

Dr. Elizabeth Allen

Bishopton Lane

Inspection Report

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Overall summary

We undertook a follow up inspection on 7 January 2020. 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 Bishopton Lane dental practice on 18 June 2019 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 Bishopton Lane 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 areas 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 breaches we found at our inspection on 18 June 2019.

Background

Bishopton Lane dental practice is in Stockton on Tees and provides predominantly NHS treatment, and some private treatment, to adults and children. The dental practice was built in 2010 and has two treatment rooms on the first floor. People who use wheelchairs and those with pushchairs can enter the premises via a small step at the front entrance. Advice regarding the lack of a ground floor treatment room is provided to patients at the time of booking appointments. Car parking spaces are available near the practice.

The dental team is comprised of a principal dentist, two dental nurses, a practice manager who is also a qualified dental nurse, two dental therapists and a receptionist.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

Monday to Thursday 9am to 5pm

Friday 9am to 4pm

Summary of findings

Our key findings were:

- Improvements had been made to infection control procedures, staff understanding of decontamination procedures had improved. The decontamination room met relevant guidance.
- Emergency medicines and life-saving equipment were in line with Resuscitation Council UK standards.
- Improvements had been made to the storage of clinical waste and the risk management of sharps.
- Improvements had been made to the risk management of fire and electrical safety, hazardous substances and evidence of immunity to Hepatitis B.
- Effective monitoring of systems regarding Legionella were in place. The designated lead had completed legionella training.
- The practice had taken account of the needs of patients with disabilities to comply with the requirements of the Equality Act 2010. An assessment with action plan was in place.

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 June 2019 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 the inspection on 7 January 2020 we found the practice had made the following improvements to comply with the regulations.

Systems to identify and manage risks had been improved. In particular:

- The practice now followed national guidance for cleaning, sterilising and storing dental instruments. Instruments were manually cleaned appropriately, and an illuminated magnification light was now in use to inspect instruments before sterilisation. Secure, labelled containers were used to transport instruments from treatment rooms to the sterilisation room and instruments were bagged after sterilisation in line with guidance.

- The medical emergency equipment had been reviewed and was as described in Resuscitation UK guidance and required by General Dental Council standards. A sign to show storage of combustible gas was in place, face masks, oxygen masks and the recommended emergency medication was in place. The Glucagon medicine was stored appropriately.
- Action recommended from the last Legionella risk assessment report had now been completed, this included water hoses to be replaced with copper pipes and training had been completed by the responsible person.
- Risk assessments for clinical staff whose immune status could not be confirmed were now in place.
- Risks from hazardous substances on-site, fire and electrical safety and sharps had been sufficiently assessed.
- Disclosure and Barring Service (DBS) checks were in place for all employees.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulations when we inspected on 7 January 2020.