

Easy Dental Ltd

Easy Dental

Inspection report

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Date of inspection visit: 12 April 2022
Date of publication: 09/05/2022

Overall summary

We undertook a follow up inspection of Easy Dental on 12 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 Easy Dental on 14 December 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 safe or well-led care and was in breach of regulations 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 Easy Dental on our website www.cqc.org.uk.

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.

As part of this inspection we asked:

- Is it safe?
- Is it well-led?

Our findings were:

Are services safe?

We found this practice was providing safe care in accordance with the relevant regulations.

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 14 December 2021.

Summary of findings

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 14 December 2021.

Background

Easy Dental is in Liverpool City Centre and provides private dental care and treatment for adults.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for people with disabilities, are available near the practice in a multi-storey car park. The practice is located close to Moorfields train station.

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

The practice is owned by a company and as a condition of registration must have a person registered with the CQC as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Easy Dental is the principal dentist.

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

The practice is open Monday to Friday from 10am to 6:30pm and on Saturday from 9am to 4:30pm.

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

We found that this practice was providing safe care and was complying with the relevant regulations.

At the inspection on 12 April 2022 we found the practice had made the following improvements to comply with the regulations:

- There were sufficient quantities of equipment to ensure the safety of service users and to meet their needs. Namely, clear face masks in all sizes were now available in emergency equipment held at the practice, as recommended by recognised guidance.
- Recruitment checks to ensure that new staff commencing employment at the practice had the necessary registrations, indemnity, qualifications and background checks were now in place.
- All recommendations in the practice's Legionella risk assessment, taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance' had now been acted on. In particular the temperature of hot water at the practice now reaches 55 degrees centigrade after one minute of running the taps, and records are kept supporting this.
- Patient medical histories and updates were being signed by patients and patient records contained details of each patients GP. During the period covered by COVID restrictions, the reception staff could and would sign on behalf of patients, with their consent, to avoid unnecessary handling of electronic devices, for example, an iPad used for taking customer signatures on medical history records.
- Follow-up of patient referrals, for example, in the case of suspicious lesions, was now in place.
- All medicines were now stored and dispensed of safely and securely. In particular, all information required was printed on labels of dispensed medicines, and the patient information sheet about each medicine was issued with the prescribed medicine.
- The Ionising Radiations Regulations 2017 and Ionising Radiation (Medical Exposure) Regulations 2017, taking into account HPA-CRCE-010 Guidance on the Safe Use of Dental Cone Beam (Computed Tomography), were now being observed and complied with. In particular, recommendations made in the critical acceptance testing of this equipment had been acted upon, and images produced by this equipment are included as part of radiography audit, which was available for us to review at this follow-up inspection.

These improvements meant that the provider had addressed our concerns about safety of treatment and is now operating in compliance with regulation.

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 12 April 2022 we found the practice had made the following improvements to comply with the regulations:

- There were systems and processes in place to manage risk from Legionella; records were available to show that modifications made to the water delivery system in the practice, resulted in temperatures for hot water reached 55 degrees centigrade within one minute.
- The systems in place to manage checks on emergency equipment to ensure all items are present, as described in recognised guidance, were working as they should, and we found clear face masks for use in an emergency were available in all sizes, as recommended.
- The systems in place to ensure all required recruitment checks are completed prior to staff starting work, and that processes are in place to ensure all recruitment documents are secured and stored as required, were effective. Records we reviewed in this inspection confirmed this.
- The process of creating and updating patient medical histories is sufficiently detailed, to include patient signatures and details of patients GP. We observed that this process is embedded, and staff could explain the process clearly.
- Systems and processes for patient referrals, specifically for referral of patients with suspicious lesions, now included a system of follow-up.
- Systems in place for labelling of dispensed medicines, and to ensure these have all required information for patients, had been improved. All required details were now on a pre-printed label and patient information sheets, with all details of the medicine, its ingredients and possible side effects was available to be issued with each medicine.
- Systems for audit of radiography now included cone beam computed tomography (CBCT) images, and recommendations made in critical acceptance testing had been acted on, specifically, changes made to the X-ray room to allow sight of the patient whilst taking the X-ray.

These improvements meant that the provider had addressed our concerns about leadership of the practice and is now operating in compliance with regulations.