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Pelham Dental Studio

Inspection report

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Overall summary

We undertook a follow up focused inspection of 27 April 2021 and 27 May 2021. The inspection was split over two visits due to exceptional circumstances. 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 comprehensive inspection of Pelham Dental Studio on 18 July 2019 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 13, 17, 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 Pelham Dental Studio on our website www.cqc.org.uk.

As part of this inspection we asked:

- Is it well-led?

When one or more of the five questions are not met we require the service to make improvements and send us an action plan requirement notice only. We then inspect again after a reasonable interval, focusing on the areas where improvement was required.

Our findings were:

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 inspections on 27 April and 27 May 2021

Summary of findings

Background

Pelham Dental studio is in Gravesend and provides NHS and private treatment for adults and children.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces, including some for blue badge holders, are available on the practice premises.

The dental team includes a dentist, and a dental nurse. The practice has one treatment room.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

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

The practice is open:

Monday to Thursday 9am to 5pm

Friday 9am to 12pm

Our key findings were:

- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The provider had systems to help them manage risk to patients and staff.
- The provider had a safeguarding process. Staff, when questioned knew of their responsibilities for safeguarding vulnerable adults and children. We saw that all staff had completed safeguarding training.
- The provider had thorough staff recruitment procedures.
- The provider had effective leadership and a culture of continuous improvement.
- The provider had suitable information governance arrangements.

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 our previous inspection on 18 July 2019 we judged the provider was not providing well led care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notice. At the inspections on 27 April and 27 May 2021 we found the practice had made the following improvements to comply with the regulation(s):

- We found the dentist had taken steps to prioritise the leadership of the practice, and ensure that staff were provided with guidance, legislation; and supported to deliver the practice strategy and address any risks to it.
- Staff had completed training for safeguarding vulnerable adults and children and medical emergencies.
- Systems and processes and the management of governance had been improved to support the delivery of services
- Operational policies were available for all areas of the service. These were comprehensive and related specifically to the practice. All policies had been shared with staff and had a date for further review.
- There were effective processes for the identification and management of risks, any operational issues arising and performance
- Patient safety alerts were being received and a process had been implemented to act on information relating to dentistry.
- Safeguarding processes and arrangements had been created. These were effective and covered how to recognise different types of abuse and how to report them. Contact details of the relevant authorities were available for staff.
- Recruitment processes and records had been updated to reflect current legislation
- Substances Hazardous health had been appropriately assessed and recorded
- Staff were aware of Gillick competencies and their responsibilities.
- A process and system had been created and implemented for recording and learning from significant events
- Gas appliances on the premises had been checked by an engineer and had been certified as safe.
- A fire risk assessment had been conducted and risks relating to combustible materials had been addressed
- We saw logs of checks of the medical emergency medicines and equipment that was in line with current guidance.
- All medical emergency medicines and equipment were in place in line with current guidance and were easily accessible
- A sharps risk assessment had been conducted
- Actions arising from a legionella risk assessment had been addressed
- Training had been completed by all staff for safeguarding to the correct level and medical emergencies.
- Audits had been conducted for infection control, radiography image quality and dental records. Resulting actions and been identified and addressed.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulations: when we inspected on 27 April and 27 May 2021.