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Berkeley Dental Practice

Inspection report

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Overall summary

We undertook a follow up focused inspection of Berkeley Dental Practice on 20 December 2023. 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 Berkeley Dental Practice on 17 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 regulations 17 and 19 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 Berkeley Dental Practice 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.

Summary of findings

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 17 May 2023.

Background

Berkeley Dental Practice is in the London Borough of Hounslow and provides NHS and 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 at the practice. The practice has made reasonable adjustments to support patients with specific needs.

The dental team includes 4 dentists, 1 qualified dental nurse, 2 trainee dental nurses, 1 dental hygienist, 1 practice manager and 1 receptionist. The practice has 2 treatment rooms.

During the inspection we spoke with the principal dentist, the qualified dental nurse and the practice manager. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday to Friday from 9.30am to 5.30pm

Saturday from 9.30am 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 regulations.

At the inspection on 20 December 2023 we found the practice had made the following improvements to comply with the regulations:

- A fire risk assessment had been undertaken by a person competent to do so and all recommendations had been acted upon. In particular, a fire alarm system and emergency lighting had been installed. The provider demonstrated that in-house checks were carried out at suitable intervals. Fire safety training was conducted on a regular basis.
- The practice had assessed the risks associated with the use of sharps and as a result, a safety sharps system had been implemented by all clinicians.
- We noted that the provider had made improvements to the risk assessments to minimise the risk that could be caused from substances that are hazardous to health. Further improvements were required to ensure each hazardous substance was suitably assessed.
- The use of closed-circuit television (CCTV) had been adequately assessed and was in accordance with UK General Data Protection Regulation.
- The practice had implemented a new digital compliance system which allowed policies and procedures to be reviewed and monitored effectively.
- The emergency equipment checks that staff carried out were effective. There were no missing or expired items within the kit and the provider demonstrated that items were checked on a weekly basis.
- The provider had implemented a system to monitor and track NHS prescriptions to prevent fraudulent misuse in line with guidance produced by NHS counter Fraud Authority.
- Improved audits for prescribing of antibiotic medicines had been implemented. Analysis and reflection was included within the audits which demonstrated that antimicrobial medicine prescribing was in accordance with guidance from the College of General Dentistry. In addition, contemporaneous records relating to prescriptions were always created.
- The practice recruitment policy and procedure to help them employ suitable staff, including for agency or locum staff, reflected the relevant legislation. On the day of inspection, 5 staff records were checked and we observed that all recruitment checks as required in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were carried out. In addition we saw records demonstrating adequate Hepatitis B immunity and professional indemnity for all clinical staff. Staff records were kept securely.

The practice had also made further improvements:

- An effective system for monitoring and recording the fridge temperature had been implemented to ensure that medicines and dental care products were being stored in line with the manufacturers' guidance.
- The practice had improved protocols and procedures for the use of X-ray equipment in compliance with The Ionising Radiations Regulations 2017 and Ionising Radiation (Medical Exposure) Regulations 2017 and taking into account the guidance for Dental Practitioners on the Safe Use of X-ray Equipment. In particular we saw that electro-mechanical servicing had been carried out as recommended by the Radiation Protection Advisor. Local Rules were displayed.
- The provider had implemented a new digital compliance portal which ensured staff were up to date with their mandatory training and continuing professional development.