

Mr Abas Said

# Pitsea Dental Surgery

## Inspection report

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### Overall summary

We undertook a follow up focused inspection of Pitsea Dental Surgery on 24 March 2023. 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 Pitsea Dental Surgery on 1 November 2022 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 Pitsea Dental Surgery on our website [www.cqc.org.uk](http://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. 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 well-led?

### **Our findings were:**

#### **Are services well-led?**

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

### **Background**

# Summary of findings

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

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces are available outside the practice. The practice has made reasonable adjustments to support patients with specific needs.

The dental team includes 2 dentists, 2 dental nurses, 1 dental hygienist, and 3 receptionists. The practice has 3 treatment rooms.

During the inspection we spoke with 1 dentist, 1 dental nurse and 1 receptionist. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday to Friday from 8.30am to 5pm. The practice is closed daily between 1pm to 2pm.

There were areas where the provider could make improvements. They should:

- Improve the practice's systems for checking and monitoring equipment taking into account relevant guidance and ensure that all equipment is well maintained. In particular, ensure oropharyngeal airways sizes 0,1,2,3,4 are available and included in the weekly check list for medical emergency equipment.

# 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 the inspection on 24 March 2023 we found the practice had made the following improvements to comply with the regulation:

- Staff recruitment processes were in accordance with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. A recruitment procedure was in place and we noted all staff had undertaken Disclosure and Barring Service checks.
- Systems were in place to ensure recommended staff training was up-to-date and reviewed at the required intervals. We noted staff had completed a variety of training modules including Sepsis awareness, Legionella, Fire Safety awareness, Autism and Learning Disability awareness among others. We noted the provider funded staff membership for their training.
- Staff appraisals had been conducted for all staff. We noted that prior to appraisals staff were encouraged to complete pre-appraisal feedback reports to identify any learning, wellbeing or support requirements they may have.
- Systems were in place to ensure audits of radiography, antimicrobial prescribing, and infection prevention and control were undertaken at regular intervals to improve the quality of the service.
- Systems for monitoring risk assessment action plans and ensuring improvement were in place. We noted legionella hot and cold-water tap checks were undertaken and recorded by the provider. We noted these were all within the required parameters.
- We saw all staff including the named nominated legionella lead and deputy had completed legionella training.
- Staff had undertaken fire safety training. Timed fire evacuation drills were completed at the monthly team meetings.
- Equipment in the practice to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council, was mostly available. We noted oropharyngeal airways sizes 0,1,2,3,4 were not in place. There was scope to ensure the missing airways were included in the weekly check list of medical emergency equipment to avoid any further omissions. We discussed this with the provider who confirmed these had been replaced immediately.
- Staff meetings were held. We noted minutes from these meetings evidenced how learning from alerts, accidents and incidents had been shared across the staff team to prevent their recurrence.

The practice had also made further improvements:

- The practice had taken action to ensure the clinicians take into account the guidance provided by the College of General Dentistry when completing dental care records. In addition, we noted the clinicians had adopted an individual risk-based approach to patient recalls taking into account the National Institute for Health and Care Excellence guidelines.
- The practice had taken action to ensure clinicians recorded in the patients' dental care records or elsewhere the reason for taking X-rays, a report on the findings and the quality of the image in compliance with Ionising Radiation (Medical Exposure) Regulations 2017.
- The practice had taken action to ensure dentists are aware of the guidelines issued by the British Endodontic Society for the use of rubber dam for root canal treatment.