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Smile Dental Implants

Inspection Report

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Overall summary

We undertook a follow up desk-based review on 6 December 2019. 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.

We undertook a comprehensive inspection of Smile Dental Implants on 10 May 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 regulation 17 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 Smile Dental Implants dental practice 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. We then inspect again after a reasonable interval, focusing on the area 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 breach we found at our inspection on 6 December 2019.

Background

Smile Dental Implants is in Worcester Park in the London borough of Sutton and provides private treatment to adults.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces Car parking spaces are available near the practice through local car parks and paid meter parking. There is a train station nearby and local buses.

The dental team includes a principal dentist, two associate dentists, a dental nurse (who is also the practice manager), two dental hygienists and a receptionist (who is a trainee dental nurse. The practice has two treatment rooms.

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.

We looked at practice policies and procedures and other records that the provider sent to us.

Summary of findings

Our key findings were:

Systems and processes had been implemented to ensure good governance in accordance with the fundamental standards. In particular,

- A Disability access audit had been completed and systems were in place for this to be reviewed.
- Systems for routinely auditing various aspects of the service including infection control and radiography had been implemented
- Systems had been implemented to ensure completion of dental care records was in line with guidance.
- The practice were able to evidence suitable servicing and maintenance of the X-ray equipment and a suitable Radiation Protection Advisor had been appointed
- Fire and sharps risk assessments had been undertaken and suitably documented. Actions identified had been completed.

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 10 May 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. During the desk based review on 6 December 2019 we found the practice had made the following improvements to comply with the regulation:

- A disability access audit had been undertaken and systems were in place for this to be reviewed.
- Infection control and radiography audits had been undertaken and systems were in place for them to be carried out in line with published guidance

- The practice were able to provide evidence of suitable servicing and maintenance of the X-ray equipment and a suitable Radiation Protection Advisor had been appointed

Fire and sharps risk assessments had been undertaken and suitably documented. Actions identified had been completed.

The practice had also made further improvements:

- Systems had been put in place to ensure completion of dental care records was in accordance with guidance.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulation 17 when we carried out our review on 6 December 2019.