

Dr A M. Tabrizi Dental Practice Limited

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Inspection Report

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Overall summary

We undertook a follow up focused inspection of Dr A M. Tabrizi Dental Practice Limited on 19 December 2019. 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 who was supported by a specialist dental adviser.

We undertook a comprehensive inspection of Dr A M. Tabrizi Dental Practice Limited on 11 July 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 well led care and was in breach of regulations 17 and 18 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 A M. Tabrizi Dental Practice Limited on our website www.cqc.org.uk.

As part of this inspection we asked:

- Is it well-led?

When one or more of the five questions are not met we require the service to make improvements and send us an action plan (requirement notice only). We then inspect again after a reasonable interval, focusing on the areas where improvement was required.

Our findings were:

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 breaches we found at our inspection at our inspection on 11 July 2019.

Background

Dr A M. Tabrizi Dental Practice Limited is in Ipswich and provides NHS and private treatment to adults and children.

There is no level access for people who use wheelchairs or those with pushchairs. Car parking spaces, including spaces for blue badge holders, are available in car parks near the practice.

Summary of findings

The dental team includes one dentist, three trainee dental nurses, one dental hygienist awaiting GDC registration and the practice manager. The practice has three 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 dentist, the dental hygienist, one trainee dental nurse 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 5pm, Friday from 9am to 4pm and alternate Saturdays from 9.30am to 1pm.

Our key findings were:

- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- Not all staff had the correct disclosure and barring checks in place. Not all staff had a record of their immunity to hepatitis B recorded in their records. The practice told us they would take action following the inspection to update these.

- The practice had suitable arrangements to ensure the safety of the X-ray equipment and we saw the required information was in their radiation protection file.
- Audit systems had been reviewed with audits of radiography, dental records and infection prevention and control undertaken to improve the quality of the service. There was scope to ensure antimicrobial audits were undertaken.
- No further action had been taken to ensure the six actions identified during the August 2018 fire risk assessment had been reviewed or completed.
- There was no evidence of the hygienist being registered with the General Dental Council (GDC).
- There was limited evidence of support, professional development and supervision for the hygienist or the three trainee dental nurses from the dentist. We were not assured that two of the trainee dental nurses were on established college courses.

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.

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:

- Introduce protocols regarding the prescribing of antibiotic medicines.

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 well-led?

Requirements notice



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 take action (see full details of this action in the Requirement Notices/ Enforcement Actions section at the end of this report).

At our previous inspection on 11 July 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 19 December 2019 we found the practice had made some improvements to comply with the regulations:

- Emergency equipment and medicines were available as described in recognised guidance. We found staff kept records of their checks of these to make sure they were available, within their expiry date, and in working order.
- The practice confirmed they had signed up to receive patient and medicine safety alerts and had implemented a system for receiving, sharing with the team and acting on safety alerts.
- Systems to ensure that any work was disinfected before treatment had been improved to ensure these were consistent.
- We reviewed a log of fridge temperatures the practice had introduced following the previous inspection. However, we noted the practice only recorded an average temperature instead of the maximum and minimum temperatures of the fridge each day. We discussed this with the practice team and before leaving the practice we were assured there was a clearer understanding of the process for monitoring fridge temperatures where medicines were stored.
- The dentists confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide. Staff recorded referrals through a log tracking system to ensure they were monitored.
- From our discussions with the staff, there was evidence they had a clearer understanding of what might constitute an untoward event. We were told there had

not been a significant event since the previous inspection, however staff were able to demonstrate how they would record and review a significant event in line with the practice policy.

- Staff understanding of their responsibilities under the Mental Capacity Act 2015 and the practice policy had improved. 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.
- There were some systems to improve the quality assurance processes to encourage continuous improvement since the previous inspection. These included audits of dental care records, radiographs and infection prevention and control. The principal dentist was the sole dentist and therefore there was limited oversight of their processes from another clinician. There were no prescribing audits undertaken, we noted a prescribing log had been introduced. We discussed undertaking a prescribing audit in future with the dental nurse and dentist. Staff kept records of the results of completed audits and were introducing action plans to ensure continued improvements.

The practice had also made further improvements:

- Staff we spoke with knew about the signs and symptoms of abuse and neglect. They were aware of who the practice safeguarding lead was and were able to describe how they would report concerns including notification to the CQC.
- The practice had a whistleblowing policy. Staff were aware of the policy and were able to describe what the policy referred to, however we were not assured the practice manager had a full understanding of the principals of the policy.
- From our review of patient dental care records and our discussion with the dentist we were assured the dentist used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment.
- The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. The practice Orthopantomogram (a scan that gives a panoramic view

Are services well-led?

of the jaw and teeth), was out of order and had been decommissioned. We noted displayed information to confirm the equipment should not be used. During the inspection further action was taken to ensure this equipment could not mistakenly be used. The record of the critical examination and acceptance test for this equipment was not available but we were satisfied the equipment would not be used. The practice manager confirmed that they intended to remove this equipment from the practice.

- From our review of patient dental care records and our discussion with the dentist we noted evidence to confirm that patients' needs were assessed and care and treatment was delivered in line with current legislation, standards and guidance supported by clear clinical pathways. There was scope for further audit of dental records to ensure dental risks such as dental caries and periodontal diseases were consistently recorded.

These improvements showed the provider had taken some actions to improve the quality of services for patients and comply with the regulations.

We noted that the provider had failed to take action to address the following;

- From our review of staff recruitment information we noted the disclosure and barring check (DBS) for the hygienist who had qualified overseas was not an enhanced DBS. We also noted there was only a basic DBS for one of the trainee dental nurses. Following the inspection we were sent evidence of an enhanced DBS certificate for the hygienist and confirmation that an enhanced DBS would be applied for the trainee dental nurse.
- Not all staff had a record of their immunity to hepatitis B recorded in their records, we noted these were not evidenced for the hygienist and one trainee dental nurse.
- We noted staff had recently completed appraisals. We were shown a staff induction process the practice had introduced for new staff. The practice manager informed us that an associate dentist would be joining the practice, we were told that the induction process would be put in place when the dentist started at the practice. However, we found there was limited evidence of support, professional development and supervision for the hygienist or the three trainee dental nurses from the

dentist. We were not assured that two of the trainee dental nurses were on established college courses. We shared this information with both NHS England and the GDC.

- We were not assured that the dentist had full oversight or understanding of their responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service, but we were not assured they had a clear enough understanding of their responsibilities with regard to providing well-led care in accordance with the relevant regulations. The dentist and practice manager were not aware that the adaption period certificate for the hygienist had expired in July 2019. We discussed the whistleblowing policy with the practice manager at both the July 2019 and the December 2019 inspections and it was clear they were unsure of the principles of the policy. The practice manager told us they struggled to understand some English references. We noted much of the management arrangements at the practice were overseen by one of the trainee dental nurses.
- We noted that no further action had been taken to ensure the six actions identified during the August 2018 fire risk assessment had been reviewed or completed. We were not assured that fire safety management was effective. We discussed this with the practice manager who told us the door to the cellar had been replaced. However, they were unable to provide evidence that this had been undertaken. When we spoke to other staff we were told the practice could not complete the work identified in the risk assessment due to the restrictions of the building and costs. There was no written assessment or action plan to confirm any of this.

We found further evidence of poor governance at this inspection.

At the time of the inspection there was no evidence of the hygienist registration with the General Dental Council (GDC). We were told the practice had an adaption period agreement with the hygienist with an agreement they would be supervised by the dentist. However, we noted this had expired on 14 July 2019. There was no evidence provided that this had been extended. Following the inspection the practice manager confirmed that the hygienist was not registered with the GDC and provided evidence that their period of adaption which temporarily

Are services well-led?

covered them following their transfer from another country had expired in July 2019. We shared this information with

both NHS England and the GDC and requested that the hygienist stopped providing care until this situation was resolved. We received a written undertaking from the practice that the hygienist was no longer seeing patients.

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 17 HSCA (RA) Regulations 2014 Good governance
Surgical procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Treatment of disease, disorder or injury	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. How the regulation was not being met: There were limited systems or processes that enabled 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: 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. The hygienist did not have current registration with the General Dental Council (GDC) and was not covered by a GDC adaption period certificate as the last one had expired in July 2019. GDC regulations stipulate a hygienist must be registered or covered by an adaption certificate in order to practice. The six actions identified during the August 2018 fire risk assessment which had not been reviewed or completed at our last inspection were still outstanding. We could

Requirement notices

not be assured of the effectiveness of the management of risk of fire. Not all clinical staff records contained evidence of adequate immunity for vaccine preventable infectious diseases.

There were no systems in place to ensure regular supervision and oversight of trainee staff.

We were not assured that two of the trainee dental nurses were on established college courses.

There was limited evidence of staff personal development plans in place.

There was additional evidence of poor governance. In particular:

We were not assured that the dentist, who is the registered provider, had full oversight or understanding of their responsibility for the management and clinical leadership of the practice.

The practice manager was responsible for the day to day running of the service, but we were not assured they had a clear enough understanding of their responsibilities with regard to providing well-led care in accordance with the relevant regulations.

Regulation 17(1)