

Amandina Limited

The Causeway Dental Practice

Inspection Report

26-28 The Causeway

Teddington

Middlesex

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Overall summary

We undertook a follow up focused inspection of The Causeway Dental Practice

on 1 October 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 who had remote access to a specialist dental adviser.

We undertook a comprehensive inspection of The Causeway Dental Practice on 6 June 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 Good Governance of the Health and Social Care Act 2008. You can read our report of that inspection by selecting the 'all reports' link for The Causeway 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.

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 breaches we found at our inspection on 6 June 2019.

Background

The Causeway Dental Practice is in Teddington in the London Borough of Richmond-upon-Thames in southwest London. The practice provides private dental treatment to patients of all ages.

The practice is located close to public transport services. It is located on the ground floor and has a step-free access. The practice has two treatment rooms.

The dental team includes two principal dentists who own the practice, a dental nurse, a receptionist and a hygienist.

During the inspection we reviewed documents sent to us by the provider.

Our key findings were:

Summary of findings

- There were systems in place to monitor the expiry dates of emergency equipment and medicines.
- There were systems to adequately identify and monitor risks in relation to legionella and fire.

The practice had also made the following improvements :

- The practice had a risk assessment in place for when the hygienist worked without chairside assistance.
- Infection control audits were being carried out on a six monthly basis
- A disability access audit had been undertaken that covered a range of disabilities

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. We told the provider to take action as described in our requirement notice.

At our previous inspection on 6 June 2019 we judged the practice was not providing well led care and was not complying with the relevant regulations.

At the inspection on 1 October 2019 we found the practice had made the following improvements to comply with the regulations:

- The practice had made improvements to the governance arrangements so that there was a system

for assessing and mitigating risks through a range of internal and external risk assessments including legionella and fire risk assessments which were undertaken in June 2019.

- All out of date medicines and materials had been removed from the practice.
- The practice had a system in place to check the servicing dates for equipment and the expiry date of drugs used.

These improvements showed the provider had acted to improve the quality of services for patients and complied with the regulations when we inspected on 1 October 2019.