

Mr. Madin Khan

Montrose Smile Studio

Inspection report

2 Montrose Avenue
Twickenham
TW2 6HB
Tel:

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Overall summary

We undertook a follow up focused inspection of Montrose Smile Studio on 12 March 2024. This inspection was carried out to review 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 had remote access to a specialist dental advisor.

We had previously undertaken a comprehensive inspection of Montrose Smile Studio on 4 May 2023 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 Montrose Smile Studio dental practice on our website www.cqc.org.uk.

When 1 or more of the 5 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 area where improvement was required.

As part of this inspection we asked:

- Is it well-led?

Our findings were:

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 4 May 2023.

Summary of findings

Background

Montrose Smile Studio is in Twickenham in the London Borough of Richmond-upon-Thames and provides or 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 disabled people, are available near the practice. The practice has made reasonable adjustments to support patients with specific needs.

The dental team includes 2 principal dentists, 2 dental nurses, and 1 dental hygienist. The practice has 3 treatment rooms.

During the inspection we spoke with the 2 principal dentists and the 2 dental nurses. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday to Wednesday from 9am to 5pm

Friday from 9am to 1pm

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services well-led?

No action



Are services well-led?

Our findings

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

At the inspection on 12 March 2024 we found the practice had made the following improvements to comply with the regulation:

- The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in the water systems, in line with a risk assessment. The practice monitored the temperature of the water at sentinel taps identified within the risk assessment to ensure hot water consistently reached the threshold of 55 Celsius.
- A fire safety risk assessment was carried out on 23 June 2023 in line with the legal requirements. Recommendations made within the risk assessment were acted upon. A fire alarm system was installed on 11 March 2024 and emergency lighting was installed on 2 March 2024. The provider was aware of the future maintenance and testing requirements of the systems and had a logbook to record these. All staff had completed online fire safety awareness training and had also received in-depth practical fire extinguisher training in April 2023.
- An Electrical Installation Condition Report (EICR) was completed on 28 January 2024. Some remedial work was required, including a new fuse box and lighting. We saw evidence that all remedial work had been carried out.
- Staff had completed sepsis awareness training. Sepsis prompts to assist the staff to triage appointments and patient information posters were displayed within the practice. Improvements had been made to ensure provision for patients who may require emergency advice or treatment at weekends.
- The practice had carried out all the necessary risk assessments to minimise the risk that could be caused from substances that are hazardous to health.
- All emergency equipment and medicines were available and the provider demonstrated that improvements had been made to the checklists to ensure life-saving equipment was readily available and in accordance with national guidance.
- The practice had a system for receiving and acting on safety alerts. The practice had recognised the importance of learning following significant events to prevent repetition.
- Staff demonstrated that they had undertaken training in patient consent and mental capacity. In addition they had completed training in autism and learning disability awareness at a level appropriate for their roles.

The practice had also made further improvements:

- Audits of radiography were undertaken at regular intervals to improve the quality of the service. The audits had documented learning points and the resulting improvements could be demonstrated. The latest audit identified that a digital X-ray system could improve radiographic quality and the practice converted to a digital system in January 2024.
- The provider had taken action to ensure the clinicians took into account the guidance provided by the College of General Dentistry when completing dental care records. Templates were improved and we saw that the quality of the patient records were very good. Social histories, occlusal assessments, smile analysis and risk assessments were comprehensively recorded. In addition, we saw a conscious sedation record which demonstrated that frequent peri-operative observations were carried out.