

# Eye Smile Limited

# Eye Smile

## Inspection report

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### Overall summary

We undertook a follow up desk-based review of Eye Smile on 2 May 2023. This review was carried out to follow up 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 review was led by a CQC inspector who had remote access to a specialist dental advisor.

We had previously undertaken a comprehensive inspection of Eye Smile on 6 October 2022 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 Eye Smile dental practice on our website [www.cqc.org.uk](http://www.cqc.org.uk).

When 1 or more of the 5 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 review 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.

# Summary of findings

The provider had made improvements in relation to the regulatory breach we found at our inspection on 6 October 2022.

## Background

The provider has 2 practices and this report is about Eye Smile which is in the London Borough of Richmond upon Thames and provides or private dental care and treatment for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for disabled people, are available near the practice. The practice has made reasonable adjustments to support patients with specific needs.

The dental team includes 6 dentists, a specialist orthodontist, 2 dental nurses, 2 trainee dental nurses, 3 dental hygienists, a practice manager, a compliance consultant a treatment co-ordinator

and 2 receptionists. The practice has 4 treatment rooms and shares the premises with an optician and a tenant who lives upstairs.

During the review we spoke with the principal dentist, and the practice manager. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday and Wednesday 9am to 7pm

Tuesday and Thursday 9am to 5.30pm

Friday 9am to 6pm

Saturday 9am to 5pm

# 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 the review on 2 May 2023 we found the practice had made the following improvements to comply with the regulation:

Fire Safety Management had been improved and was effective.

- A fire risk assessment had been carried out on 27 October 2022 and all recommendations within the report had been actioned. We saw that periodic in-house testing of fire safety equipment was carried out and recorded. The firefighting equipment had clear instructions displayed in accordance with the fire policy and evacuation procedures had been clearly displayed in staff and patient areas.
- Dedicated fire marshall training had been carried out by a fire specialist company. The practice had appointed 2 fire marshalls.
- Regular staff training and fire drills were taking place.

The risks associated with water systems and dental unit water lines (DUWLs) were now regularly reviewed and mitigated.

- A written scheme of control had been devised following the inspection on 6 October 2022
- Monthly water temperature testing was carried out.
- A new Legionella risk assessment was carried out on 7 November 2022 and all recommendations had been completed. In particular a new heating system had been installed, corroded braided hoses and taps had been replaced.

The practice had also made further improvements:

- The provider had implemented a system to ensure that staff were up-to date with mandatory training and their continuing professional development.
- The practice carried out audits of dental records and the analysis of these demonstrated that all clinicians took guidance provided by the College of General Dentistry into account when completing dental care records.
- Audits of infection prevention and control were being carried out at 6 monthly intervals in line with guidance.

X-ray equipment had received electro-mechanical servicing as recommended by the Radiation Protection Advisor.