

Monitoring Summary Record

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Location / Core Service address

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CQC continues to develop its approach to monitoring with a focus on safety, access and leadership.

We have reviewed the information and data made available to us about your service on 08/01/2021.

We consider that no further regulatory activity is indicated at this time. We reserve the right to keep this under review and it may be subject to change. Please note this is not an assessment for the purposes of section 46 of the Health and Social Care Act 2008.

This monitoring activity is part of our transitional regulatory approach and is not an inspection. Monitoring summary records are not inspection reports and are not published on our website. They are an account of our monitoring. We do not expect them to be shared publicly to give assurance on the quality of care you deliver.

You can [read about our transitional regulatory approach.](#)

This summary record outlines what we found as a result of our monitoring activity:

On 8 January 2021 at 10.00am we undertook a Transitional Monitoring Activity (TMA) call between the practice manager and the CQC inspector.

You shared the following information with us:

SAFE

We discussed the safeguarding procedures and you felt confident staff would be able to raise concerns. You described how staff had completed safeguarding training. We discussed the systems in place to deal with medical emergencies which reflected nationally recognised guidance. You told us that team discussions are held regularly

to discuss the medical emergency arrangements and practice scenarios to ensure understanding. We also discussed the need to have additional doses of Adrenaline available to support patients in the event of Anaphylaxis. You agreed you would review the procedures and make any necessary changes to the emergency protocols in view of the Covid-19 restrictions.

We discussed the infection prevention and control procedures in place that reflected nationally recognised guidance. There were systems in place to reduce the risks associated with the transmission of Covid-19.

You assured us that there are enough suitably qualified staff to treat patients safely and effectively.

Protocols were in place to triage patients and make onward referrals if necessary.

You described how dentists followed nationally recognised guidance when prescribing medicines. We discussed how improvements could be made to monitoring processes by carrying out antimicrobial prescribing audits if these were not already being carried out. There were systems in place to ensure the security of prescription pads.

EFFECTIVE

We discussed how the clinicians provided care in line with current guidance. You described how new staff received a structured induction.

We discussed the benefits of carrying out patient record audits. You advised us you were unsure if they were carried out but would look into implementing this if not.

CARING

We discussed how staff identified and communicated with patients or their carers who needed extra support.

You described how you supported patients to make decisions about their care. We discussed how patients were able to feedback to the service through telephone/email and how this was reviewed and acted upon where appropriate.

RESPONSIVE

We discussed how the service took into account patients' individual needs when providing treatment. You described how you support patients with additional needs, for example, adjustments were available to accommodate those who were not able to access online forms.

We spoke about how you prioritised urgent treatment for patients in pain. We discussed the protocols in place to offer specific appointment times to patients who might be vulnerable or shielding. You confirmed there is currently no backlog of patients waiting to be treated.

WELL-LED

You described how all staff had been risk assessed to ensure they are safe during Covid-19. We discussed the arrangements in place for any staff required to self-isolate.

There were contingency plans and you were confident there were robust arrangements in place. We discussed the quality assurance processes including regular audits and staff supervision. Staff were encouraged to complete training relevant to their roles and this was actively monitored by management.

When there was an incident there were protocols in place to correctly notify us, carry out a review and discuss any learning and changes in protocol with the team.

We also discussed the importance of ensuring individual COSHH risk assessments are available for all materials. You advised us you were unsure if they had been carried out but would look into implementing this if not.

You described the equipment maintenance schedules you have in place to ensure

these items are maintained according to legislation, guidance and manufacturers guidance.

We discussed how staff and patients were encouraged to provide feedback about how the service could run better and raise concerns if required.