

Dr. Parvin Kapoor

# Asmile Dental Clinic Golders Green

## Inspection report

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### Overall summary

We undertook a follow up focused inspection of Asmile Dental Clinic Golders Green on 8 January 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 Asmile Dental Clinic Golders Green on 28 July 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 regulation 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 Asmile Dental Clinic Golders Green 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 well-led?

### Our findings were:

#### Are services well-led?

# Summary of findings

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 28 July 2023.

## Background

Asmile Dental Clinic is in Golders Green, in the London Borough of Barnet and provides 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 the principal dentist who was the registered manager, 1 associate dentist, 1 dental nurse and 1 trainee dental nurse. The practice has 1 treatment room.

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

The practice is open:

Tuesday, Wednesday, Thursday from 12pm to 7pm.

Friday by appointment only.

Saturday from 10am to 6pm once a month.

# 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 8 January 2024, we found the practice had made the following improvements to comply with the regulation:

- The principal dentist showed commitment to delivering safe, compassionate and high-quality care. Our discussions with the principal dentist revealed that they had sufficient oversight of the overall governance and the day-to-day activities of the practice. They worked hard to implement improvements in response to our previous findings.
- Information presented during the inspection was well organised and easily accessible.
- Improvements had been made to ensure that all members of staff completed safeguarding training at a level appropriate to their role.
- The practice ensured that infection prevention and control procedures reflected the guidance set out in the Department of Health publication 'Health Technical Memorandum 01-05: Decontamination in primary care dental practices' (HTM01-05). We saw evidence that they had implemented the use of rigid, leak proof transportation containers which were clearly marked for each function. In addition, we noted that the flooring in the decontamination room had been replaced and it was now impervious and sealed.
- We discussed the processes in place to dispose of medical emergency drugs. The principal dentist told us that expired medical emergency drugs would be disposed of at the local pharmacy.
- We saw evidence that staff had completed face to face training in the management of medical emergencies. The principal dentist told us that the training included discussion of medical emergency scenarios.
- The practice had implemented the use of colour coded mops to reduce the risk of cross contamination between the clinical area and the office/reception area.
- The practice recruitment policy had been updated in September 2023 and this now reflected the relevant legislation. All members of staff had the relevant recruitment documents on file, including proof of identity with a recent photograph and evidence of checks of conduct in previous employment. In addition, all clinical staff had evidence of antibody blood tests to indicate their immunity to Hepatitis B.
- We were shown evidence that the air conditioning system had been serviced on 28 September 2023.
- The practice had made improvements to ensure procedures in place to reduce the risk of fire were effective. The practice had a fire risk assessment undertaken by an external company on 3 August 2023. This made a number of recommendations, including periodic user testing and checks and recording these in the fire logbook, and servicing of the air-conditioning system. We saw evidence that all recommendations had been acted upon and embedded. In addition, we were shown the fire risk assessment for the whole building, arranged by the landlord. In response to the recommendations of this fire risk assessment, the fire alarm system had been upgraded to grade A LD2 type on 19 August 2023, a smoke detector and emergency lighting had been installed in the surgery and fire exits had been appropriately signposted. We further noted that the rear fire exit route was no longer obstructed by a locked gate. Staff had completed fire awareness training and training on the use of the new fire detection system. Fire evacuation drills were being carried out.
- We were shown evidence that the practice had registered the use of ionising radiation generating equipment with the Health and Safety Executive (HSE). Local rules had been reviewed and updated.
- Emergency equipment and medicines were available and checked in accordance with the national guidance. This included child self-inflating bag with reservoir, sizes 0,1,2,3 clear face masks for the self-inflating bag, bodily fluid spillage kit and eye wash.
- The practice had a detailed induction programme in place, covering health and safety, medical emergencies, infection control, confidentiality, safeguarding, radiography and the practice policies and procedures. The principal dentist told us that any new members of staff would receive a structured induction to prepare them for their new role.

# Are services well-led?

- All staff completed continuous professional training, including infection control, basic life support and resuscitation, autism and learning disability awareness, mental capacity, safeguarding and fire awareness training. There were effective systems in place to monitor staff training to ensure staff were up to date with their continuing professional development.
- Improvements had been made to ensure the frequency of appointments was agreed between the dentist and the patient, giving due regard to NICE guidelines. The principal dentist told us that recall intervals were being determined based on individual risk assessment of patients` oral cancer, caries and periodontal risks.
- There were effective systems in place to supervise and monitor the performance of the trainee dental nurse.
- Improvements had been made to ensure the practice sought the views of people with a view to monitoring and improving the quality of the service. - We saw feedback from 7 patients who all stated that they were extremely likely to recommend the service to family or friends.

The practice had also made further improvements:

- The practice had implemented an ongoing audit of antimicrobial prescribing. The audit included documented learning points.
- We saw evidence that all members of staff had completed training on interacting people with a learning disability or autistic people.