

Mrs. Veerusha Diah

VDental Smile Studio

Inspection Report

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Overall summary

We undertook a follow up desk-based inspection of VDental Smile Studio on 20 February 2020. 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 VDental Smile Studio on 25 November 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 safe and well led care and was in breach of Regulation 12, safe care and treatment, Regulation 17, good governance and Regulation 19, fit and proper persons employed, 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 VDental Smile Studio on our website www.cqc.org.uk.

As part of this inspection we asked:

- Is it safe?
- 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 area(s) where improvement was required.

Our findings were:

Are services safe?

We found this practice was providing safe care in accordance with the relevant regulations.

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 25 November 2019.

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 inspection on 25 November 2019.

Background

VDental Smile Studio is in Eastway in the London borough of Hackney and provides private dental care and treatment for adults and children.

Summary of findings

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces are available near the practice for a fee.

The dental team includes a principal dentist, four specialist associate dentists (oral surgeon, endodontist, periodontist and a prosthodontist), one dental nurse and a practice manager. 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.

During the desk-based follow up inspection we looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

9.00am – 5.30pm Monday to Thursdays

9.00am – 3.00pm Fridays

9.00am – 1.00pm Saturdays

Our key findings were:

- Staff knew how to deal with emergencies. The staff team had completed medical emergencies and basic life support training.
- The provider had systems to help them manage risk to patients and staff.
- The provider had staff recruitment procedures which reflected current legislation.
- The provider had 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 safe?

No action 

Are services well-led?

No action 



Are services safe?

Our findings

We found that this practice was providing safe care and was complying with the relevant regulations.

At our previous inspection on 25 November 2019 we judged the practice was not providing safe care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notice. We undertook a desk-based review on 20 February 2020 and found the practice had made the following improvements to comply with the regulations:

In relation to Regulation 12, Safe care and treatment:

- Documents were provided, which demonstrated that basic life support training was ordered for all staff on 26 November 2019 and that the training took place on 18 December 2019.
- Documents were provided which showed that appropriate medicine labels had been ordered and were in use at the practice. This documentation included images.
- Certificates were provided to show that training in Sepsis had been carried out by the staff team on the 26 November 2019.

These improvements showed the provider had taken action to comply with regulation 12 when we carried out a desk-based follow up inspection on 20 February 2020.



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 25 November 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. We carried out a desk-based review on 20 February 2020 and found the practice had made the following improvements to comply with the regulations:

In relation to Regulation 17, Good governance:

- Documents were provided on 26 November 2019, which showed that the compressor at the practice had been serviced on 10 December 2019.
- Documents were provided which demonstrated that systems for monitoring training had been improved, with a training schedule for each dentist kept in their personnel file and reminders for training dates were set up on the electronic system.
- Documents were provided which demonstrated that protocols for the use of closed-circuit television cameras were compliant with guidelines published by the

Information Commissioner's Office. Evidence submitted showed that there was a sign informing people that CCTV was in operation and the provider had carried out a privacy impact assessment.

In relation to Regulation 19, Fit and proper persons employed:

- Documents relating to recruitment information that was not available on the day of the inspection, were provided on 26 November 2019. These included the interview notes from two staff records; the proof for one member of staff of satisfactory evidence of conduct in previous employment and evidence of an enhanced DBS check for two members of staff.

The provider had also made further improvements:

- Servicing certificates were provided, which demonstrated that the provider had completed the servicing of additional equipment. For example, the suction pump and the auto-clave were also serviced on 10 December 2019.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with regulations 17 and 19 when we carried out a desk-based follow up inspection on 20 February 2020.