate immunity for vaccine preventable infectious diseases. Clinical staff had received vaccines against Hepatitis B virus. However, they had no blood tests to confirm the effectiveness of the vaccine.

There was no information in relation to sepsis awareness. The dentist did not routinely use dental rubber dam in accordance with guidance and risks to patients were not assessed.

Emergency equipment and medicines were not available and checked in accordance with national guidance. In particular on the day of our inspection there was no portable suction equipment, no self-inflating bag with reservoir or masks for use with this equipment and no syringes for administering emergency medicines. The recommended medicine to treat seizures was not available. Staff initially could not locate the medicine to treat low blood glucose levels. This medicine was not stored in accordance with the manufacturer's instructions.

These medicines and equipment were ordered and available shortly after our inspection.

Records were not available to show that staff completed training in emergency resuscitation and basic life support every year. There were no records for the dental nurse, trainee dental nurse or practice manager.

The practice did not have adequate systems to minimise the risk that could be caused from substances that are hazardous to health. In particular the practice had not carried out risk assessments in relation to the safe storage and handling of substances hazardous to health.

## **Information to deliver safe care and treatment**

Dental care records we saw were kept securely and complied with General Data Protection Regulation requirements.

The dentist described the systems for referring patients with suspected oral cancer under the national two-week wait arrangements. There were no arrangements for monitoring referrals to ensure patients received treatment in a timely way.

## **Safe and appropriate use of medicines**

The practice did not have systems for appropriate and safe handling of medicines.

Antimicrobial prescribing audits were not carried out.

The practice did not have an adequate stock control system of medicines which were held on site.

We found a number of expired dental materials and there were no arrangements for checking and disposing of these.

## **Track record on safety, and lessons learned and improvements**

The practice had not implemented systems for reviewing and investigating accidents and incidents. The practice did not have 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 dentist kept up to date with current evidence-based practice.

### **Helping patients to live healthier lives**

The practice provided preventive care and supported patients to ensure better oral health. The dentist described the preventative treatments and advice given to patients.

### **Consent to care and treatment**

The dentist obtained patients' consent to care and treatment in line with legislation and guidance and understood their responsibilities under the Mental Capacity Act 2005.

The dentist 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**

Improvements were needed so that the dentist kept detailed dental care records in line with recognised guidance. Information in relation to assessments of hard and soft tissue checks, caries and cancer risks were not recorded. When dental radiographs were taken the justification for doing so, a report on the findings and a record of clinical acceptability was not recorded. Records did not reflect discussions with patients around intended outcomes of proposed treatments, potential complications or alternative treatments.

Record keeping audits were not carried out.

The practice did not carry out radiography audits six-monthly following current guidance and legislation.

### **Effective staffing**

The dentist had the skills, knowledge and experience to carry out their role.

The practice did not carry out a structured induction for newly appointed staff.

The practice did not have systems in place to ensure clinical staff had completed continuing professional development as required for their registration with the General Dental Council. In particular there were no training records available for the dental nurse.

### **Co-ordinating care and treatment**

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

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

# 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 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**

There was a lack of leadership and oversight at the practice. At the time of our inspection the practice owner had not been working at the practice for a number of years. The dentist was in charge of the overall management of the practice. The owner and the dentist told us that due to the recent COVID-19 pandemic, practice closure and staff illness arrangements to change the practice registration had been overlooked and systems and processes at the practice had lapsed.

Following our inspection, the practice has engaged the services of a compliance consultant company to help them work on the areas where we found improvements were required.

The information and evidence presented during the inspection process was disorganised and poorly documented. For example, information in relation to risk assessments, staff training and recruitment and policies and procedures were not accessible. The practice manager spoke with us via a telephone call during the inspection. They told us all of the records were available. However, staff could not locate them.

Following our inspection, we requested evidence of information and records which were unavailable on the day. Some records were provided. However, information in respect of staff training and risk assessments was not provided.

### **Culture**

The practice could not show how they ensured high-quality sustainable services and demonstrated improvements over time.

The practice did not have systems in place to adequately support staff. The practice did not have proper arrangements to monitor staff training and development. We saw no evidence of completed staff appraisals.

### **Governance and management**

The practice had a complex and ineffective management structure and staff roles and responsibilities were unclear.

The practice did not have effective governance and management arrangements. In particular systems for assessing and monitoring risks were not effectively maintained.

The practice had an ineffective clinical governance system in place.

The governance system included policies, protocols and procedures however we were not assured these were accessible to all members of staff. There was no evidence the practice's policies, protocols and procedures were reviewed on a regular basis.

The practice did not have clear and effective processes for managing risks, issues and performance. For example, risks in relation to fire safety, hazardous materials and infection prevention and control were not assessed and managed in accordance with relevant legislation and guidance.

### **Appropriate and accurate information**

The practice had ineffective information governance arrangements. In particular...

Staff did not demonstrate an awareness of the importance of these in protecting patients' personal information.

# Are services well-led?

## **Engagement with patients, the public, staff and external partners**

The practice team is small and the dentist told us that engagement and information sharing was carried out informally.

## **Continuous improvement and innovation**

The practice did not have systems and processes in place for learning, continuous improvement and innovation.

The practice did not have appropriate quality assurance processes to encourage learning and continuous improvement.

The practice had not undertaken audits of disability access, radiographs and infection prevention and control in accordance with current guidance and legislation.



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	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p><b>How the regulation was not being met</b></p> <p>The registered person had failed to ensure that sufficient numbers of suitably qualified, competent, skilled and experienced persons were deployed in order to meet the requirements of fundamental standards in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In particular:</p> <p>There were no training records for staff in relation to infection prevention and control, safeguarding adults and children or basic life support.</p> <p>There were no training records for staff in relation to infection prevention and control, safeguarding adults and children or basic life support.</p> <ul style="list-style-type: none"><li>• There were no training records available for the practice manager or the trainee dental nurse.</li><li>• There were no training records or evidence of completion of continuing professional development (CPD) required for their registration with the General Dental Council for the dental nurse.</li><li>• There were no arrangements for staff appraisal or monitoring staff training and development needs.</li></ul> <p>Regulation 18 (2)</p>

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p><b>How the regulation was not being met</b></p>

## Requirement notices

The registered person's recruitment procedures did not ensure that potential employees had the necessary qualifications, competence, skills and experience before starting work. In particular:

- There were no recruitment records available for the practice manager
- There were no records available in respect of General Dental Council registration or professional indemnity for the dental nurse.

19 (3)

### Regulated activity

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

#### **How the regulation was not being met**

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:

- Infection prevention and control procedures were not carried out in accordance with The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) guidance. In particular
- Risks of fire were not assessed and mitigated. Checks were not carried out to ensure fire safety equipment was suitable
- Risks in relation to Legionella were not assessed or adequately mitigated. There was no Legionella risk assessment.
- Risks associated with the handling and storage of hazardous materials were not assessed and mitigated
- Risks associated with the use and disposal of dental sharps were not assessed and there were ineffective arrangements to ensure that clinical staff had adequate immunity for vaccine preventable infectious diseases.
- Risks associated with non-use of dental dam were not assessed or mitigated.

12(1)

This section is primarily information for the provider

## Requirement notices

### Regulated activity

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

#### **How the regulation was not being met**

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:

- There were no systems for recording, investigating and reviewing incidents or significant events with a view to preventing further occurrences and ensuring that improvements are made as a result.
- Audits were not carried out as part of an effective system for assessing and monitoring the quality and safety of the service. There were no audits of infection prevention and control procedures, quality of dental radiographs, quality and completeness of dental records.

17(3)