

Eastgate Dental Centre Limited

Eastgate Dental Centre

Inspection Report

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Date of inspection visit: 22/11/2016

Date of publication: 18/01/2017

Overall summary

We carried out a follow up inspection of Eastgate Dental Centre on 22 November 2016.

We undertook an announced comprehensive inspection of this service on 26 April 2016 as part of our regulatory functions and during this inspection we found a breach of the legal requirements.

After the comprehensive inspection, the practice wrote to us to say what they would do to meet the legal requirements in relation to the breach. This report only covers our findings in relation to those requirements.

We checked whether they had followed their action plan to confirm that they now met the legal requirements.

We reviewed the practice against one of the five questions we ask about services:

- is the service well-led?

We have not revisited Eastgate Dental Centre as part of this review because the practice was able to demonstrate they were meeting the standards without the need for a visit.

A copy of the report from our last comprehensive inspection can be found, by selecting the 'all reports' link for Eastgate Dental Centre on our website at www.cqc.org.uk.

Our findings were:

Are services well-led?

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

Background

Eastgate Dental Centre provides NHS and private preventive, cosmetic and implant dentistry for both adults and children. The practice is situated in Aylesbury and has been established since 2005.

The practice has ten dental treatment rooms. Seven of which are based on the ground floor and two separate decontamination rooms used for cleaning, sterilising and packing dental instruments. The ground floor is accessible to wheelchair users, prams and patients with limited mobility.

The practice employs eight dentists, three hygienist, eight dental nurses, four reception staff and a deputy practice manager.

The practice opens 8.30am to 1pm and 2pm to 5.30pm Tuesday to Friday, 8.30am to 1pm and 2pm to 7pm on Monday and Saturday morning from 10am to 1pm.

There are arrangements in place to ensure patients receive urgent dental assistance when the practice is closed. This is provided by an out-of-hours on call service provided by the 111 service.

Summary of findings

Mr. Sanjay Rayarel is registered as an individual and is legally responsible for making sure that the practice meets the requirements relating to safety and quality of care, as specified in the regulations associated with the Health and Social Care Act 2008.

Our key findings were:

- Staff recruitment checks complied with Schedule 3 of the Health and Social Care Act 2008 (amended 2014).

The five key questions we ask and what we found:

Are services well-led?

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

Since the last inspection on 26 April 2016 the practice had implemented effective systems and processes to ensure staff recruitment checks met regulations.

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?

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

Since the last inspection on 26 April 2016 the practice had implemented effective systems and processes to ensure staff recruitment checks met regulations.

No action



Eastgate Dental Centre

Detailed findings

Background to this inspection

We undertook a follow up inspection of Eastgate Dental Centre on the 22 November 2016. This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our inspection on 26 April 2016 had been made.

We inspected the practice against one of the five questions we ask about services: is the service well-led. This is because the service was not meeting some of the legal requirements in relation to this question.

The inspection was carried out by a CQC inspector who had access to advice from a specialist advisor.

Before carrying out the follow up inspection, we reviewed information sent to us by the practice that told us how the concerns identified during the comprehensive inspection had been addressed.

To complete this follow up inspection we:

- Reviewed the action plan and evidence which confirmed the provider undertook all the required staff recruitment checks to comply with Schedule 3 of the Health and Social Care Act 2008 (amended 2014).

Are services well-led?

Our findings

Governance arrangements

Staff recruitment records we reviewed at our last inspection were not complete and did not include the recording of necessary checks required to meet Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

For example, records did not always have evidence of a full employment history, proof of identity, information about

any health conditions and appropriate checks from the Disclosure and Barring Service (DBS). These are checks to 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.

During our follow up inspection in November 2016, the practice could demonstrate that it had carried out all the required checks to meet the regulations.