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# Kings Cross Dental Practice

## Inspection Report

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### Overall summary

We carried out this announced follow-up inspection on 13 February 2018. The inspection was led by a Care Quality Commission (CQC) inspector who was supported by a specialist dental adviser.

At the previous comprehensive inspection on 25 July 2017 we found the registered provider was providing effective, caring and responsive care in accordance with relevant regulations. We judged the practice was not providing safe or well-led care in accordance with regulation 17 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 Kings Cross Dental Practice on our website [www.cqc.org.uk](http://www.cqc.org.uk).

The provider submitted an action plan to tell us what they would do to make improvements. We undertook this inspection on 13 February 2018 to check that they had followed their plan. We reviewed the key questions of safe and well-led.

#### **Our findings were:**

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

We found that this practice was providing safe care in accordance with the relevant regulations. They demonstrated they had taken action to address the shortfalls and regulatory breach we identified when we inspected their practice on 25 July 2017.

The provider had made improvements with regard to:

- Ensuring recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed, and ensuring specified information was available regarding each person employed.

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

We found that this practice was providing well-led care in accordance with the relevant regulations. They demonstrated they had taken action to address the shortfalls and regulatory breach we identified when we inspected their practice on 25 July 2017.

The provider had made improvements with regard to:

- Ensuring effective systems and processes were in place to ensure good governance in accordance with the fundamental standards of care.
- Ensuring persons employed in the provision of the regulated activity received the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out their duties.

There was an area in which the provider could make improvements. They should:

- Review staff training to ensure that all staff carrying out or assisting with dental procedures carried out under conscious sedation have the appropriate training and skills to carry out the role taking into account guidelines published by The Intercollegiate Advisory

# Summary of findings

Committee on Sedation in Dentistry in the document 'Standards for Conscious Sedation in the Provision of Dental Care 2015, and gain documentary evidence as to the competencies and training of people delivering conscious sedation.

# 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?

We found that this practice was providing safe care in accordance with the relevant regulations. The provider had made improvements to address shortfalls and regulatory breach we identified during the previous inspection on 25 July 2017.

The provider implemented processes to facilitate logging, and learning from, incidents and national safety alerts to help them improve.

The provider implemented safeguarding policies and ensured all staff were aware of the practice's safeguarding leads and received safeguarding training.

The provider completed key background checks retrospectively for staff and ensured information was available for each staff member.

The provider ensured their stock of emergency equipment and medicines was in line with current recommendations.

No action



### Are services well-led?

We found that this practice was providing well-led care in accordance with the relevant regulations. The provider had made improvements to address shortfalls and regulatory breach we identified during the previous inspection on 25 July 2017.

The provider had improved their systems for monitoring and managing risk. They had considered patients' needs suitably and implemented arrangements to help patients with sight or hearing loss.

The provider monitored clinical and non-clinical areas of their work to help them improve and learn. This included commencing an audit of dental care records to ensure the necessary information was recorded.

The provider ensured staff completed key training, kept related documentation and implemented a system to help them monitor training needs. Improvements could be made to ensure the practice followed national guidelines with regard to sedation training.

No action



# Are services safe?

## Our findings

At the previous inspection on 25 July 2017, we found the practice was not providing safe care.

During this follow-up inspection on 13 February 2018 the provider demonstrated they had taken action to address the shortfalls and regulatory breach we identified at the previous inspection.

### **Reporting, learning and improvement from incidents**

The provider implemented policies and procedures to report, investigate, respond to and learn from accidents, incidents and significant events. Staff we spoke with knew about these and understood their role in the process.

The provider had recorded, responded to and discussed an incident to reduce risk and support future learning.

The provider implemented a system for receiving national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff, acted on and stored for future reference.

### **Reliable safety systems and processes (including safeguarding)**

The provider had created safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training, and all staff we spoke with were aware of who the practice's safeguarding leads were.

### **Medical emergencies**

The provider had ensured all staff completed training in emergency resuscitation and basic life support, and had also ensure that emergency equipment and medicines were available as described in recognised guidance.

### **Staff recruitment**

The provider had implemented a staff recruitment policy and procedure to help them employ suitable staff; this reflected the relevant legislation. They had carried out

retrospective background checks for staff including Disclosure and Barring Service checks, immunisation records, employment histories, proofs of identification, professional registration and qualification, and indemnity insurance.

The provider had created and used induction forms for new staff.

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

### **Monitoring health & safety and responding to risks**

The provider ensured the practice's health and safety risk assessment was up to date and reviewed to help them manage potential risk.

They assured us they had reviewed fire risks identified in a 2016 risk assessment and advised us a wireless fire alarm would be installed in March 2018.

The provider had formally assessed the risk of dental hygienists working without chairside assistance. The assessment highlighted systems in place to support the hygienists in the event of an emergency, and for the provision of support for complex treatments when needed.

The practice ensured staff completed infection prevention and control training.

The provider ensured key data from the autoclave used to sterilise instruments was recorded in line with guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05).

### **Radiography (X-rays)**

The provider had made arrangements for radiography machines to be serviced in February 2018.

The provider reviewed and carried out a new radiography audit in January 2018 to help them ensure they monitored the quality of dental radiographs taken.

We confirmed clinical staff had completed continuous professional development in respect of dental radiography.

# Are services well-led?

## Our findings

At the previous inspection on 25 July 2017, we found the practice was not providing well-led care.

During this follow-up inspection on 13 February 2018 the provider demonstrated they had taken action to address the shortfalls and regulatory breach we identified at the previous inspection.

### Governance arrangements

The provider had updated staff on roles for safeguarding, the protocol for dealing with significant events, and the legal precedent by which children aged under 16 years could consent to dental treatment; staff we spoke with during the inspection demonstrated a good understanding of these.

The provider had reviewed and updated policies to support the management of their service and ensured they contained information that was relevant to the practice. They had implemented safeguarding and recruitment procedures, and their consent policy had been updated with information about the Mental Capacity Act.

The provider had formally assessed various risks. They established suitable processes for recruitment and training, fire safety monitoring, and ensured emergency medicines and equipment were available as described in national guidelines.

The provider had carried out a disability access audit and made improvements by installing a hearing loop to support patients with hearing difficulties. They also had access to language interpreters including for patients that were deaf or blind.

### Leadership, openness and transparency

Staff attended monthly meetings where they could raise any concerns and discuss clinical and non-clinical updates. The provider ensured they kept improved comprehensive records of each meeting.

### Learning and improvement

The provider had improved quality assurance procedures to help them monitor the quality of the service, and to encourage learning and continuous improvement. These processes included a new radiography audit and infection control audit from which the provider created clear results and action plans.

The provider held a meeting to update dentists on requirements for dental care record keeping. We checked dental care records and found there was a vast improvement in the quality of information the dentists and hygienists had recorded in dental care records.

The provider had carried out the first cycle of a dental care record audit. They had identified areas for improvement and scheduled a date for the second cycle to check the improvements were implemented.

We confirmed staff had completed key training for basic life support, safeguarding, infection control, radiography and fire safety. Staff had also undertaken training in immediate life support in preparation for dental procedures carried out under conscious sedation. Improvements could be made to ensure relevant staff also completed continuous professional development in sedation as per guidelines published by The Intercollegiate Advisory Committee on Sedation in Dentistry in the document 'Standards for Conscious Sedation in the Provision of Dental Care 2015'.