

Eachway Dental Practice Limited

Eachway Dental Practice

Inspection report

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Overall summary

We undertook a follow up desk-based inspection of Eachway dental practice on 1 February 2022. 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 was supported by a specialist dental adviser.

We undertook a comprehensive inspection of Eachway dental practice on 18 October 2021 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 Eachway 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 and send us an action plan. We then inspect again after a reasonable interval, focusing on the area(s) where improvement was required.

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 breach we found at our inspection on 18 October 2021.

Summary of findings

Background

Eachway dental practice is in Rubery, Birmingham and provides NHS and private treatment for adults and children.

A portable ramp is used to gain access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces are available at the front of the practice and on local side roads.

The dental team includes two dentists, four dental nurses (including three trainee dental nurses) and one dental hygienist. One of the dental nurses mainly works as a receptionist. The practice has two treatment rooms.

The practice is open:

Monday to Thursday from 9am to 5pm (closed for lunch between 1pm to 2pm).

Our key findings were :

We found this practice was providing well-led care in accordance with the relevant regulations.

The provider had made good improvements in relation to the regulatory breach we found at our previous inspection. These must now be embedded in the practice and sustained in the long-term.

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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 our previous inspection on 18 October 2021 we judged the practice 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 the inspection on 1 February 2022 we found the practice had made the following improvements to comply with the regulation(s):

- Systems for checking medical emergency medicines had been implemented and checks were completed on the emergency equipment at the required frequency. The provider had replaced emergency equipment items that were out of date and missing items had been purchased.
- Systems had been put in place for checking and monitoring equipment, taking into account relevant guidance, helping to ensure that all equipment was well maintained. A routine service and maintenance had been undertaken on the autoclave as required.
- The provider had Legionella risk oversight and effective management had been established. Systems for checking and monitoring Legionella risk helped to ensure that action had been taken to implement all recommendations in the practice's Legionella risk assessment.
- Systems for checking and monitoring fire risk helped to ensure that the provider had actioned all recommendations from the previous fire risk assessment.
- A five-year fixed wiring test had been completed and action taken as required.
- A latex risk assessment had been completed as natural latex rubber products were in use at the practice.
- All staff had completed up to date medical emergency training and the provider had oversight of staff training and development.
- The registered person had implemented an effective system to ensure all of the staff recruitment records identified in Schedule 3 of the Health and Social Care Act 2008 Regulations would be available for any future staff employed. Disclosure and barring service checks had been undertaken for those staff whose checks were completed prior to their employment at the practice.
- The provider had introduced a system to ensure they had oversight of policies and procedures to ensure they were reviewed as needed if updates were required.

The provider had also made further improvements:

- Improvements had been made to the security of NHS prescription pads in the practice and systems were in place to track and monitor their use.
- The provider had Implemented an effective system for receiving and responding to patient safety alerts, recalls and rapid response reports issued by the Medicines and Healthcare products Regulatory Agency, the Central Alerting System and other relevant bodies, such as Public Health England.