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Wellesley House Dental Practice

Inspection report

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Overall summary

We undertook a follow up focused inspection of Wellesley House Dental Practice

on 28 February 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 Wellesley House Dental Practice

on 31 March 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 safe and 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 Wellesley House 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 areas where improvement was required.

As part of this inspection we asked:

:

- Is it safe?
- Is it well-led?

Summary of findings

Our findings were:

Are services safe?

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 31 March 2023.

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 31 March 2023.

Background

The provider has 3 dental practices, and this report is about Wellesley House Dental Practice.

Wellesley House Dental Practice is in Ilford in the Northeast London Borough of Redbridge and provides mainly NHS and some private dental care and treatment for adults and children. The practice is also used as an urgent hub where NHS 111 refers patients in need of urgent and emergency dental care and treatment.

There are two wide steps at the entrance to the practice which means that it was not accessible for people who use wheelchairs and those with pushchairs. Car parking spaces, including parking for disabled people, are available near the practice.

The dental team includes the principal dentist, 3 associate dentists, 2 qualified dental nurses, 1 receptionist and 1 administrator. They are supported by a practice manager who worked peripatetically to support all three practices. The practice has 2 treatment rooms.

During the inspection we spoke with 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 9am to 5pm.

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 regulation.

At the inspection on 28 February 2024 we found the practice had made the following improvements to comply with the regulations.

- Improvements had been made in relation to infection prevention and control: transportation boxes.
- The dental chair, flooring and tiling on the wall had been repaired and improved.
- The provider had a written scheme of examination for the air compressor, and could evidence maintenance.
- The provider had ensured the servicing of the gas boiler had taken place in accordance with legislation.
- The fire risk assessment had been undertaken by a competent person and staff had completed training in fire safety. There was a nominated fire marshal.
- The provider had a radiation protection file with all the relevant information.
- Control of Substances Hazardous to Health (COSHH) risk assessments were carried out for hazardous substances.
- A sharps risk assessment had been undertaken to identify and mitigate the risks of sharp injuries.
- The provider was completing six-monthly radiography audits.
- Infection Prevention and Control and disability access audits were being used to identify potential and current concerns and areas for improvements.

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 28 February 2024, we found the practice had made the following improvements to comply with the regulation:

- The provider had ensured suitable evidence of conduct in previous employment was available for all staff members.

The practice had also made further improvements:

- The practice had Implemented antimicrobial prescribing audits.
- The practice had systems for assessing, monitoring, and mitigating the various risks arising from the undertaking of the regulated activities, including lone working.