

Perfect Smile (Acorn Dental) Partnership

Laburnum Dental Practice

Inspection report

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Overall summary

We undertook a follow up focused inspection of Laburnum Dental Practice on 4 April 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 Laburnum Dental Practice on 23 September 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 Laburnum 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 breach we found at our inspection on 23 September 2021.

Background

Summary of findings

Laburnum Dental Practice is in Wallsend 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 near the practice.

The dental team includes four dentists, five dental nurses, one dental hygienist, one dental hygienist and therapist, two receptionists and a practice manager. The practice has four treatment rooms.

During the inspection we spoke with the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Thursday from 8am to 6pm

Friday from 8am to 4pm

Our key findings were:

- Systems and processes had been implemented to ensure the risks associated with fire, Legionella and the use of radiation are appropriately managed.

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 23 September 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 4 April 2022 we found the practice had made the following improvements to comply with the regulation:

- Recommendations such as installing emergency lighting within the premises had been actioned. Staff were also aware of the need to regularly test these devices.
- Recommendations highlighted in the Legionella risk assessment had been addressed such as removing a dead leg and replacing braided hoses.
- Recommendations highlighted in the disability access audit had been actioned such as installing an emergency pull cord in the accessible toilet.
- The fallow time, (Fallow time is defined as the amount of time that the room is left empty (with the door closed) to permit the clearance and/or setting of aerosols) for the dental surgeries (to be used with any patients presenting with respiratory symptoms) had been re-calculated to reflect current guidance.
- A fixed electrical wire installation inspection had been carried out and this showed that the condition of the wiring was satisfactory.
- A new X-ray machine had been installed in one of the dental surgeries. We saw documentary evidence that this installation was satisfactory.
- The sharps risk assessment had been updated. Since the previous inspection there had not been any sharps injuries. Staff described to us the process which would be followed following a sharps injury. This included seeking advice from occupational health and fully documenting the event for future learning and improvement.
- A process had been put in place to ensure the security of NHS prescription pads. This enabled the practice to identify if a prescription was to go missing.