

The Smile Centre (London) Limited

Surbiton Smile Centre

Inspection Report

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Overall summary

We carried out a focused inspection on 08 March 2017 at Surbiton Smile Centre.

We had undertaken an announced comprehensive inspection of this service on 25 November 2016 as part of our regulatory functions where breaches of legal requirements were found.

After the comprehensive inspection, the practice wrote to us to say what they would do to meet the legal

requirements in relation to the breaches. This report only covers our findings in relation to those requirements and we reviewed the practice against one of the five questions we ask about services: is the service well-led?

We undertook this focused inspection on 08 March 2017 to check that they had followed their plan and to confirm that they now met legal requirements.

We found that this practice was now providing well-led care in accordance with the relevant regulations.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services well-led?

At our previous inspection we had found that the practice had not established an effective system to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors. They had also not ensured that their audit and governance systems were effective.

We carried out a follow-up inspection on the 08 March 2017. We found that this practice was now providing well-led care in accordance with the relevant regulations.

The practice had improved its clinical governance and risk management protocols. These were being shared and discussed by staff. New audits assessing the quality of dental care record keeping, X-ray quality and infection control processes had all been carried out.

The principal dentist had also reviewed staff training needs and ensured that all staff had now received relevant training, for example, in relation to safeguarding vulnerable adults and children.

A range of other risk assessments had also been carried out and actions had been implemented to improve safety as a result. For example, the practice had carried out a Legionella risk assessment and improved the management and monitoring of equipment needed for medical emergencies.

No action



Surbiton Smile Centre

Detailed findings

Background to this inspection

This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We carried out an announced, focused inspection on 08 March 2017. This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 25 November 2016 had been made.

We inspected the practice against one of the five questions we ask about services: is the service well-led? This is because the service was not previously meeting some legal requirements.

The focused inspection was led by a CQC inspector who had access to remote advice from a dental specialist advisor.

During our inspection visit, we checked that points described in the provider's action plan had been implemented by looking at a range of documents such as risk assessments and audits. We also carried out a tour of the premises and spoke with members of staff.

Are services well-led?

Our findings

Governance arrangements

We spoke with the principal dentist about changes to the governance arrangements at the practice since the previous inspection.

We found there were new systems for monitoring and reducing risks to patients and staff. For example, the practice had put in place arrangements in for responding promptly to Medicines and Healthcare products Regulatory Agency (MHRA) advice.

The practice had written a new sharps risk assessment in relation to safely managing sharp instruments. A new fire risk assessment had also been carried out and the fire equipment had been serviced in December 2016.

A Legionella risk assessment had been carried out by an external contractor in November 2016. Further improvements could be made through implementing a structured water temperature testing regime in line with HTM 01-05 recommendations. (Legionella is a term for particular bacteria which can contaminate water systems in buildings).

The practice's arrangements for managing medical emergencies had been reviewed. We found that the practice held all relevant equipment and medicines in line with guidance issued by the Resuscitation Council UK and the British National Formulary. Staff had also renewed their training in managing medical emergencies in January 2017.

The principal dentist had established a schedule for reviewing audits, risk assessments, staff training and equipment maintenance to ensure the smooth running of the practice.

Learning and improvement

The practice had carried out three new audits since the last inspection. These covered infection control, X-ray quality and dental care record-keeping.

We found that action had been taken to improve quality as a result of the auditing processes. For example, the principal dentist had instigated a new template in the electronic dental care record for each patient. They had also reviewed the guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.

Overall, there was evidence of a process of continual improvement to the premises and equipment. For example, the practice was investing in new X-ray equipment at the time of the inspection.

Staff had engaged in additional training within the past six months with a view to ensuring that they maintained the necessary skills to meet the needs of the patients visiting the practice. For example, all staff had completed training in responding to medical emergencies and in safeguarding children and vulnerable adults.

There was also evidence that staff had reviewed a new policy in relation to the Gillick competency test and how this related to working with younger patients who wished to access services.

In summary, following our review on the 08 March 2017, we found evidence which showed that the practice was providing a well-led service.