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Abbey Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection of this service on 30 June 2015 as part of our regulatory functions where a breach of legal requirements was found.

We carried out a service review on 20 April 2016 to check that they had followed their plan and to confirm that they

now met the legal requirements. This report only covers our findings in relation to those requirements. We asked Abbey Dental Practice to submit evidence as part of this review.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Abbey Dental Practice on our website at www.cqc.org.uk.

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?

The focused inspection concentrated on the key question of whether or not the practice was well-led. We found that this practice was now providing well-led care in accordance with the relevant regulations.

At our previous inspection we had found that there was lack of an effective system to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from recruitment of staff.

During our review of evidence on 20 April 2016, we found that action had been taken to ensure that the practice was well-led because there were now effective systems to assess, monitor and mitigate the risks relating to the health, safety and welfare of services users.

Abbey Dental Practice

Detailed findings

Background to this inspection

This review was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We carried out the review of this service on 20 April 2016.

This review was carried out to check that improvements to meet legal requirements planned by the practice after our

comprehensive inspection on 30 June 2015 had been made. We reviewed 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 this legal requirement.

The review was conducted by a CQC inspector who had access to remote advice from a dental specialist advisor. During our review, we checked a range of documents such as staff training records and references.

Are services well-led?

Our findings

Governance arrangements

The practice had up to date policies and procedures in place. Staff were being supported to meet their professional standards and complete continuing professional development (CPD) standards set by the General Dental Council. Recruitment checks had been carried out. We were provided with evidence that staff had received a check with the Disclosure and Barring Service (DBS). (The DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable) and references had been obtained.

Learning and improvement

We were provided with evidence that staff were working towards completing the required number of CPD hours to maintain their professional development in line with requirements set by the General Dental Council (GDC).

We were also provided with copies of the most recent audit of X-rays, dental recalls and infection control. All had been completed in the past seven months and had clear actions to be undertaken. An audit of X-rays and oral cancer risk factors audit had been undertaken.