

Smilemaker Dental Practice Limited

Smilemaker Dental Practice

Inspection report

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Overall summary

We undertook a follow up desk-based review on 3 August 2020. This review was carried out to follow up on 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 adviser.

We undertook a comprehensive inspection of Smilemaker Dental Practice on 17 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 safe or well led care and was in breach of regulation 12 -Safe care and treatment, Regulation 17 - Good governance, Regulation 18 Staffing , Regulation 19 Fit an proper person 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 Smilemaker Dental Practice on our website www.cqc.org.uk.

As part of this review 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.

Our findings were:

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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 17 May 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 17 May 2019.

Background

Smilemaker Dental Practice is in Orpington and provides private treatment for adults and children.

There is no level step-free access for people who use wheelchairs or those with pushchairs. Car parking spaces are available on the premises.

The practice has two treatment rooms.

The dental team includes a practice manager, five dentists, two dental hygienists, three qualified dental nurses, and two receptionists.

The practice is owned by a company and as a condition of registration must have a person registered with the

Summary of findings

Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Smilemaker Dental Practice is the principal dentist.

The practice is open at the following times:

Monday and Tuesday: 8:15am-5:45pm

Wednesday: 8:30am-5:30pm

Thursday: 8:15am-7:00pm

Friday: 8:00am-5:45pm

Saturday and Sunday: 10:00am-3:00pm

Our key findings were:

- The provider had systems in place to prevent the spread of infection, including an infection control policy.

- There was enough equipment available to manage medical emergencies.
- There were suitable systems in place in relation to gas and electrical safety, including safety checks.
- The provider had systems in place to check staff had suitable immunity to Hepatitis B.
- There were systems in place to record serious incidents
- Staff had undertaken relevant training appropriate to their jobs.
- There were systems in place to check, employment histories, proof of identity, satisfactory evidence of conduct in previous employment, professional qualifications and criminal background checks.

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 17 May 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. When we undertook a review on 3 August 2020 we found the practice had made the following improvements to comply with the regulation(s):

- The registered person had established suitable processes to prevent the spread of infections.

This included for example an infection control policy.

- The registered person had enough equipment available to manage medical emergencies.
- The registered person had established suitable systems for preventing injuries from sharp

instruments.

- The registered person had systems to assess risk pertaining to the use of substances hazardous to health.
- The registered person had established a suitable system for receiving, acting on and sharing with staff relevant national safety alerts pertaining to medicines and equipment and maintained a file of this information.
- The registered person had established suitable systems to mitigate the risks associated with electrical safety and the prevention of fire. This included for example a fire risk assessment.
- The registered person had established suitable systems pertaining to gas safety. This included a gas safety test that had been undertaken in July 2019.
- The compressor had been serviced in June 2020.

These improvements showed the provider had taken action to comply with the regulation(s): when we undertook a review on 3 August 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 17 May 2020 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. At our review of 3 August 2020 we found the practice had made the following improvements to comply with the regulation.

- There were arrangements in place in regards to giving assurance of the suitable immunity to Hepatitis B for all staff.
- The registered person had established a suitable system for recording serious incidents.
- The registered person had suitably considered the needs of patients with enhanced needs, such as those with restricted mobility, hearing and sight.
- The registered person was undertaking radiography audits on a regular basis to

identify areas for improvement.

- The registered person had ensured suitable policies were available for staff.
- The registered person had sought evidence of indemnity insurance for staff.
- Appropriate training had been undertaken by staff including radiography, infection prevention and control and medical emergencies,
- Inductions and appraisals had been undertaken for all relevant staff.
- The registered person had a system in place to check employment histories, proof of identity, satisfactory evidence of conduct in previous employment, professional qualifications and criminal background checks.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulation when we undertook a review on 3 August 2020.