

Shams Moopen Dental Practice

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Inspection report

54-56 Kingsley Road
Northampton
NN2 7BL
Tel: 01604716996

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Overall summary

We carried out this announced focused inspection on 17 May 2022 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 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:

- Not all areas of the dental clinic appeared to be visibly clean.
- The practice had infection control procedures which reflected published guidance. We found these were not always applied consistently.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk to patients and staff.
- Safeguarding processes were in place. We found not all staff were aware of their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which reflected current legislation.

Summary of findings

- Recording of patient care and treatment carried out was not always in line with current guidelines.
- 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 appointment system took account of patients' needs.
- There was effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Complaints were not always dealt with positively and efficiently.
- The dental clinic had information governance arrangements.

Background

The provider has two practices and this report is about Shams Moopen Dental Practice.

Shams Moopen Dental Practice is in Northampton and provides NHS and 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. Car parking spaces, including dedicated parking for people with disabilities, are available near the practice. The practice has made some reasonable adjustments to support patients with additional needs.

The dental team includes six dentists, six dental nurses of whom one is a trainee, one dental hygienist, two dental therapists two receptionists and a practice manager. The practice has nine treatment rooms.

During the inspection we spoke with three dentists, three dental nurses, one dental therapist, two receptionists, the registered manager and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Thursday from 9am to 6.30pm

Friday from 9am to 4.30pm

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

- Ensure systems and processes that enable the registered person to assess, monitor and improve the quality and safety of the services being provided are in place.

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

- Improve the practice's waste handling protocols to ensure waste is segregated and disposed of in compliance with the relevant regulations and taking into account the guidance issued in the Health Technical Memorandum 07-01.
- Take action to ensure that all the staff have received training, to an appropriate level, in the safeguarding of children and vulnerable adults. Specifically, ensure that staff are aware of the referral and escalation process when concerns are identified.

Summary of findings

- Improve and develop the practice's policies and procedures for obtaining patient consent to care and treatment to ensure they are in compliance with legislation, take into account relevant guidance, and staff follow them.

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 this practice was providing safe care in accordance with the relevant regulations.

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

The practice had safeguarding processes. We found that not all staff were aware of their responsibilities for raising or escalating concerns relating to safeguarding vulnerable adults and children. Following our inspection, the provider submitted evidence that safeguarding policies and guidance were updated, and further training had been completed by all staff.

The practice had infection control procedures which reflected published guidance. The practice had introduced additional procedures in relation to COVID-19 in accordance with published guidance. We found that not all of the practice was visibly clean, and cleaning of clinical areas did not follow guidance. For example; we noted that overhead inspection lamps were clearly soiled in three surgeries and work surfaces and cupboards were dirty in a further three surgeries. Following our inspection, the provider submitted evidence that remedial action was taken to address these issues.

The practice had procedures to reduce the risk of Legionella or other bacteria developing in water systems, in line with a risk assessment.

The practice policies and procedures to ensure clinical waste was segregated and stored appropriately was not always in line with guidance. For example, we noted multiple sharps boxes dated 2006, used amalgam tubs and gas canisters were stored in an under stairs cupboard along with helium gas canisters. Following our inspection, the provider submitted evidence to show these issues were addressed and the policies updated to reflect current guidance.

The practice had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation.

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

The practice ensured equipment was safe to use and maintained and serviced according to manufacturers' instructions.

The practice did not ensure the facilities were maintained in accordance with regulations. At the time of our inspection, the provider had not obtained a satisfactory electrical fixed wiring safety certificate. Following our inspection, the provider submitted evidence that this was obtained and confirmed by a qualified person.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. Including: Cone-beam computed tomography (CBCT).

Risks to patients

At the time of our inspection, the practice had not implemented systems to assess, monitor and manage risks to patient and staff safety.

The practice manager confirmed they had not carried out any specific risk assessments, with the exception of hazardous substances management, to help them manage risks to staff and patients. Following our inspection, the provider submitted completed, detailed risk assessments covering all areas of the practice.

Emergency equipment and medicines were available and checked in accordance with national guidance.

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

Are services safe?

Information to deliver safe care and treatment

Dental care records we saw were complete, legible, were 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 systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were carried out.

Track record on safety, and lessons learned and improvements

The practice had implemented systems for reviewing and investigating when things went wrong. 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.

Helping patients to live healthier lives

We found that oral health checks were not completed routinely on children from the age of seven as per guidance.

Consent to care and treatment

Dental care records we looked at showed there was a lack of consistency in staff obtaining patient's consent to care and treatment. Clinical staff did not always demonstrate an understanding of informed patient consent. Following our inspection, the provider submitted evidence that this issue was discussed, and action taken to address the concern.

Staff did not always demonstrate an understanding their responsibilities under the Mental Capacity Act 2005 (MCA).

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 dental care records in line with recognised guidance.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty.

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 and legislation.

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 dentists 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

The practice demonstrated a transparent and open culture in relation to people's safety.

At the time of our inspection, a new leadership team was in place and they were committed to and working towards establishing a culture and emphasis on continually striving to improve.

Systems and processes were being established, and staff worked together in such a way that where our inspection highlighted any concerns or omissions, these were swiftly addressed.

The information and evidence presented during the inspection process was clear and well documented.

We saw the practice had effective processes to support and develop staff with additional roles and responsibilities.

Culture

The practice could show how they ensured high-quality sustainable services and demonstrated improvements over time.

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

Staff discussed their training needs during annual appraisals or during clinical supervision. They also discussed learning needs, general wellbeing and aims for future professional development.

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

Governance and management

Staff had clear responsibilities roles and systems of accountability to support good governance and management.

The practice had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

The practice did not have clear and effective processes for managing risks, issues and performance. For example, the practice manager confirmed they had not carried out any specific risk assessments, with the exception of hazardous substances management, to help them manage risks to staff and patients. Following our inspection, the provider submitted completed, detailed risk assessments covering all areas of the practice.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

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

The practice gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Are services well-led?

Continuous improvement and innovation

The practice was establishing systems and processes for learning, continuous improvement and innovation. Evidence submitted during and following our inspection showed that these were becoming embedded in practice procedures.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, disability access, radiographs and infection prevention and control. We noted these did not always reflect our findings during the inspection and were not always completed in appropriate timescales. Following our inspection, the provider submitted evidence of updated and improved audit schedules and monitoring.

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 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: The provider had not obtained a satisfactory electrical fixed wiring safety certificate. There were limited systems for monitoring and improving quality. For example, audit activity was not always completed at recommended intervals and did not result in improvement to the service. Systems for ensuring the effective cleaning of the practice, including clinical areas, were not effective. We noted that overhead inspection lamps were clearly soiled in three surgeries and work surfaces and cupboards were dirty in a further three surgeries. Risk assessments were not completed for any area of the practice or delivery of regulated activities.