

Eastgate Dental Centre Limited

Eastgate Dental Centre

Inspection report

Eastgate House
46 Wedgewood Street
Aylesbury
HP19 7HL
Tel: 01296433222
www.eastgate-dental.co.uk

Date of inspection visit: 10 February 2022
Date of publication: 24/02/2022

Overall summary

We undertook a follow-up focused inspection of Eastgate Dental Centre on 10 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 Care Quality Commission, (CQC), inspector who was supported by a specialist dental adviser.

At our inspection on 24 September 2021 we found the registered provider was not providing safe and well-led care and was in breach of Regulation 12 and 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 Eastgate Dental Centre on our website www.cqc.org.uk.

As part of this inspection 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 and send us an action plan. We then inspect again after a reasonable interval, focusing on the area where improvement was required.

Our findings were:

Are services safe?

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 24 September 2021.

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 24 September 2021.

Background

Eastgate Dental Centre is in Aylesbury and provides NHS and private preventive, cosmetic and implant dentistry for both 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 near the practice.

The practice has 12 dental treatment rooms. Seven of which are based on the ground floor which is accessible to wheelchair users, prams and patients with limited mobility.

The practice employs 12 dentists, four specialist orthodontists, five hygienists, three dental hygiene therapists, six dental nurses, four trainee dental nurses, four reception staff and two practice managers (who are also trained nurses).

During the inspection we spoke with three dentists, two dental nurses, one receptionist and the practice manager.

We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

- Monday 8.30am - 7.00pm
- Tuesday 8.30am - 5.30pm
- Wednesday 8.30am - 5.30pm
- Thursday 8.30am - 5.30pm
- Friday 8.30am - 5.30pm
- Saturday 10.00am - 1.00pm

Our key findings were:

- The provider had systems to help them manage risk to patients and staff.
- The provider had quality assurance processes to encourage learning and continuous improvement.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulations when we carried out a follow-up focused inspection on 10 February 2022.

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

At our previous inspection on 24 September 2021 we judged the provider 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.

At our follow-up inspection on 10 February 2022 we found the practice had made the following improvements to comply with the regulations:

- A Radiation Protection Advisor contract was in place.
- A three-year radiological survey was available for every X-ray set.
- A five-year electrical installation check was carried out and results of this was satisfactory.
- Fire safety management was effective and included testing of the fire alarm and emergency lighting. Fire drills, fire alarm and emergency lighting servicing were carried out.
- COSHH risk assessments were reviewed and available to all staff.
- COSHH products were stored securely.
- Clinical waste was stored appropriately.
- Compressor rooms were clear and uncluttered.
- Previously the room housing the Orthopantomogram (OPG) machine was cluttered. The OPG machine was disposed of and cupboards were installed to store equipment appropriately.
- The medical emergency kit was complete.
- The oxygen cylinder was replaced with one holding 460 litres in line with national guidance.
- Oxygen cylinder inspection checks were carried out.
- Medical emergency kit checks were carried out weekly.
- Defibrillator inspection checks were carried out.
- Compressor servicing evidence was available.
- Manual scrubbing process validation was in place.
- Protocols were in place for decontaminating incoming dental lab work.
- Hot water temperatures were addressed and logs showed temperatures were within the recommended levels.
- The instrument pouch dating protocol was addressed and one system was seen being followed.
- A sharps risk assessment was available.
- The cracked vinyl floor covering, historical cobwebs, dirty chairs, dirty paintwork found in treatment rooms was addressed and appropriate repairs made.
- Decontamination rooms were refurbished in line with national infection prevention and control guidance.

Are services well-led?

Our findings

At our previous inspection on 24 September 2021 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 follow-up inspection on 10 February 2022 we found the practice had made the following improvements to comply with the regulations:

Leadership capacity and capability

- The staff who did not have knowledge of Gillick Competence received training in this area.
- Hygienists received formal appraisals.
- Training was monitored and certificates were stored effectively.
- The staff who did not have knowledge of amalgam use guidance received training in this area.
- Clinical records were audited and shortfalls addressed.

The practice had also made further improvements:

- Audits of antibiotic prescribing were carried out.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulations when we carried out a follow-up focused inspection on 10 February 2022.