

Mr. Gavin Cowie

North Road Dental Surgery

Inspection Report

22 North Road
Boldon Colliery
Tyne and Wear
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Overall summary

We undertook a follow up desk based inspection of 17 March 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 undertaken by a CQC inspector as desk-based review.

We undertook a comprehensive inspection of North Road Dental Surgery on 3 December 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 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 North Road Dental Surgery 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 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 17 March 2020.

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 17 March 2019.

Background

North Road Dental Surgery is in Boldon and provides NHS and private dental care and treatment for adults and children.

Access for wheelchair users or people with pushchairs is possible via a portable ramp at the front entrance. Car parking spaces are available near the practice.

The dental team includes two principal dentists, an associate dentist, a dental hygiene therapist, four qualified dental nurses (one of whom is the practice manager) and two trainee dental nurses. Dental nurses carry out reception duties. The practice has three treatment rooms.

Summary of findings

The practice is owned by an individual who is one of the principal dentists 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.

The practice is open: Monday and Friday 8.30am to 5pm, Tuesday 9am to 6pm, Wednesday and Thursday 9am to 5pm, Saturday 9am to 12pm .

Our key findings were:

- Appropriate medicines and life-saving equipment were now in place and available in line with national guidance. Regular checks were in place to ensure medical emergency equipment was in place.
- Improvements had been made to staff training in sepsis awareness.
- Risks associated with the X-ray equipment had been reassessed and measures put in place to further eliminate risk
- Awareness of safety incidents had been increased and learning from events shared at team meetings.
- Improvements had been made to audits, increasing frequency of X-ray and infection controls audits and other audits being introduced.

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 3 December 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 17 March 2020 we found the practice had made the following improvements to comply with the regulations.

- Appropriate medicines were now in place and available in line with national guidance. Regular checks were in place to ensure medical emergency equipment was in place.
- Improvements had been made to staff training in sepsis awareness. All staff have completed sepsis training. In addition information is displayed in the reception and staff notice board.

- Risks associated with the X-ray equipment had been reassessed and measures put in place to further eliminate risk. The socket and isolating switch had been relocated and a barrier and sign put in place to prevent access to the controlled area.
- Awareness of safety incidents had been increased amongst staff and learning from events shared at team meetings.
- Improvements had been made to the audit process, increasing frequency of X-ray and infection controls audits and other audits being planned through the year such as patient record audits and antimicrobial audits.

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 17 March 2020.