

Dr Sai Gathani

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Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 18 August 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. There was damage to floors in one treatment room.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate life-saving equipment was not always available.
- The practice systems to help them manage risk to patients and staff were not robust or effective. Specifically, servicing of equipment including radiography, fire safety and legionella management.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Staff recruitment procedures did not reflect current legislation.
- Clinical staff provided patients' care and treatment in line with current guidelines.

Summary of findings

- 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.
- 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.
- Effective leadership and a culture of continuous improvement were not in place.
- 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 dental clinic had some information governance arrangements.

Background

Dr Sai Gathani is in Westcliff-on-sea Essex 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 are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 1 dentist, 3 dental nurses (including the practice manager and a trainee dental nurse), 1 dental hygienist and 1 receptionist. The practice has 2 treatment rooms.

During the inspection we spoke with 1 dentist, 1 dental nurse who is also the practice manager and 1 receptionist. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday, Tuesday and Thursday from 9am to 6pm.

Wednesday from 9am to 5pm.

Friday from 9am to 1pm.

We identified regulations the provider is 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 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:

- Take action to ensure the suitability of the premises and ensure all areas are fit for the purpose for which they are being used. In particular, ensure oversight of repairs to damaged floors.

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.

The practice had infection control procedures which reflected published guidance. However, we found these were not always applied as we noted heavy duty gloves were not changed weekly and the practice autoclave was last serviced on 14 March 2022. We saw an infection prevention and control (IPC) audit undertaken on 12 July 2023; we did not see any previous IPC audits. It was not clear how frequently the practice had undertaken audits of infection prevention and control.

The practice had some procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment. The practice manager had undertaken an internal risk assessment in June 2023, staff undertook dip slide testing in May and August 2023 and appropriate dental water line treatment was undertaken. Temperatures of hot and cold-water taps were in line with recommended guidance. However, we noted the hot water tap in the second treatment room was not working and saw scaling around taps. There was no evidence of risk assessment of any potential redundant pipework, a named legionella lead or a named legionella deputy. We noted staff had undertaken some online legionella training. The practice shared the building with another dental surgery on the first floor, the practice manager told us they did not have any discussion with the other practice regarding legionella risk assessment.

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. We noted there was some damage to the floor in the second treatment room making it difficult to clean. The provider confirmed this was part of a scheduled refurbishment plan for this room.

The practice had a recruitment policy and procedure to help them employ suitable staff, including for agency or locum staff. The policy reflected the relevant legislation. However, we found the practice were not following their own policy. Appropriate Disclosure and Barring Service (DBS) checks were not available for one member of staff. We noted a risk assessment had been completed in April 2023, but no DBS had been applied for this member of staff since that date.

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

We found shortfalls with the practice arrangements to ensure equipment was safe to use, maintained and serviced according to manufacturers' instructions or recognised national guidance. We noted the autoclave was overdue a service, radiation equipment had not been checked since 2017 and there were no records to confirm a satisfactory 5 yearly electrical installation condition report of the practice had been carried out since 2013. The practice manager told us they thought this had been undertaken recently by the landlord, but they had not received any response to requests for clarification. Evidence to confirm the test was completed within required timescales was not submitted following our inspection.

A fire safety risk assessment was carried out in line with the legal requirements by the previous provider in April 2017. However, we found shortfalls in the management of fire safety. The current provider did not provide evidence that they

Are services safe?

had reviewed or updated this risk assessment. Regular checks of equipment such as smoke alarms had not been undertaken. The practice team had undertaken a fire evacuation drill on 4 April 2023 but there were no records of previous fire drills. We noted some fire extinguishers were overdue a service with a certificate for firefighting equipment dated December 2021. We were told servicing for this equipment was scheduled for Wednesday 23 August 2023.

We found shortfalls with the practice arrangements to ensure the safety of the X-ray equipment and the availability of required radiation protection information. The practice did not have a named Radiation Protection Advisor (RPA) or Medical Physics Expert (MPE). The practice had not registered with the Health and Safety Executive (HSE) and there was no evidence of annual electromechanical servicing or 3 yearly performance checks for either of the 2 intraoral X-ray machines. We noted the second treatment room unit did not have a rectangular collimator fitted to mitigate the scatter of radiation to patients. We were told this equipment was not in use, but there was no signage to confirm this. There was a rectangular collimator in the first treatment room, but we were told this was not used. We noted the radiation protection information that was available required updating. For example, the displayed local rules were not in date and were missing information. Following the inspection, the provider confirmed they had registered with HSE and the 3 yearly performance checks were scheduled to be undertaken on 23 August 2023.

Risks to patients

The practice systems to assess, monitor and manage risks to patient and staff safety were not effective. In particular relating to radiation, fire safety and legionella management.

There was scope to expand the risk assessments for sharps safety and lone working to ensure they assessed and included the risks associated with all sharp instruments and the risks of those staff working without chairside support.

We found that not all emergency medicines and equipment were available in line with current guidance. We found 23g and 25mm needles were missing. The self-inflating bag with reservoir for a child was missing. Clear face masks sizes 1 and 2 were missing, size 3 had expired and size 4 has no expiry date. Oropharyngeal airways sizes 03 and 04 had both expired. Sizes 0,1 and 2 were present but had no expiry date. The oxygen face mask with reservoir and tubing for a child had expired. We noted 2 oxygen adult face masks with reservoir and tubing were present. However, one had no expiry date and one had expired in June 2021. The providers system to ensure this equipment was checked in accordance with national guidance were not effective.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year.

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health.

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 some systems for appropriate and safe handling of medicines. However, where the practice dispensed antibiotics the practice's name and address was not detailed on the container or label of the medicines. We noted these were dispensed from the practice with a label containing the name of a pharmacy. We discussed this with the provider. Following the inspection, the provider confirmed they had reviewed their procedures and had ordered labels with the practice information detailed on them.

Are services safe?

Prescriptions were kept securely; however, the practice did not have a system to track and monitor the use of NHS prescription pads.

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.

This included daily staff discussions, formalised team practice meetings and weekly clinical communications.

The practice had access to digital X-rays to enhance the delivery of care.

Helping patients to live healthier lives.

The practice provided preventive care and supported patients to ensure better oral health.

Oral health advice and preventative care was provided by the dentist and the dental hygienist.

Oral health care products were on sale for patients including toothbrushes, floss, interdental brushes and mouthwash. Information leaflets were available to patients as recommended by the dentist or upon request.

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 dentist 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.

Patient feedback we reviewed was positive. We looked at practice and online reviews. We observed numerous positive interactions, in person and on the telephone, between staff and patients.

The practice offered longer appointments for nervous patients.

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. We noted that whilst the reception and waiting room areas were open plan, staff were discreet in person and on the telephone. We were told patients were offered an alternative area to speak privately should they wish.

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's website and patient information folder 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 models and X-ray images.

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.

The practice had made reasonable adjustments, including level access for patients with access requirements. 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 and provided information on their website and patient information booklet.

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 website and answer phone 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 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.

Clinical management and oversight of procedures that supported the delivery of care were ineffective.

We identified shortfalls in relation to the practice's risk assessing relating to fire, legionella, dispensing medication, prescription pad security, radiographs and legionella management which indicated that governance and oversight of the practice needed to be strengthened. The practice manager had joined the practice three months before our inspection and was in the process of setting governance systems up on a compliance software. Both the provider and the practice manager reported that they had struggled to find time to complete all governance related tasks due to incidences of short staffing and personal circumstances.

In the 3 month period since the practice manager had joined the practice it was clear they had worked hard to address some of the shortfalls in the practice, such as auditing and governance demonstrating the practice's commitment to improving the service.

Systems and processes were not embedded which resulted in missed opportunities of providing safe services. For example, there was no record of a recent 5 yearly electrical installation condition report, the radiation equipment had not been serviced since 2017 and the autoclave servicing was overdue.

The information and evidence presented during the inspection process was not always clear and well documented.

Culture

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

Staff discussed their training needs during 1 to 1 meetings and during clinical supervision. They also discussed learning needs, general wellbeing and aims for future professional development. It was clear the staff in the practice worked hard in difficult circumstances to focus on the needs of the patients.

The practice manager told us appraisals were scheduled for all staff.

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals.

Governance and management

The provider had overall responsibility for the management and clinical leadership of the practice. The practice manager had recently introduced a governance system which included policies, protocols and procedures that were accessible to all members of staff. We noted that several policies we looked at on the compliance system had been reviewed on the day of our inspection and therefore it was uncertain how often these had been reviewed and if staff had time to read and understand them.

The management of radiography, fire safety, legionella, prescription security and equipment and premises maintenance required improvement.

Appropriate and accurate information

Staff did not always act on appropriate and accurate information. For example, in relation to the dispensing of medication.

Are services well-led?

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

Staff gathered feedback from patients, the public and external partners and demonstrated a commitment to acting on feedback.

Feedback from staff was obtained through meetings and informal discussions. Due to shortness in staffing and periods without a manager the practice had not always held formal staff meetings. The practice manager told us they had recently implemented dedicated time for meetings where policies and topics could be discussed to ensure staff were kept up to date with the latest guidance.

Continuous improvement and innovation

The practice had introduced some systems and processes for learning, quality assurance and continuous improvement. These included audits of patient care records, disability access, radiographs, antimicrobial prescribing, and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements. We noted that many of these had only been recently introduced by the practice manager and it was therefore unclear how embedded these systems were.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>Regulation 12, Safe care and treatment.</p> <p>How the regulation was not being met</p> <p>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:</p> <ul style="list-style-type: none">• The provider did not have systems in place to ensure the safety of the X-ray equipment and the required radiation protection information.• The practice did not have a named Radiation Protection Advisor (RPA) or Medical Physics Expert (MPE).• The practice had not registered with the Health and Safety Executive (HSE).• There was no evidence of annual electromechanical servicing or 3 yearly performance checks for either of the 2 intraoral X-ray machines.• The radiation protection information that was available required updating. For example, the displayed local rules were not in date and were missing information.• The provider did not maintain the premises and equipment in a safe way. For example:• There was no evidence of a satisfactory 5 yearly electrical installation condition report.• The autoclave had not been serviced at required intervals.• The provided had insufficient processes for the identification of risk. For example:• The in-house legionella risk assessment had not identified the scaling on taps and the hot water tap not working in the second treatment room.• The smoke alarms had not been checked regularly.

Requirement notices

- Fire extinguishers were not serviced regularly.
- The practice did not have a system to track and monitor the use of NHS prescription pads.
- System of checks of medical emergency equipment were ineffective. The provider had not ensured the availability of equipment in the practice to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.
- There were shortfalls in the practice's recruitment procedures to ensure accurate, complete and detailed records were maintained for all staff. In particular ensuring all staff had a Disclosure and Barring Service (DBS) check in place.

Regulated activity

Diagnostic and screening procedures
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulation 17 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.

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 was a lack of oversight in the leadership around governance systems, quality and assurance and monitoring and mitigating risk. This resulted in issues not being identified or adequately managed with the potential to impact upon the delivery of safe and well-led care. For example, there were insufficient processes for identification of risk, such as radiography, fire safety, legionella, equipment and premises.

This section is primarily information for the provider

Requirement notices

- Systems for the dispensing of antibiotics were not in line with guidance with antibiotics dispensed from the practice with a label containing the name of a pharmacy and not the practice's name or address detailed on the container or label of the medicines.