

Ewa Dimitrijevic

Mrs E Dimitrijevic - Dental Surgery

Inspection report

Dental Surgery
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Thundersley
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Overall summary

We undertook a follow up focused inspection of Mrs E Dimitrijevic - Dental Surgery on 19 March 2024. 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 Mrs E Dimitrijevic - Dental Surgery on 11 January 2024 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 regulation 12 Safe, regulation 15 Premises and Equipment and regulation 17 Good Governance 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 Mrs E Dimitrijevic - Dental Surgery on our website 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 safe?

Our findings were:

Are services safe?

Summary of findings

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

The provider had made some improvements in relation to the regulatory breaches we found at our inspection on 11 January 2024.

Background

Mrs E Dimitrijevic - Dental Surgery is in Thundersley, Benfleet, Essex and provides private dental care and treatment for adults and children.

There is step free access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for disabled people, are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 1 dentist and 1 dental nurse. The practice has 1 treatment room.

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

The practice is open:

Monday and Tuesday from 2pm to 8am.

Wednesday closed.

Thursday and Friday 9am to 3pm (closed from 12pm to 1pm).

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

- Take action to ensure the suitability of the premises and ensure all areas are fit for the purpose for which they are being used. In particular, ensure the 5 yearly electrical installation condition examination report is undertaken.

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 safe?

Our findings

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

At the inspection on 19 March 2024, we found the practice had made the following improvements to comply with the regulations:

- Medical emergency equipment was mostly available and in line with the guidance issued by the British National Formulary and the Resuscitation Council (UK). However, we found the oxygen mask, reservoir and tubing for adults and children were missing. The practice told us needles size 23 gauge and 25mm length for adrenaline use had been ordered. Following the inspection the practice confirmed the missing items had been replaced.
- The Automated External Defibrillator (AED) was functioning, we found the battery was present. The adult and children's pads were in date.
- Staff were checking the emergency medicines. However, there was scope to ensure checks of emergency equipment were also regularly checked as these were not detailed on the practice checklists. We discussed this omission with the provider and were assured these items would be added and in line with British Resuscitation Council (UK). Following the inspection the practice confirmed the practice checklists included emergency equipment and were in line with British Resuscitation Council (UK).
- The oxygen tank was in place and staff were aware of how to use it.
- Eye wash, mercury and bodily fluid spillage kits were in place and a designated first aid kit was present.
- Staff had completed cardiopulmonary resuscitation (CPR) training on 17 February 2024 and were familiar with how to use the medical emergency kit.
- A comprehensive risk assessment had been undertaken by an external provider on 5 February 2024 to mitigate the risk of Legionella. This identified minor actions including staff training and water temperature testing. There was scope to ensure the practice detailed these actions in an action plan.
- The dentist and dental nurse were the named legionella lead and deputy lead, however there was no evidence of staff legionella training. Following the inspection the practice confirmed legionella training had been scheduled for the named legionella lead and deputy lead.
- Bacteriological water testing was undertaken.
- We were told the testing of hot and cold water temperatures were undertaken, but these were not documented.
- The practice were following the manufacturer's guidelines in relation to flushing of the dental chair unit water lines. Evidence of weekly or continuous flushing of the chair with a disinfectant as per manufacturer's recommendations was in place.

We identified the following areas where improvements were still required.

- Not all the systems to manage risks for patients in relation to fire safety were in place. We noted the practice had developed a fire safety policy and fire extinguishers had been serviced.
- A fire safety risk assessment had not been undertaken in line with the legal requirements.
- There were no records of testing for the smoke alarm to ensure it was in working order and in line with British Standard alarm testing recommendations.

Are services safe?

- Staff had not undertaken fire safety training or fire evacuation drills. We were told these were part of staff meetings, however there were limited records of these.
- The practice was in the process of seeking an external provider to undertake a satisfactory five-year electrical safety inspection. We were told the practice had experienced some issues finding a suitable provider.

Following the inspection the practice confirmed that actions had been put in place to resolve these issues.

The practice had made some further improvements. These included decluttering of the practice and the treatment room, the development of practice policies and infection prevention and control auditing and staff training.

We will be reviewing those areas detailed in this report where actions are incomplete at our next follow up inspection, where we will also review the concerns detailed in the requirement notices for Well Led; Regulation 15 Premises and Equipment and Regulation 17 - Good Governance.