

Mr. Jitendra Shah

J U Shah

Inspection report

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Overall summary

We undertook a follow up focused inspection of J U Shah on 29 October 2020. This inspection was carried out to review in detail the actions taken by the registered provider to improve the quality of care following our comprehensive inspection on 12 March 2019 and to confirm that the practice was now meeting legal requirements.

Prior to our site visit we asked the provider to send us evidence of the improvements they had implemented. This allowed us to carry out a shorter site visit when we confirmed the required improvements to the service had been made.

The inspection was led by a CQC inspector who had remote access to a specialist dental adviser.

We undertook a comprehensive inspection of J U Shah on 12 March 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 or well led care and was in breach of regulation 12 safe care and treatment and regulation 17 good governance, 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 J U Shah 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 five questions are not met we require the service to make improvements. We then inspect again after a reasonable interval, focusing on the areas where improvement was required.

Our findings were:

Are services safe?

Summary of findings

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

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 12 March 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 12 March 2019.

Are services well-led?

We found this practice was providing well-led care in accordance with the relevant regulations.

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 12 March 2019.

Background

J U Shah is located in Burnt Oak in the London Borough of Brent. The practice provides NHS and private treatments to patients of all ages.

The practice is located on the first floor above a row of retail units and is situated close to public transport bus services.

The dental team includes the principal dentist who owns the practice and one dental nurse/receptionist.

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.

The practice normal opening hours are between 9am and 5pm on Mondays to Fridays.

Due to COVID-19 and in line with current guidelines, only pre-booked appointments are available and there may be some alterations to opening times. To help keep people safe additional measures are in place when attending the practice.

Our key findings were:

- There were arrangements to ensure that all areas of the premises were suitably maintained.
- The practice infection control procedures had been reviewed so that they reflect published guidance.
- Infection control audits were carried out every six months or more frequently. There were systems to ensure that single-use items were disposed of appropriately and not reused.
- There were systems to assess and mitigate risks in relation to fire and Legionella.
- Improvements were made to ensure that patients' received care and treatment, including preventive care in line with current guidelines.

Summary of findings

- Improvements had been made to the leadership and managerial oversight for the day-to-day running of the service.

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?	No action ✓

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 12 March 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 warning and requirement notices. At the inspection on 29 October 2020 we found the practice had made the following improvements to comply with the regulations:

Improvements had been made to the arrangements to mitigate risks to the health and safety of service users receiving care and treatment.

- The arrangements for ensuring that clinical and healthcare waste was disposed appropriately had been reviewed and improved. Measures were implemented to ensure that these took into account the guidelines issued by Health Technical Memorandum 07-01: Safe Management of Healthcare waste. There were suitable waste contracts in place for the safe disposal of healthcare clinical waste including dental amalgam.
- The arrangements for ensuring the use of dental dam for root canal treatment when treating patients had been reviewed and improved. The principal dentist had devised a policy taking into account guidelines issued by the British Endodontic Society. We were shown dental radiographs with dental dam in situ and a sample of patient dental care records in which the use of dental dam was recorded.
- The principal dentist had reviewed and improved the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies, such as Public Health England (PHE). A policy in relation to receiving, reviewing and acting (as necessary) on safety alerts and information had been introduced. The principal dentist showed us the system for receipt of safety information and how these were reviewed. Relevant alerts were kept in a folder, accessible to staff and available for future reference.
- The principal dentist had reviewed and improved the arrangements for ensuring that single use dental instruments were used as intended and not reused taking into account the guidelines issued by the Department of Health - 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' (HTM 01-05). A policy in relation to single use items was implemented and shared with staff. We were shown monthly records for monthly infection control checks carried out between January 2020 and October 2020 for checks carried out within the practice. These demonstrated that checks were made to ensure that single use dental items were disposed of after use.
- Improvements had been made to the arrangements for assessing and mitigating Legionella and fire risks within the practice.

A Legionella risk assessment was carried out on 24 April 2019. This identified some areas where improvements were required – removal of dead leg pipe work, maintaining a log of hot and cold water temperatures, carrying out periodic water analysis to test for bacterial growth and staff training in Legionella management. The principal dentist was able to demonstrate that these improvements had been made. We were shown logs for monthly checking of hot and cold water temperatures and records for bulk water analysis carried out on 21 August 2019 and 12 August 2020. These showed that there was no bacterial growth in the water samples. The principal dentist sent us information to show that the pipework had been changed. They also showed us training records to demonstrate that staff had undertaken training in Legionella management in April 2019.

Are services safe?

A fire safety risk assessment was carried out at the practice on 13 March 2019. A number of areas for improvement were identified – fixed wiring installation testing and the installation of a fire alarm system. The principal dentist provided evidence that the findings of the fire risk assessment had been acted on. A fixed wiring inspection was carried out on 14 March 2019. This identified some areas for improvements and we were provided documents to show that all required works were completed on 25 March 2019. The principal dentist also showed us records to demonstrate that Portable Appliance testing (PAT) for portable electrical appliances had been carried out on 6 March 2019 and that a fire alarm system was installed at the practice on 28 June 2019.

- Improvements had been made to the arrangements in place to assess and repair areas of the ceilings and walls which were damaged and to complete refurbishment work. A schedule of works were carried out to repair the damage to the roof and to repair and redecorate the affected ceilings and walls.

Following our inspection in March 2019 an infection control audit was carried out by NHS England on 5 June 2019. A number of additional areas for improvement were identified – repair of dental chair covering and floor coverings and the provision of suitable space for cleaning and decontamination of dental instruments. The principal dentist provided us with details of the improvements that had been made since. The dental chair had been re-upholstered and flooring repaired. A dedicated space for cleaning and decontaminating used dental instruments had been created with new sinks and taps which met the HTM 01-05 specifications.

These improvements showed the provider had taken action to improve safety and to comply with Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 when we inspected on 29 October 2020.

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 12 March 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 warning notice. At the inspection on 29 October 2020 we found the practice had made the following improvements to comply with the regulations:

- The arrangements for ensuring referrals were monitored suitably and had been reviewed and strengthened. The principal dentist maintained a log of all urgent and routine referrals made. There were systems to follow up on referrals to ensure that patients were seen in a timely manner.
- The principal dentist had reviewed the systems and processes to ensure that accurate, complete and contemporaneous records were being maintained securely in respect of each service user. The principal dentist had undertaken training in record keeping and had introduced templates to help improve detail of patient records. A patient record audit had been carried out on 20th June 2020. This included an analysis of results strengths (improved recording of information including patient medical history, justification and reporting on dental radiographs) and areas for improvement (improve recording of basic periodontal examinations and patient consent). Action plan was developed and a re-audit was scheduled to be carried out in January 2021.
- The principal dentist had undertaken training in record keeping and had updated protocols to ensure that patients received treatment taking into account current guidelines. These included providing advice on maintaining good oral health.
- The principal dentist had reviewed and improved the practice's protocols for recording in the patients' dental care records or elsewhere the reason for taking the X-ray and quality of the X-ray ensuring compliance with the Ionising Radiation (Medical Exposure) Regulations (IRMER) 2017. A radiograph audit was carried out on 16 August 2020. This audit reviewed 50 dental radiographs taken between January and March 2020. The audit results showed that dental radiographs were justified and that the quality of radiograph images were in line with current regulations and guidelines.
- The principal dentist had reviewed and update policies in relation to consent and Gillick competence. Both the principal dentist and the dental nurse were aware of these when we carried out our inspection visit.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 when we inspected on 29 October 2020.

Are services well-led?

Our findings

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

At our previous inspection on 12 March 2019 we judged the practice 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 warning and requirement notices. At the inspection on 29 October 2020 we found the practice had made the following improvements to comply with the regulations:

The principal dentist had reviewed and improved the systems and processes to enable them to assess, monitor and improve the quality and safety of the services being provided.

- Improvements had been made to the arrangements for clinical and managerial oversight at the practice. The principal dentist had undertaken training in practice management and managing change. They had also under training updates in Legionella management, infection prevention and control and record keeping.
- The principal dentist had reviewed the systems to ensure that the practice policies and procedures were practice specific and took into account current legislation and guidelines. Policies in relation to referrals and record keeping, dental radiography, consent and Gillick, infection control and Legionella management had been reviewed and adapted to reflect current legislation and guidelines.
- Improvements had been made to the systems to carry out audits to monitor and improve the quality and safety of services provided. Audits in relation to infection prevention and control, record keeping and dental radiography included analysis of strengths and areas for improvements. There were action plans to address areas for improvement and arrangements to keep audits under review as part of good governance and to support continuous improvement.
- Improvements had been made to ensure that staff had access to appropriate and up to date information in relation to products and materials in line with Control of Substances Hazardous to Health 2002 (COSHH) Regulations. Risk assessments and product safety data information were available and easily accessible to the staff team. There were arrangements to keep these under review.
- The principal dentist had reviewed the arrangements to assess the needs of people with disabilities and other who may require additional support to access the practice. A disability access audit was undertaken and reasonable adjustments made where possible. This audit was reviewed regularly.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 when we inspected on 29 October 2020.