

Gregory G Lai & Associates

Mr G Lai & Associates - Willesden

Inspection report

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Overall summary

We undertook a follow up focused inspection of Mr G Lai & Associates - Willesden on 13 June 2023. 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 had previously undertaken a comprehensive inspection of Mr G Lai & Associates - Willesden on 22 November 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.

We undertook an unannounced focused follow up inspection on 5 May 2023 and found that the registered provider was in breach of regulation 12, 17 and 18 and was not providing safe and well-led care. Due to the nature of concerns identified during the follow up inspection on 5 May 2023, we served a Notice of Proposal to the provider, proposing to vary a condition on their registration which specifies the locations they are authorised to carry on the regulated activities from, so they would no longer be authorised to carry on the regulated activities from the location Mr G Lai & Associates – Willesden.

When one or more of the five 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?

Summary of findings

- Is it well-led?

During the inspection on 13 June 2023, we found that the risks identified on 5 May 2023 had been sufficiently mitigated. Subsequently, we have withdrawn our notice of proposal to vary a condition on the provider`s registration which specifies the locations they are authorised to carry on the regulated activities from.

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 5 May 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 5 May 2023.

Background

The provider has 3 locations and this report is about Mr G Lai & Associates – Willesden.

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

The practice is not fully accessible to people who use wheelchairs and those with pushchairs. The practice communicates this to new patients before booking, and signpost people with mobility issues to nearby practices. Car parking spaces are available near the practice.

The dental team includes the principal dentist, an associate dentist, a foundation dentist, a qualified dental nurse and a trainee dental nurse. The practice has 3 treatment rooms.

During the inspection we spoke with the principal dentist, the associate dentist and 2 dental nurses. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Friday 9.30am to 6pm.

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

- Take action to ensure the regulated activities at Mr G Lai & Associates - Willesden are managed by an individual who is registered as a manager.

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 13 June 2023 we found the practice had made the following improvements to comply with the regulations:

- Improvements had been made to ensure that the practice infection 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).
- There were systems in place to ensure the separation of instrument reprocessing from other activities by physical and temporal means.
- We observed that cleaned instruments were free from visible contaminants.
- We saw evidence that periodic safety checks, including daily automatic control tests and weekly residual air tests were carried out on the autoclave in line with the HTM01-05 guidance. In addition, the practice regularly downloaded and reviewed information stored on the autoclave data logger.
- The decontamination process demonstrated by staff reflected the guidance set out in HTM01-05. We observed that staff wore appropriate Personal Protective Equipment (PPE). Clean and dirty transportation containers were lidded and clearly marked for each function. The practice had established an effective dirty to clean flow in the decontamination area to prevent cross-contamination of sterilised instruments. The enzymatic solution used to disinfect instruments was measured to ensure the dilution recommended by the manufacturer was achieved. There were effective systems in place to ensure that long-handled brushes and domestic gloves were replaced regularly. The practice used checklists to ensure the effectiveness of the decontamination process.
- The practice was visibly clean and tidy and there were cleaning checks in place. The floor in surgery 1 had been replaced and it was now impervious and coved to the wall to reduce accumulation of dirt. Drawers and work surfaces had been decluttered.
- The practice implemented effective systems and processes to control the storage time of sterilised instruments. We observed that all sterilisation pouches containing sterilised instruments were sealed and dated with the processing and expiry date.
- The practice had a list of single use items displayed in the decontamination room and they had systems and processes in place to ensure that single use items were disposed of after use.
- Improvements had been made to ensure that hand hygiene could be practiced at key stages of the decontamination process and before and after patient contact. We observed that hand soap and alcoholic rub were available in each surgery, in the decontamination room and at further various points in the practice. The principal dentist told us that they had consulted a plumber about the options of installing a hand-wash sink in the decontamination area. They had also considered using the hand wash sink in the staff room, adjoining the decontamination room, as a hand wash station. We were assured that once the final decision was made, internal policies and procedures would also be updated accordingly.
- The practice made improvements to ensure they had systems in place to reduce the risk of Legionella and other bacteria developing in the water system. The recommendations made in the Legionella risk assessment undertaken in April 2022 had been acted upon. We saw evidence that staff had completed Legionella training. The principal dentist had also arranged servicing of the air conditioning system. This had been delayed due to the hot weather and had

Are services safe?

been rescheduled to 14 June 2023. We saw evidence that the practice carried out monthly hot and cold outlet temperature checks. Staff were aware of the requirements around the flushing and decontamination of Dental Unit Water Lines (DUWLs). Improvements could be made to ensure the practice consulted a plumber to discuss if there were any dead legs that required removal as stated in the Legionella risk assessment report.

- Clinical waste was managed in line with the current guidance. All clinical waste bins were lidded and foot operated. The practice ensured that contaminated X-ray film wrappers were disposed of as clinical waste. The outside clinical was locked and yellow sharps bins were labelled and dated.
- Improvements had been made to ensure the management of fire safety was effective. The recommendations made in the fire risk assessment undertaken in April 2022 had been acted upon. The practice had ensured that periodic inspection of the fire detection equipment had been undertaken and that these checks had been recorded. Recommendations in the fire extinguisher report had been actioned and the practice now had the types and number of fire extinguishers required. The out-of-date fire extinguishers had been removed. Voids which caused ineffective fire compartmentation had been sealed up following consultation with an engineer and the fire doors had been fitted with fire resistant smoke seals. Combustibles, including cardboard boxes had been removed from the office, the corridors and the decontamination room and items obstructing the rear fire exit had been cleared away.
- The sharps risk assessment had been updated on 19 May 2023. This was reflective of the arrangements within the practice and included the different types of sharps used and the practice specific control measures. We saw evidence that needle guards were in use to reduce the risk of sharps injuries while handling contaminated needles.
- The practice had updated their Control of Substances Hazardous to Health regulations 2002 (COSHH) folder. This included the safety data sheets staff could access in case of an incidents while using hazardous material. Individual risk assessments for hazardous materials had been carried out. Improvements could be made to ensure all risk assessments were stored in one place to ensure easy access.
- The practice health and safety risk assessment had been updated on 19 May 2023. This was reflective of the arrangements within the practice.
- Improvements had been made to the processes for managing medical emergencies. Medical emergency drugs and equipment were available as set out in the relevant guidance. We saw evidence that weekly checks had been carried out. The temperature of the fridge where Glucagon (an emergency medicine used to treat severe low blood sugar) was stored was checked and recorded daily.
- We saw records of the 3-yearly routine performance tests for all 3 intraoral X-ray units. The provider shared the recommendations with their Radiation Protection Advisor (RPA) and Medical Physics Expert (MPE) and the engineer was scheduled to undertake further checks and setting adjustments on 20 June 2023.
- Improvements were required to ensure staff received the appropriate vaccinations, including vaccination to protect them from Hepatitis B. We saw that 1 staff member had received only 2 out of the required 3 doses and there was no evidence of antibody blood tests to indicate their immunity. In addition, the risks around this had not been assessed. The provider told us that they would request the evidence of the third dose from the relevant member of staff and they would also ensure that the blood test to check their response to the vaccination was carried out.

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 13 June 2023, we found the practice had made the following improvements to comply with the regulations:

- The principal dentist showed commitment to delivering safe and high-quality care. Our discussions with the principal dentist revealed that they now had sufficient oversight of the day-to-day activities of the practice. They had also appointed a part time practice manager and engaged a compliance company to support their efforts in becoming compliant with the legal requirements. There were sufficient deputising arrangements in place and the dental team worked together to implement improvements.
- Information presented during the inspection was well organised and easily accessible.
- Improvements had been made to the systems and processes of supervising trainee dental nurses. These included regular spot checks. The inspection did not identify shortcomings in the trainee nurse`s understanding and awareness of infection control requirements.
- Staff told us that they were implementing regular practice meetings. Since the previous inspection they had meetings on 11 May 2023 and 9 June 2023, covering infection prevention and control, COSHH, single use items, clinical waste, policies, audits and medical emergencies. The records and agenda of these meetings were made available for review.
- The provider ensured that dental care records were stored securely. We observed that paper records were now stored in lockable cabinets.
- Improvements had been made to ensure that monitoring staff training was effective. The practice implemented a staff training log and this included up to date information of the training staff had completed. The practice was in the process of uploading staff training certificates to the compliance portal that they would use in the future to easily access details of staff training.
- We saw evidence that the practice had gathered Friends and Family Test reviews since the last inspection. They were planning to undertake structured patient satisfaction surveys in the future, and they told us that these would be reviewed for recommendations the practice would consider.
- Improvements were needed to ensure regulated activities at Mr G Lai & Associates – Willesden are managed by an individual who is registered as a manager.
- We noted that the practice dealt with staff absence by utilising staff from the provider`s other location that is within a short walking distance.