

Mr. Dilip Shah

Shah Dental Practice - Brixton

Inspection report

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Overall summary

We undertook a follow up inspection of Shah Dental Practice - Brixton on 12 August 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 focused inspection of Shah Dental Practice - Brixton on 29 November 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 safe or well led care and was in breach of regulations 12 and 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 Shah Dental Practice - Brixton 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 providing safe care in accordance with the relevant regulations.

Summary of findings

The provider had made improvements in relation to the regulatory breach we found at our inspection on 29 November 2021.

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 breach we found at our inspection on 29 November 2021.

Background

Shah Dental Practice - Brixton is in the London Borough of Lambeth and provides NHS and private dental care and treatment for adults and children.

The practice is located close to public transport links and car parking spaces are available near the practice.

The dental team includes the principal dentist, one trainee dental nurse and a receptionist/practice manager. The practice has two treatment rooms.

During the inspection we spoke with the principal dentist, the trainee dental nurse and the receptionist/practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Friday from 9.30am to 5.30pm

Our key findings were:

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

- Review the fire safety risk assessment and ensure that any actions required are complete and ongoing fire safety management is effective.
- Review the practice's protocols for completion of dental care records taking into account the guidance provided by the College of General Dentistry.
- Review the practice's systems for checking and monitoring equipment taking into account relevant guidance and ensure that all equipment is well maintained. In particular ensure the five-year fixed wiring assessment is carried out as required.

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 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 the inspection on 12 August 2022 we found the practice had made the following improvements to comply with the regulation:

- The ultrasonic bath had been serviced and maintained according to manufacturer's guidelines and the routine monitoring tests were being carried out as required.
- The daily time, steam and temperature strip testing was carried out as required to assure the provider the autoclave was functioning correctly.
- The suction motor and the dental chairs had been serviced and maintained according to manufacturer's guidelines.
- The cleaning equipment was stored appropriately.
- Systems had been introduced to ensure that dental materials were disposed of beyond their use-by date.
- Medicines and equipment used in the treatment of medical emergencies were available according to relevant guidance. One staff member had not undertaken basic life support training as required, we discussed this with the provider who sent confirmation immediately after the inspection that this had been scheduled to be carried out shortly thereafter.
- Fixed-wire electrical installation testing had still not been carried out due to delays on the part of the electricians; however, we saw evidence the provider had been pro-active in trying to arrange for this to be undertaken.

Are services well-led?

Our findings

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

At the inspection on 12 August 2022 we found the practice had made the following improvements to comply with the regulation(s):

- The X-ray equipment had been serviced and maintained according to manufacturer's guidelines.
- The provider was registered with the Health and Safety Executive (HSE) and a radiation protection advisor (RPA) had been appointed as required.
- The system for monitoring the medicines used to treat medical emergencies had been improved and all medicines and equipment were available and in-date as required.
- We saw the provider had information relating to the safe handling of needles and an inoculation injury policy and protocol. There was no sharps risk assessment at the practice that considered the risks associated with all forms of sharps. We discussed this with the provider who assured us a risk assessment would be undertaken immediately after the inspection.
- The provider had some information and basic risk assessments relating to the storage and handling of hazardous substances; however, improvements could still be made to ensure this information was available for all materials used at the practice. The information could also be organised more effectively so as to be easily accessible to staff in the event of an incident.
- Recommendations made in the legionella risk assessments had been actioned and systems introduced to manage the ongoing risks appropriately.
- Systems had been introduced to ensure staff recruitment files contained evidence that all important checks had been carried out at the point of recruitment. The provider had carried out recruitment since the last inspection and improvements were seen to the documents available. Some documents, for existing staff, had been requested recently, for example the Disclosing and Baring Service check for one member of staff and were not available for review at the follow up inspection.
- A disability access audit had been undertaken.
- Information governance systems were in place and would be updated again once the computer system was installed to reflect the changes.
- Most recommendations made in the fire safety risk assessment had been carried out. We noted, for example, the provider had not installed the hard-wired alarm system to the building and as such, we could not be assured all the risks associated with fire had been appropriately mitigated. A system had been introduced to carry out routine testing of the fire safety equipment such as smoke alarms. Not all staff members had undertaken fire safety training as recommended. We discussed training with the provider, who assured us this would be arranged. We were sent evidence they arranged for their dental nurse to register with an online training provider immediately after the inspection.
- Further improvements were still needed to ensure accurate, complete and contemporaneous dental care records were consistently maintained in relation to each service user. The provider confirmed there were challenges when recording information by hand, however, they felt further improvements would be made with the introduction of the computerised system that was scheduled to be installed shortly after the inspection.