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Eastgate Dental Practice

Inspection report

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Date of inspection visit: 20 February 2024
Date of publication: 05/03/2024

Overall summary

We undertook a follow up focused inspection of Eastgate Dental Practice on 20 February 2024. This inspection was carried out to review 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 was supported by a specialist dental advisor.

We had previously undertaken a comprehensive inspection of Eastgate Dental Practice on 22 August 2023 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 regulations 12, 17, 18 and 19 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 Eastgate Dental Practice on our website 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 (requirement notice only). We then inspect again after a reasonable interval, focusing on the areas where improvement was required.

As part of this inspection we asked:

- Is it safe?
- Is it well-led?

Our findings were:

Are services safe?

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

Summary of findings

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 22 August 2023.

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 22 August 2023.

Background

Eastgate Dental Practice is in Basildon, Essex and provides NHS and private dental care and treatment for adults and children.

There is step free access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for disabled people, are available in pay and display car parks near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 2 dentists, 3 dental nurses including 1 trainee dental nurse, 2 dental hygienists, 1 practice manager who was also a dental nurse and 1 receptionist. The practice has 3 treatment rooms.

During the inspection we spoke with 2 dentists 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 to Friday from 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 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 the inspection on 20 February 2024, we found the practice had made the following improvements to comply with the regulations:

- Procedures to reduce the possibility of Legionella or other bacteria developing in water systems had improved. We noted that monthly checks of hot and cold-water temperatures and flushing of dental unit water lines and low use taps were now completed. A legionella risk assessment was completed by an external company in December 2023. The practice had reviewed all recommended actions.
- Staff were following procedures to ensure the practice was compliant with the Health and Safety (sharp instruments in Healthcare Regulations 2013) guidance. A sharps policy was completed and a risk assessment was undertaken in August 2023 which accurately reflected the processes in place. There was scope to ensure all sharp items were included in the risk assessment.
- The practice had implemented an effective system of checks of medical emergency equipment and medicines taking into account the guidelines issued by the Resuscitation Council (UK).
- The practice's decontamination procedures had improved. We noted decontaminated instruments were in pouches and were dated. We noted all items in treatment room drawers were in pouches. Process were in place to ensure staff dried decontaminated instruments before pouching. A thermometer was in place in the decontamination room to check the temperature of water during cleaning, these temperatures were recorded in a log.
- Process to support the safe management of prescriptions had improved. We noted NHS prescription pads were kept securely. Systems to track and monitor their use were in place, however there was scope to improve the system to identify lost or missing prescriptions.
- Cleaning schedules were in place. Cleaning equipment was in place and was stored appropriately and in line with recommended guidance. Facilities for the disposal of sanitary waste were in place.
- Staff recruitment processes were in place and in accordance with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The practice recruitment procedure was in place. We saw records of recruitment procedures and staff references. In addition, we noted Enhanced Disclosure and Barring Service checks had been obtained for all clinical members of staff. Systems were in place to ensure clinical staff had adequate immunity for vaccine preventable infectious diseases.

These improvements demonstrated the practice had taken sufficient action to comply with regulations when we inspected on 20 February 2024.

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 inspection on 20 February 2024 we found the practice had made the following improvements to comply with the regulations ;

- Systems and processes were more established with staff. The practice had invested in a compliance system to improve oversight of governance systems. We saw that quality and assurance and monitoring and mitigating risk was conducted. For example, the practice had completed audits of disability access, infection prevention and control, radiography and record keeping. The practice were in the process of completing an antimicrobial prescribing audit. Risk assessments were in place in relation to lone working staff, vulnerable staff, sharps and health and safety procedures to improve the quality of the service. A timetable for completing required audits, risk assessments and servicing of equipment was in place.
- Systems were in place to ensure essential staff training was up-to-date and reviewed at the required intervals. Staff received formal appraisal and feedback about their working practices. An effective induction for new staff had been introduced, including information about practice systems and safety procedures, job information and objectives.
- Systems were in place to manage closed circuit television cameras (CCTV). A protocol for the use of CCTV taking into account the guidelines published by the Information Commissioner's Office was in place. There was scope to ensure this was signed and reviewed by all staff.
- Local radiation rules were reviewed and updated.
- Staff had undertaken fire safety training and fire evacuation drills.
- Systems were in place to manage significant events. We reviewed evidence which showed how learning from incidents had been actioned and shared across the staff team to prevent their recurrence.
- The provider had updated practice policies and procedures in relation to complaints, safeguarding, consent, inoculation injuries and freedom to speak up.
- Systems were in place to ensure clinicians take into account the guidance provided by the College of General Dentistry when completing dental care records.

The practice had also made further improvements:

- The practice had implemented changes and reviewed the business continuity plan to ensure the practice can identify and plan for anticipated risks to the delivery of the service.
- Audits for prescribing of antibiotic medicines were on-going.
- The practice's protocols and procedures for the use of X-ray equipment were reviewed in compliance with The Ionising Radiations Regulations 2017 and Ionising Radiation (Medical Exposure) Regulations 2017 and taking into account the guidance for Dental Practitioners on the Safe Use of X-ray Equipment. In particular, rectangular collimators were available in treatment rooms.

These improvements show the practice had taken sufficient action to comply with regulations when we inspected on 20 February 2024.