

Dr Sai Gathani

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## Inspection report

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### Overall summary

We undertook a follow up focused inspection of Dr Sai Gathani 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 was supported by a specialist dental advisor.

We had previously undertaken a comprehensive inspection of Dr Sai Gathani on 18 August 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 or well-led care and was in breach of Regulation 12 Safe Care and Treatment and Regulation 17 Good Governance 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 Sai Gathani dental practice on our website [www.cqc.org.uk](http://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?

### 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 breaches we found at our inspection on 18 August 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 18 August 2023.

## **Background**

Dr Sai Gathani is in Westcliff-on-Sea, Essex and provides NHS and private dental care and treatment for adults and children.

There is step free access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 1 dentist, 3 dental nurses (including the practice manager and a trainee dental nurse), 1 dental hygienist and 1 receptionist. The practice has 2 treatment rooms.

During the inspection we spoke with the receptionist 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, Tuesday and Thursday from 9am to 6pm.

Wednesday from 9am to 5pm.

Friday from 9am to 1pm.

Saturday from 9am to 1pm by appointment.

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

- Take action to ensure that all clinical staff have adequate immunity for vaccine preventable infectious diseases.

# 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 March 2024 we found the practice had made the following improvements to comply with the regulation:

Systems were in place to ensure the safety of the X-ray equipment and the required radiation protection information was available.

- A named Radiation Protection Advisor (RPA) had been appointed.
- Registration with the Health and Safety Executive (HSE) was in place.
- We noted evidence of annual electromechanical servicing and 3 yearly performance checks for the intraoral X-ray machine. We noted the second intraoral X-ray machine had been decommissioned.
- Radiation protection information was available and updated with local rules completed and in date.

We noted improvements in the maintenance of the premises and equipment.

- A 5 yearly electrical installation condition report had been undertaken on 25 October 2023. We noted that whilst the outcome of this report was unsatisfactory, the practice manager had worked hard to address the actions that required attention and had formulated an action plan to ensure the practice premises were compliant.
- An external provider had undertaken a legionella risk assessment on 8 November 2023. We noted minor actions identified in the risk assessment had been undertaken by the practice manager. In addition, previous areas not identified in the in-house legionella risk assessment, including the scaling on taps and the hot water tap not working in the second treatment room, had been undertaken and completed.
- The practice manager had introduced a system of logs for regular checks of the practice smoke alarms and fire exits. We were told staff had undertaken fire safety training and fire drills were undertaken at staff meetings.
- We noted the fire extinguishers had been serviced on 21 August 2023.

The practice manager had introduced a system to track and monitor the use of NHS prescription pads within the practice.

A system of checks of the medical emergency equipment was in place. The practice manager had introduced effective systems to check the availability of equipment in the practice to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.

The practice manager had reviewed the practice's recruitment procedures to ensure accurate, complete and detailed records were maintained for all staff. In particular, ensuring all staff had a Disclosure and Barring Service (DBS) check in place. However, we found not all staff had a complete record of their hepatitis B immunity or a risk assessment to mitigate the risks until their immunity could be confirmed. We discussed this with the practice manager and were assured these would be immediately reviewed.

# 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 March 2024 we found the practice had made the following improvements to comply with the regulation:

The practice manager had worked hard to ensure oversight of governance systems, quality and assurance and monitoring and mitigating risk within the practice. For example, the practice had introduced an online compliance system and the practice manager had ensured processes were now in place for the identification of risks including; radiography, fire safety, legionella, equipment and premises. There was, however, scope to ensure the risks of hepatitis B were reviewed where staff immunity had not been confirmed by a blood test.

The practice manager confirmed that the practice no longer dispensed any antibiotics from the practice.

The practice had also made further improvements:

The practice manager had ensured damage to a treatment room floor had been temporarily repaired with a plan for the overall refurbishment of the practice to include replacing flooring in this area.