

Gregory G Lai & Associates

Mr G Lai & Associates - Harlesden

Inspection report

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Overall summary

We undertook a follow up focused inspection of Mr G Lai & Associates - Harlesden on 17 June 2022. This inspection was carried out to review in detail 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 adviser.

We undertook a focused inspection of Mr G Lai & Associates - Harlesden on 13 April 2022 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 Mr G Lai & Associates - Harlesden dental practice on our website www.cqc.org.uk.

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 13 April 2022.

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/es we found at our inspection on 13 April 2022.

Background

The provider has three practices and this report is about Mr G Lai & Associates - Harlesden.

Mr G Lai & Associates - Harlesden is in Harlesden, in the London Borough of Brent, and provides NHS dental care and treatment for adults and children.

The dental practice is on the ground floor of a high street building with narrow corridors, and it is not accessible to wheelchair users. The service signposts people with mobility needs to nearby practices.

Metered parking spaces are available near the practice and it is also located close to public transport services.

The dental team includes one principal dentist, two dental associates, one qualified dental nurse, one trainee dental nurse and one practice manager. The practice has two treatment rooms.

During the inspection we spoke with one dentist, one qualified dental nurse, one trainee dental nurse, and the registered manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Friday from 9.30am to 6pm.

Saturday 9.30am to 2pm.

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

- Take action to ensure that the Automated External Defibrillator (AED) is added to the emergency medicines and equipment checklist and checks of the AED are logged.
- Improve the practice's infection control procedures and protocols taking into account the guidelines issued by the The Health Technical Memorandum 01-05: Decontamination in primary dental practices (HTM01-05), published by the Department of Health and Social Care.

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 17 June 2022 we found the practice had made the following improvements to comply with the regulations:

- Improvements had been made to assess and mitigate risks of fire at the practice in line with a risk assessment. High priority recommendations in the risk assessment had been acted upon and the provider had an action plan in place to complete the medium and low priority recommendations. Fire safety equipment was regularly serviced and tested, and a fire drill had been carried out. Staff had undertaken training in fire safety procedures.
- There were effective arrangements to ensure that equipment was maintained according to manufacturers' instruction. We were provided evidence that the dental chair and compressor had been serviced since the last inspection.
- Improvements had been made to ensure the safety of the premises. A replacement bracket table for the dental chair had been ordered and we saw evidence that the repair work had been scheduled. A 5-year fixed-wiring safety test had been carried out which deemed the electrical installations at the practice satisfactory. Records of portable appliance tests were made available for review.
- Decontamination and storage of dental instruments were broadly in accordance with relevant guidance as set out in HTM01-05. However, improvements were needed to ensure that instruments were fully immersed in the solution and kept under water during scrubbing to minimise aerosol risk. In addition, the provider should ensure that domestic household gloves are replaced weekly or more frequently if worn or torn.
- Improvements had been made to the systems and procedures to monitor and manage risks to patient safety. Risk assessments for all substances hazardous to health used in the practice had been carried out. The information was well organised and available to staff to ensure they knew what to do in case of an incident. We found that the room used to store hazardous cleaning materials was lockable.
- Improvements had been made to ensure the safety of the X-Ray equipment. The required radiation protection information was available, and records were provided to demonstrate that X-Ray equipment was tested, serviced and maintained in accordance with current regulations and the manufacturers' guidance.
- Evidence was provided that the provider had registered the use of radiography equipment with the Health and Safety Executive (HSE).
- Improvements had been made to the arrangements to deal with medical emergencies. All of the recommended emergency medicines and equipment were available and these were checked regularly. However, improvements were needed to ensure that the AED was added to the checklist and regular checks of the AED are logged.
- The sharps containers were locked properly and stored securely.

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 17 June 2022 we found the practice had made the following improvements to comply with the regulations:

- Improvements had been made to assess and mitigate the risk of legionella in line with a risk assessment. High priority recommendations in the risk assessment had been acted upon and the provider had an action plan in place to complete the medium and low priority recommendations.
- Improvements had been made to assess and mitigate the risks relating to the health, safety and welfare of service users. Risk assessments were reviewed and updated regularly, and they were reflective of the arrangements within the service.
- The needlestick injury poster displayed in the decontamination room and in the treatment rooms included the Occupational Health and local Accident and Emergency (A&E) contact details. A sharps risk assessment had been carried out, including all sharps used and control measures specific to the service.
- Clinical waste management records were readily available.
- Improvements had been made to the systems and processes to enable the provider to assess, monitor and improve the quality of the service. We saw evidence that radiography audits and infection prevention and control audits were carried out. Audits were reflective of the arrangements within the practice and where appropriate, they documented learning points and an action plan.
- Discussion with the registered manager revealed that there was sufficient oversight and information about systems and processes were communicated effectively across the organisation. Records presented during the inspection process was well documented and easily accessible to staff. There were clear roles and systems for accountability and the registered manager showed commitment to support the practice in delivering safe and high-quality care.
- Improvements had been made to the record keeping process to help ensure that detailed information was recorded in relation to diagnosis, Basic Periodontal Examination (BPE) and charting. The provider moved away from the paper-based system and implemented digital dental care records to ensure that records were legible. Improvements could be made to ensure that clinicians familiarise themselves with guidance published by the British Society of Periodontology and Implant Dentistry (BSP) about the new classification system.