

Dr. Ashita Patel

Grove Dental Surgery

Inspection report

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Overall summary

We undertook a follow up focused inspection of Grove Dental Surgery on 16 April 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 Grove Dental Surgery on 3 October 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 Grove Dental Surgery 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 3 October 2023.

Background

Grove Dental Surgery is in the London Borough of Kensington and Chelsea and provides predominantly NHS 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 7 dentists, 1 qualified dental nurse, 3 trainee dental nurses and 1 practice manager. The practice has 4 treatment rooms.

During the inspection we spoke with the principal dentist 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 9.15 to 6pm.

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 16 April 2024 we found the practice had made the following improvements to comply with the regulations:

- The risks associated with water systems had been reviewed and mitigated. Recommendations made in the legionella risk assessment from May 2023 and June 2020 had been actioned. In particular, an inspection of the hot water storage vessel had been carried out. Records demonstrated that hot and cold water outlets were temperature tested monthly. The practice had implemented a written scheme of control as required by the Health and Safety Executive's Approved Code of Practice (ACOP) L8 "Legionnaires' disease: The control of legionella bacteria in water systems".
- A fire risk assessment had been undertaken by a person competent to do so and all recommendations had been acted upon. The provider demonstrated that in-house checks were carried out at suitable intervals. All staff had completed fire safety training and documentation was available which demonstrated that fire drills were carried out.
- There were improved systems for monitoring the medicines and equipment used for the treatment of medical emergencies taking into account relevant guidance. In particular, checks were carried out on a weekly basis and glucagon, a medicine used to treat low blood sugar was now available. Paediatric oxygen masks were available. At the comprehensive inspection on 3 October 2023, we had identified that there was no portable suction or oropharyngeal airways. On 16 April 2024, there was again no portable suction and only 2 of the 5 airways had been obtained. The provider immediately ordered the items and we have received evidence that these items are now available.
- The provider had implemented a new digital compliance portal which ensured practice policies and procedures were reviewed and monitored effectively to ensure that they reflected current guidance. In addition, there was an effective system to ensure staff were up to date with their mandatory training and continuing professional development. Staff were able to access all policies.
- There was an effective system in place for reviewing alerts and complaints.
- Audits of radiographs were carried out in accordance with current guidance and legislation. Improvements were required to ensure that analysis and reflection were carried out.
- 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.
- The provider had improved the governance in relation to radiation safety. In particular, the provider had registered with the Health and Safety Executive for the use of ionising radiation.
- We checked 5 dental records and observed improvements had been made. In particular, justification and reporting of radiographs were recorded and discussions were documented. Current guidance from the British Society of Periodontology had been implemented and Basic Periodontal Examinations were always carried out. Templates were available to ensure detailed records were written.
- The provider had ensured that all information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed.

The practice had also made further improvements:

- The practice had improved their infection control procedures and protocols taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'.

Are services well-led?

- The practice had improved their 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, rectangular collimators had been fitted to X-ray units to reduce radiation dose.
- The practice had implemented audits for the prescribing of antibiotic medicines, however, improvements were required to ensure these audits contained results and resulting action plans taking into account the guidance provided by the College of General Dentistry.
- The practice had undertaken an audit of patient dental care records but improvements were required to ensure audits of each clinician's records were carried out to check that necessary information is recorded.