

Patel, Patel, & De Souza

Lillywhite Dental Practice

Inspection Report

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Overall summary

We undertook a focused inspection of Lillywhite Dental Practice on 26 November 2018. 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 Lillywhite Dental Practice on 17 May 2018 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 in accordance with the relevant regulations 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 Lillywhite dental practice on our website www.cqc.org.uk.

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 area where improvement was required.

As part of this inspection we asked:

- Is it well-led?

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 breach we found at our inspection on 17 May 2018.

Background

Lillywhite Dental Practice is in Morden and provides NHS and private treatment to adults and children.

The practice is on the second floor of a medical centre. There is level access via a lift for people who use wheelchairs and those with pushchairs. There is non-restricted parking in surrounding roads.

The dental team includes three dentists, one dental nurse, one trainee dental nurse one dental hygienist and two receptionists. The practice has two treatment rooms.

The practice is owned by a partnership and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Lillywhite Dental Practice is one of the principal dentists.

During the inspection we spoke with the principal dentists and one of the dental nurses. We looked at practice policies and procedures and other records about how the service is managed.

Summary of findings

Our key findings were:

- The provider had appropriate systems for monitoring equipment, and ensuring they were maintained in line with manufacturers guidance.
- The provider had established systems to ensure good governance in accordance with the fundamental standards

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services well-led?

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

We found that action had been taken to ensure that the practice was well-led. Governance systems were in place to ensure that policies and procedures were kept up to date. Systems were in place to monitor servicing of equipment and ensure risk assessments were completed such as legionella risk assessment.

No action



Are services well-led?

Our findings

At our previous inspection on 17 May 2018 we judged it was not providing well led care and told the provider to take action as described in our requirement notice. At the inspection on 26 November 2018 we found the practice had made the following improvements to comply with the regulation(s):

- The provider had established systems to ensure good governance in accordance with the fundamental standards
- Systems were in place to assess and monitor risks to the service. They had details relating to risk assessments such as legionella and fire.

- A comprehensive electronic system had been developed to monitor staff training and recruitment details
- Staff files we reviewed were up to date with all relevant information and documents filed on them.
- Policies we reviewed were up to date and filed in a central folder, accessible to staff.

The practice had also made further improvements:

- Appropriate systems for monitoring equipment and ensuring they were maintained in line with manufacturers guidance had been implemented.

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 26 November 2018.