

Mr. Stuart Eaborn

Marine Avenue Dental Practice

Inspection report

44 Marine Avenue
Whitley Bay
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Overall summary

We undertook a follow up focused inspection of Marine Avenue Dental Practice on 7 June 2023. 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 Marine Avenue Dental Practice on 9 February 2023 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 Marine Avenue Dental Practice dental practice 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 well-led?

Our findings were:

Are services well-led?

We found this practice was providing well-led care in accordance with the relevant regulations.

Summary of findings

The provider had made improvements in relation to the regulatory breach we found at our inspection on 9 February 2023.

Background

Marine Avenue Dental Practice is in Whitley Bay in Tyne and Wear and provides NHS and 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. The practice is located close to local transport routes and car parking spaces are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 3 dentists, 5 dental nurses including 2 trainees, 2 dental hygienists, 1 practice manager/receptionist. The practice has 3 treatment rooms.

During the inspection we spoke with 1 dentist and 1 dental nurse. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday to Thursday from 9am to 5.30pm

Friday from 9am to 5pm

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 the inspection on 7 June 2023 we found the practice had made the following improvements to comply with the regulation:

- Improvements had been made to the systems for managing Legionella; these included temperature monitoring of outlets and dental unit water line flushing records. Protocols had been reinforced to ensure action would be taken if the temperatures were found to be outside the recommended parameters.
- We found the practice had 2 sets of X-ray safety information displayed in 1 surgery. One set contained generic information that did not accurately reflect the arrangements for the use of the equipment in this surgery. The provider removed the incorrect information on the day of the inspection.
- Improvements had been made to ensure important information was recorded in the dental care records.
- We looked at recruitment checks that had been carried out since the last inspection. A protocol had been introduced to ensure all recruitment checks were carried out at the time of recruitment. The provider carried out a review of the new protocol and found further improvement could be made to ensure records were available to demonstrate the level of immunity had been checked following staff vaccinations.

The practice had also made further improvements:

- A system had been introduced to ensure all staff are up to date with their mandatory training and their continuing professional development. From the records we saw on the day, we could see this system was effective.
- The boiler had been serviced since the last inspection and had been added to the monitoring tracker to ensure this was carried out at the required interval.
- The provider had carried out a new fire risk assessment and recommendations had been actioned. Ongoing monitoring and servicing of the fire safety equipment was in place.
- We were shown a new sharps risk assessment that considers all forms of dental sharps. We discussed additional information could be added to ensure it accurately reflected all protocols in place to manage the risks to staff.
- Information relating to the handling of substances hazardous to health was in the process of being reviewed and was stored in a way that was easily accessible in the event of an incident.
- Medical emergency equipment was available and stored in a centralised location so as to avoid unnecessary delays in the event of an emergency.
- A referral monitoring system had been introduced. We discussed with the provider that further improvements could be made to the system to ensure it was completed consistently and all referrals were accurately logged.