

Mr. Dilip Shah

# Shah Dental Practice - Brixton

## Inspection report

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### Overall summary

We carried out this announced inspection on 29 November 2021 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 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.

To get to the heart of patients' experiences of care and treatment, we always ask the following three questions:

- 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:**

##### **Are services safe?**

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

##### **Are services effective?**

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

##### **Are services well-led?**

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

# Summary of findings

## Background

Shah Dental Practice - Brixton is in the London Borough of Lambeth and provides NHS and private dental care and treatment for adults and children.

The practice is located close to public transport links and car parking spaces are available near the practice.

The dental team includes the principal dentist, one trainee dental nurse and a receptionist/practice manager. 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 trainee dental nurse and the receptionist/practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Friday from 9.30am – 5.30pm

## Our key findings were:

- The provider asked staff and patients for feedback about the services they provided.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff provided preventive care and supported patients to ensure better oral health. However, improvements were needed to ensure that all important information was suitably recorded within the dental care records.
- The practice appeared to be visibly clean and well-maintained. Improvements, however were needed to the storage arrangements for cleaning equipment.
- Not all equipment used by staff for cleaning and sterilising used dental instruments was validated, maintained and used in line with the manufacturers' guidance.
- Improvements were needed to the Information Governance policy to take into account the General Data Protection Regulation (GDPR) 2018 requirements.
- Staff knew how to deal with emergencies. Emergency equipment and medicines were not available as described in the Resuscitation Council UK 2021 guidelines.
- Risks to staff and patients from undertaking of the regulated activities had not been suitably identified and mitigated.
- The provider did not have suitable staff recruitment procedures..
- There was ineffective leadership and a lack of management oversight for the day-to-day running of the service.
- There were ineffective systems to ensure facilities were safe and equipment was serviced and maintained according to manufacturers' guidance.

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.

# Summary of findings

**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 Faculty of General Dental Practice.

# 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?	Enforcement action	✗

# 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.

The impact of our concerns, in terms of the safety of clinical care, is minor for patients using the service. Once the shortcomings have been put right the likelihood of them occurring in the future is low.

### **Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)**

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. Staff we spoke to knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication, within dental care records.

The provider had an infection prevention and control policy and procedures. They followed 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. Staff completed infection prevention and control training and received updates as required.

The provider had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. On the day of the inspection we found that not all equipment used by staff for cleaning and sterilising used dental instruments was validated, maintained and used in line with the manufacturers' guidance.

For example, there was no evidence to show that protein or soil tests were being undertaken and the foil test for the ultrasonic bath was not being carried out correctly. In addition, there was no evidence to show that Time, Steam and Temperature (TST) Control Strips were used to verify the autoclave was working correctly.

The provider had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

The staff carried out manual cleaning of dental instruments prior to them being sterilised.

The staff had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw the practice had some procedures to reduce the possibility of legionella or other bacteria developing in the water. We looked at the risk assessments carried out in 2012 and 2018 and noted that a number of recommendations had been made. These included having a system for monitoring the temperature of hot and cold-water taps and the regular flushing and monitoring of the shower unit. A system had been implemented to monitor the hot and cold water temperatures and the provider was able to show us records to demonstrate this was an ongoing process. However, on the day of the inspection the records indicated the hot water did not reach the recommended temperature and we could not be assured that the current system would ensure staff raised concerns if the temperature was not within the recommended range. Furthermore, there was no evidence the recommendation made in relation to a shower unit had been acted upon.

We found the practice was visibly clean; however, the cleaning equipment, such as the mops and buckets, were not stored appropriately as per national guidance.

# Are services safe?

The principal dentist described the procedures in place in relation to COVID-19. Additional standard operating procedures had been implemented to protect patients and staff from Coronavirus. These included social distancing and screening measures which had been implemented. We saw evidence that Personal Protective Equipment was in use and staff had been appropriately fit tested for filtering facepiece masks (FFP). Improvements could be made to ensure that the treatment room door was kept closed when aerosol generating procedures were undertaken to limit the dispersal of air-borne particles.

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

The principal dentist carried out infection prevention and control audits and the latest one, carried out in October 2021, showed the practice was meeting the required standards.

The provider had whistleblowing policy. Staff felt confident they could raise concerns without fear of recrimination.

The provider had a recruitment procedure to help them employ suitable staff. This reflected the relevant legislation. We checked three staff recruitment records and found these to be incomplete. Enhanced Disclosure and Barring Services (DBS) checks had not been undertaken at the time of recruitment for all members of staff, and there was no evidence the risks around this had been considered. No proof of identity including a recent photograph (at the time of recruitment) had not been obtained for the most recently recruited member of staff. In addition, records were not available to show that satisfactory evidence of conduct in previous employment had been sought.

We observed that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

The provider did not ensure all facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. We noted the fixed wiring electrical installation testing for the premises had not been undertaken. In addition, there was no evidence the suction motor and the dental chairs had been serviced.

Staff were unaware of the servicing requirements for the ultrasonic bath used to assist with cleaning used dental instruments.

A fire risk assessment, carried out on 8 June 2021, was available for review on the day of the inspection. A number of recommendations including improving the accessibility of the emergency exit in the basement, the installation of a hardwired alarm system and the installation of emergency lighting had been made. These had not yet been acted upon.

The provider did not have records to indicate that smoke detectors were tested regularly, and there was no evidence of fire training for staff or fire drills undertaken. The risks around this had not been considered and suitably mitigated.

The practice had ineffective arrangements to ensure the safety of the intra-oral X-ray equipment and not all radiation protection information was available as required. On the day of the inspection, the provider could not provide assurances that the intra-oral X-ray equipment was tested and checked in accordance with current national regulations and guidance. There was no evidence to show the provider had registered with the Health and Safety Executive (HSE) and they did not have an appointed Radiation Protection Advisor (RPA) as required.

We saw limited evidence the clinicians justified, graded and reported on the radiographs they took within the dental care records we were shown. The provider carried out radiography audits following current guidance and legislation. Clinical staff completed continuing professional development in respect of dental radiography.

## Risks to patients

The provider had ineffective systems to assess, monitor and manage risks to patient safety.

The provider had current employer's liability insurance and health and safety policies and procedures; however, improvements were needed to the practice's risk management processes.

# Are services safe?

We looked at the practice's arrangements for safe dental care and treatment. A sharps risk assessment that considered risks relating to all forms of sharps had not been undertaken.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the hepatitis B virus, and that the effectiveness of the vaccination was checked.

Sepsis prompts for staff and information posters were not displayed within the practice. We discussed the advantages of undertaking training to ensure all staff were able to triage patients correctly.

Staff knew how to respond to a medical emergency; however improvements were needed to ensure records were available to demonstrate all staff had completed training in emergency resuscitation and basic life support as per current guidance.

Emergency equipment and medicines were not available as described in the Resuscitation Council UK 2021 guidelines. The provider did not have effective systems for assessing the risks arising from not having an Automated External Defibrillator (AED) and a portable suction. We noted that the oxygen cylinder had not been serviced since its purchase approximately 10 years ago. Airways, in various recommended sizes were not available and the ones present had passed their use-by date. There was no self-inflating bag for use on a child and only two of the four recommended sizes of clear face masks were available. The medicine used to treat low blood sugar was stored at room temperature and the date was not adjusted as required.

The system for monitoring the medicines was ineffective. The medicine used to treat seizures expired in July 2021 and had not been replaced until November 2021. The risks around this had not been suitably considered and mitigated.

A dental nurse worked with the clinicians when they treated patients in line with General Dental Council Standards for the Dental Team.

On the day of the inspection, the provider had some information available in relation to the use and storage of hazardous substances as per Control of Substances Hazardous to Health Regulations 2002 (COSHH). Improvements were needed to ensure the information was organised and easily accessible. Risk assessments were also required to ensure individual materials were up-to-date and mitigating actions were available.

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

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at dental care records with the clinician to confirm our findings and observed that improvements were needed to the level of detail recorded.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist. Improvements were needed to the monitoring process to enable staff to follow up on referrals made and ensure patients were seen in a timely manner.

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

The clinicians were aware of current guidance with regards to prescribing medicines.

On the day of the inspection we found a large amount of out of date materials in one of the surgeries. Improvements were needed to the monitoring system to ensure out of these were disposed of appropriately.

There was no stock control system of medicines which were held on site and the medicines were not stored securely. This was required to ensure that medicines did not pass their expiry date, that all medicines could be accounted for and enough medicines were available if required. Improvements were needed to the protocols when dispensing medicines to ensure all relevant details were recorded in line with current guidelines.

# Are services safe?

We also noted that the provider did not undertake regular audits of antimicrobial prescribing.

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

The provider had implemented systems for reviewing and investigating when things went wrong. In the previous 12 months there had been no safety incidents. Staff told us incidents would be investigated, documented and discussed to prevent such occurrences happening again.

The provider had a system for receiving and acting on safety alerts. The provider told us they reviewed any safety alerts and shared them with the team and act on them if required.



# 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. We saw clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

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

The clinician where applicable, discussed smoking, alcohol consumption and diet with patients during appointments.

The clinician described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition. On the day of the inspection we noted there were inconsistencies in the recording of this information within the six dental care records we looked at. For example, patient risk assessments and basic periodontal examination (BPE) scores were not consistently documented.

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

Staff obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The clinicians gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. However, we saw this was not documented consistently within patients' records.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who might not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves in certain circumstances. Staff were aware of the need to consider this when treating young people under 16 years of age.

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 written dental care records containing information about the patients' current dental needs, past treatment and medical histories. The clinicians assessed patients' treatment needs in line with recognised guidance.

Improvements were needed to the quality assurance processes to encourage learning and continuous improvement. We noted that the provider should review the practice protocols regarding auditing patient dental care records to check that necessary information was recorded, and use the results of these audits and the resulting action plans to drive further improvements.

### **Effective staffing**

Overall we found staff had the skills, knowledge and experience to carry out their roles.

Staff new to the practice had an informal induction programme. Improvements could be made to ensure records were available to demonstrate this was carried out.

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

# Are services effective?

(for example, treatment is effective)

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

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

Staff worked together and with other health and social care professionals to deliver effective care and treatment. We noted that there was no formal referral monitoring system in place.

# 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 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.

### **Leadership capacity and capability**

We found that there was ineffective leadership which impacted on the practice's ability to deliver safe, high quality care. The principal dentist could not assure us that they and their senior staff understood risks pertaining to the management of the service and the delivery of care.

### **Culture**

Staff we spoke with stated they enjoyed and felt well supported at the practice.

Leaders at all levels were visible and approachable. Staff told us they worked closely with them to make sure they prioritised compassionate and inclusive leadership.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

### **Governance and management**

The principal dentist had overall responsibility for the management and clinical leadership of the practice and the practice manager was responsible for the day to day running of the service.

Staff knew the management arrangements and their roles and responsibilities.

The practice did not have effective systems for governance in relation to the management of the service.

The processes for managing risks were ineffective. The practice did not have adequate systems in place for recognising, assessing and mitigating risks in areas such as the medicines used to treat emergencies, storage and handling of sharps, fire safety and legionella.

Where risks had been highlighted and recommendations made in risk assessments, there were no systems in place to ensure the relevant improvements, reviews and training had been carried out. This included, for example the fire safety and the legionella risk assessments.

### **Appropriate and accurate information**

Staff acted on appropriate and accurate information.

The provider had some information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. However, improvements were needed to take into account the GDPR requirements.

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

The provider used patient surveys and encouraged verbal comments to obtain staff and patients' views about the service. Feedback we saw demonstrated that patients felt they received great treatment and were longstanding patients at the practice.

# Are services well-led?

## **Continuous improvement and innovation**

The provider had some quality assurance processes to encourage learning and continuous improvement. These included audits of radiographs, infection prevention and control and dental care records. Improvements were needed to ensure these audits were sufficiently detailed so as to drive continual improvement. A disability access audit had not been undertaken to consider patients with additional needs.

On the day of the inspection we could not be assured all staff completed 'highly recommended' training, including Basic Life Support (BLS) training, as per General Dental Council professional standards.

## 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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Surgical procedures	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:
Treatment of disease, disorder or injury	<ul style="list-style-type: none"><li>• The ultrasonic bath had not been serviced and maintained according to manufacturer's guidelines and the routine monitoring tests were not being carried out as required.</li><li>• The daily TST strip testing was not being carried out to assure the provider the autoclave was functioning correctly.</li><li>• The suction motor and the dental chairs had not been serviced and maintained according to manufacturer's guidelines.</li><li>• Fixed-wire electrical installation testing had not been carried out.</li><li>• The cleaning equipment was not stored appropriately.</li><li>• There were ineffective systems to ensure that dental materials were disposed of beyond their use-by date.</li><li>• Medicines and equipment used in the treatment of medical emergencies were not available according to relevant guidance.</li></ul>
	Regulation 12 (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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>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.</p> <p>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 mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <ul style="list-style-type: none"><li>• The X-ray equipment had not been serviced and maintained according to manufacturer's guidelines.</li><li>• The provider had not registered with the Health and Safety Executive (HSE) and no radiation protection advisor (RPA) had been appointed as required.</li><li>• The system for monitoring the medicines used to treat medical emergencies was ineffective in that it failed to ensure the medicine used to treat epileptic seizures was replaced immediately it reached its use-by date.</li><li>• Recommendations made in the fire safety risk assessment had not been carried out and the risks associated with fire had not been appropriately assessed and mitigated.</li><li>• Fire safety equipment such as smoke alarms were not tested and checked.</li><li>• Staff had not undertaken fire safety training as recommended.</li><li>• There was no sharps risk assessment at the practice that considered the risks associated with all forms of sharps and the provider had not considered nor mitigated those risks to staff.</li></ul>

## Enforcement actions

- Individual risk assessments had not been carried out in relation to the storage and handling of hazardous substances and the information available was not organised and easily accessible to staff.
- Recommendations made in the legionella risk assessments had not been implemented and the risks appropriately mitigated

There were no systems or processes that ensured 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 for ensuring staff recruitment files were up-to-date and contained evidence that all important checks had been carried out at the point of recruitment.

The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to ensure that accurate, complete and contemporaneous records were being maintained securely in respect of each service user. In particular:

- The provider did not maintain accurate, complete and contemporaneous dental care records in relation to each service user.

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:

- A disability access audit had not been undertaken.

The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process. In particular:

- The information governance systems did not comply with the General Data Protection Regulation (GDPR) 2018.

Regulation 17 (1)