

Dr. Baber Khan

Dr Baber Khan - The Crescent

Inspection report

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Date of inspection visit: 15 December 2022
Date of publication: 26/01/2023

Overall summary

We undertook a focused inspection of Dr Baber Khan - The Crescent on 15 December 2022. 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 Baber Khan - The Crescent on 02 September 2021 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 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 Dr Baber Khan - The Crescent dental practice on our website www.cqc.org.uk.

As part of this inspection we asked:

- Is it safe?
- 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. We then inspect again after a reasonable interval, focusing on the areas where improvement was required.

Our findings were:

Are services safe?

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

Summary of findings

The provider had made insufficient improvements to put right the shortfalls we found at our inspection on 21 September 2021

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 breach we found at our inspection on 21 September 2021.

Background

Dr Baber Khan - The Crescent, is in the Lincolnshire market town of Spalding and provides private treatment for adults and children.

There is level access for people who use wheelchairs and those with pushchairs at the rear of the premises. There are no car parking facilities, but there are public car parks within close proximity to the practice. These include parking for blue badge holders.

The dental team includes 1 dentist, 2 dental nurses, 1 dental hygienist and a receptionist. The practice has two treatment rooms and a dedicated decontamination room.

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 and both dental nurses. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday to Friday from 9am to 5pm.

Our key findings were:

- The provider had implemented systems to reduce the risk and spread of legionella and remedial action to reduce risk of harm was completed by a competent person.
- The provider had not ensured that the electrical fixed wiring was safe, and had not completed remedial action to reduce risk of harm.
- Multiple items available for use in the medical emergency kit that were out of date.
- There were limited systems for monitoring and improving quality. For example, regular audits of radiography, infection prevention and control and disability access were not completed.
- There was limited oversight of staff training needs and completion of training.

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

Summary of findings

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.

Full details of the regulations the provider is not meeting are at the end of this report.

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

- Implement an effective system for monitoring and recording the fridge temperature to ensure that medicines and dental care products are stored in line with the manufacturer's guidance.
- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the College of General Dentistry.
- Implement practice protocols regarding auditing patient dental care records to check that necessary information is recorded.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?

Enforcement action



Are services well-led?

Enforcement action



Are services safe?

Our findings

We found that this practice was not providing safe 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 Enforcement Actions section at the end of this report).

At our previous inspection on 2 September 2021 we judged the practice was providing safe care and was complying with the relevant regulations.

At the inspection on 15 December 2022 we found the practice had not sustained improvements to comply with the regulation and was not providing safe care.

The provider did not ensure facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances. A satisfactory 5 year electrical safety certificate and evidence of maintenance of gas appliances were not available. Recommended urgent remedial work had not been carried out on the practice's electrical system. At the inspection of 2 September 2021, we noted an electrical safety certificate dated 27 April 2018 had rated the system as unsatisfactory with defects rated as C1 – immediate remedial action is required, C2 (urgent remedial action is required) and C3 (improvements are recommended). We did not see any evidence that these were addressed. At this inspection we saw the provider had obtained a second report produced on 8 June 2022 and that this had also rated the system as unsatisfactory. 18 defects were identified including 10 rated as C2 and C3. We did not see evidence that action was taken to address these defects. The provider informed us they were unaware any action was required.

Emergency equipment and medicines were not always available and checked as described in recognised guidance. In particular glucagon injection, oral glucose, oropharyngeal airways sizes 0,3 and 4 as well as adult defibrillation pads, were all found to be out of date. We found glucagon injection stored with food in a domestic fridge. Fridge temperatures were not recorded to ensure the temperature remained within recommended levels for safe storage of the medicine.

Improvements could be made to undertake audits of antimicrobial prescribing.

The provider had made some improvements including:

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

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 Enforcement Actions section at the end of this report).

At our previous inspection on 2 September 2021 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 requirement notice.

At the inspection on 15 December 2022 we found the practice had made limited improvements to comply with the regulation.

Evidence was not available to confirm that staff had completed training in emergency resuscitation and basic life support every year.

The provider had not implemented systems to assess, monitor and manage risks to patient safety. In particular relating to fire safety, and dental dam use in root canal treatments. We found that fire exits were not easily accessible and evidence of maintenance of the fire alarm system was not provided.

The provider confirmed to us they did not use dental dam or any other form of patient airway management when carrying out root canal treatments or other procedures where this would be required.

The provider did not have appropriate quality assurance processes to encourage learning and continuous improvement.

There was no evidence that audits of disability access, dental care records, radiographs, and infection prevention and control were undertaken in accordance with current guidance and legislation. We saw that information was gathered but there was no evidence that this was analysed, or that staff kept records of the results of these audits and any resulting action plans and improvements.

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>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:</p> <ul style="list-style-type: none">• Fire risk was not managed or mitigated against effectively. Fire exits were not easily operated, and evidence of routine maintenance and assessment of the alarm system was not available. <p>There were insufficient quantities of equipment to ensure the safety of service users and to meet their needs. In particular:</p> <p>Equipment to manage medical emergencies as per current national guidelines was not available in the medical emergency kit.</p> <p>Regulation 12(1) (2)</p>

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>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>How the regulation was not being met:</p>

Enforcement actions

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:

- There was lack of an effective system to monitor completion of recommended training or continuing professional development (CPD) for all staff.
- Provider's system for completing required audits was ineffective.

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:

- Risks associated with inadequate airway protection while undertaking root canal treatment or other procedures had not been adequately identified and mitigated.
- Provider's governance and oversight procedures had not identified these concerns or that sufficient action was taken to address these issues that were also identified at the previous inspection of 2 September 2021.

Regulation 17 (1)