Dr. Baber Khan

Dr Baber Khan - The Crescent

Inspection report

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Overall summary

We undertook a focused inspection of Dr Baber Khan - The Crescent on 2 September 2021. 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.

We undertook an inspection of Dr Baber Khan on 13 September 2019 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 and well-led care and was in breach of regulations 9, 12, 13, 17 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 Dr Baber Khan - The Crescent 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 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 providing safe care in accordance with the relevant regulations.

Summary of findings

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 13 September 2019.

Are services effective?

We found this practice was providing effective care in accordance with the relevant regulations.

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 13 September 2019.

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 the regulatory breach we found at our inspection on 13 September 2019.

Background

Dr Baber Khan - The Crescent, is in the Lincolnshire market town of Spalding and provides private treatment for adults and children.

There is level access for people who use wheelchairs and those with pushchairs at the rear of the premises. There are no car parking facilities, but there are public car parks within close proximity to the practice. These include parking for blue badge holders.

The dental team includes one dentist, two dental nurses and one dental hygienist. The practice has two treatment rooms 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 one dentist, two dental nurses and one dental hygienist. 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.

Our key findings were:

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Summary of findings

- Take action to implement any recommendations in the practice's Legionella risk assessment, taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.' In particular, carry out regular monitoring checks of water temperature and flushing of seldom used outlets.

- 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 a satisfactory electrical fixed wiring safety certificate is obtained.

Full details of the regulations the provider is 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.

- Take action to ensure audits, specifically those of antimicrobial prescribing, radiography and infection prevention and control are undertaken at regular intervals to improve the quality of the service. Practice should also ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	**No action** ✓
Are services effective?	**No action** ✓
Are services well-led?	**Requirements notice** ✗

Are services safe?

Our findings

We found that this practice was providing safe care and was complying with the relevant regulations.

At our previous inspection on 13 September 2019 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 2 September 2021 we found the practice had made the following improvements to comply with the regulations:

- We saw that the provider now received updates and communication from the Medicines and Healthcare products Regulatory Agency and that any relevant alerts were noted and shared verbally with staff. We advised the provider to implement a formal recording system for information sharing to evidence where action has been taken. They informed us this would be completed.
- Improvement had been made following our inspection on 13 September 2019 where we found equipment was not held in accordance with the resuscitation council guidance including: child and adult self-inflating bags with reservoir, clear face masks for self-inflating bags, size one oropharyngeal airways and there was no portable suction available. The practice did not have access to an automated external defibrillator (AED). These shortfalls were addressed and all missing equipment was ordered. When we inspected on 2 September 2021 we found weekly checks of emergency medicines, the AED and oxygen were completed by the hygienist. We noted that these checks did not include all equipment and found three paediatric airways that were out of date and in need of replacement. We saw these were immediately removed and told a new recording and checking system would be implemented.
- The provider had not securely disposed of medicines no longer required or used as they had exceeded their use by date. We found four syringes of oral midazolam for children that expired in July 2020, stored with the emergency kit. The provider was aware these should be disposed of securely but stated lockdown restrictions had prevented them from doing so at the time. They advised the medicines would be disposed of immediately.
- Staff training records we looked at showed that all staff had completed safeguarding training to level two. Staff were able to describe the signs and types of abuse and identify their role in raising a concern. The provider had updated their safeguarding policy to reflect current guidance and best practice.
- The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for all staff. These reflected the relevant legislation. We looked at four staff recruitment records. These showed the provider followed their recruitment procedure. We observed that clinical staff were qualified, registered with the General Dental Council and had professional indemnity cover.
- The provider had implemented risk assessments in relation to safety issues including; Sharps and infection control.
- Staff immunity status for Hepatitis B was recorded for all staff.
- Servicing of the ultrasonic cleaner had been carried out by qualified technicians.
- Procedures were in place for significant event and untoward incident reporting.

These improvements showed the provider had taken action to comply with the regulations when we inspected on 2 September 2021.

Are services effective?

(for example, treatment is effective)

Our findings

We found that this practice was providing effective care and was complying with the relevant regulations.

At our previous inspection on 13 September 2019 we judged the practice was not providing effective 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 2 September 2021 we found the practice had made the following improvements to comply with the regulations:

- Staff and the provider told us they had completed online Mental Capacity Act (MCA) training. Evidence to confirm this was not available at the time of our inspection. We found that staff demonstrated an understanding of the MCA, its importance and its application to their role. The provider had an updated MCA and consent policy which included guidance on obtaining and recording consent to treatment and Gillick competencies.
- The provider informed us that they and the hygienist were now following the guidance of Delivering Better Oral Health, including fluoride application. They told us that discussions around treatment options and consent were held with each patient and recorded in care records.

These improvements showed the provider had taken action to comply with the regulations when we inspected on 2 September 2021.

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 act (see full details of this action in the Requirement Notices section at the end of this report).

At our previous inspection on 13 September 2019 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 2 September 2021 we found that, whilst the practice had made some improvements, they were still failing to comply with the regulations:

- When we inspected on 13 September 2019, we found the provider did not have a system for monitoring completion of continuous professional development (CPD) and staff had not completed all recommended training identified by the general dental council. We found gaps in training for safeguarding, radiography, infection prevention and control and mental capacity. At our inspection on 2 September 2021 we found the provider still did not have a system for monitoring completion of continuing professional development and staff had not completed all training identified as recommended by the General Dental Council. We did not see evidence of a structured induction and training programme for new staff.
- When we inspected on 13 September, 2019 we found radiography audit lacked detail and did not identify areas for improvement. Infection prevention and control audit was last completed in 2016, these should be completed every six months. At our inspection on 2 September 2021 we found that the radiography audit completed on xxx held sufficient detail and the infection prevention and control audit had been completed on 15 September 2020. However, staff appeared unaware of the importance of auditing performance and confirmed to us that no other audits were completed.
- The provider submitted an electrical fixed wiring report dated 27 April 2018 as evidence of compliance with the regulation following our inspection of 13 September 2019. On review we noted the report rated the wiring as unsatisfactory and requiring immediate remedial action for a number of defects including one rated C1 meaning 'Danger Present – The safety of those using the installation is at risk and immediate remedial action is required'. The provider had not taken any action to address these risks and was unaware they were required to do so. Following our inspection, the provider submitted evidence confirming remedial action had been taken by a qualified electrician.
- At our inspection of 13 September 2019, we identified the provider was not following the recommendations of a legionella risk assessment completed in 2014. At this inspection we saw the provider had commissioned a second legionella risk assessment in 2019 which recommended the same remedial action to reduce the risk of legionella developing was required and gave guidance on how the practice should monitor and reduce the risk of legionella. We found the provider had not carried out the remedial action or any monitoring and reduction of legionella risk. During our inspection on the 2 September 2021 we noted that the practice governance system provided further guidance and templates for use in the management of legionella risk, however the provider was unaware of this and not utilising the resource available. Following our inspection, the provider told us they had implemented a monitoring system. They told us they were unable to complete all remedial actions due to unavailability of qualified tradesmen.

This evidence indicates a breach of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 17 Good Governance.

The practice had made the following improvements:

- The provider had purchased an online governance system that supported the monitoring and oversight of the practice. This included generic policies and procedures that could be adapted to the specific needs of the service. We

Are services well-led?

noted that the provider had made use of the system for the review of policies and procedures including for recruitment and whistleblowing but was not utilising the system in a way that was consistent or provided robust governance. For example, the provider was using the system to ensure their legionella policy and procedures were up to date, but was not implementing any of the recommendations of the procedure or using any of the recording tools provided.

- All staff had received recent appraisals and there was a plan to ensure these were held regularly.

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance **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:** • The provider had not ensured that the electrical fixed wiring was safe and had not completed remedial action to reduce risk of harm. • The provider did not have systems in place to reduce the risk and spread of legionella and had not followed advice or completed remedial action to reduce risk of harm. • There were limited systems for monitoring and improving quality. For example, regular audits of antimicrobial prescribing and dental care records were not completed. There was limited oversight of staff training needs and completion of training.