

Shiremoor Dental Practice

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Inspection report

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Overall summary

We undertook a desk-based follow-up inspection of Shiremoor Dental Practice on 7 September 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 had access to a specialist dental adviser.

We undertook a focused inspection of Shiremoor Dental Practice on 6 April 2022 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 Shiremoor Dental Practice 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 well-led?

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 6 April 2022.

Background

Summary of findings

Shiremoor Dental Practice is in North Tyneside and provides private dental care for adults and NHS dental care for children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces are available on the driveway and near the practice.

The dental team includes two dentists, five dental nurses, one dental hygienist, three dental therapists and a practice manager. Reception duties are carried out by the dental nurses. The practice has two treatment rooms, both sited on the ground floor.

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

The practice is open:

Monday 8.45am to 6pm

Tuesday 8.45am to 7.30pm

Wednesday 8.45am to 8pm

Thursday 8.45am to 7.30pm

Friday 9am to 5pm

Occasional Saturdays 9am to 1pm.

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

- The provider and practice manager had reviewed existing management and governance protocols and applied any necessary changes to improve the service.
- The provider confirmed conscious sedation is no longer being carried out at Shiremoor Dental Practice. Staff have notified patients of this and, where necessary, patients are referred elsewhere.
- Medical emergency scenario training has been introduced at regular intervals for staff. We saw records from a staff meeting, where a medical emergency scenario was enacted and responded to.
- The provider had updated their safeguarding policy and protocols to ensure correct referral details for children and vulnerable adults were included.
- The provider had reviewed their recruitment policy and procedure to ensure it met regulations. We saw evidence of checks being completed for recently recruited staff.
- A robust system was introduced for the monitoring of staff training and continuous professional development.
- The provider ensured secure containers were used by staff to transport instruments for sterilisation. Staff had been further trained in dental unit water line management..
- The provider ensured that when dispensing medicines from bulk, they supplied patients with the required information and patient leaflet.
- We saw improvements were introduced for the secure tracking of NHS and private prescriptions issued by the practice.
- We were sent evidence of the actions recommended by the fixed wire inspection report and portable appliance testing report being completed or scheduled for completion.
- The provider introduced a new system to record and monitor incidents. We saw evidence of completed logs.
- A fire risk assessment was undertaken by an external company; we saw evidence the recommendations were actioned, including reducing the number of combustible items stored on the premises, installation of a thumb turn device on a fire door, extra automatic fire detectors and fire extinguishers. Completion of weekly fire safety checks were logged.

The provider had also made further improvements:

- Risk assessments were completed for all hazardous substances held on-site, in line with the Control of Substances Hazardous to Health Regulations 2002. The cleaner also had access to relevant risk assessments.
- The provider had reviewed radiation protection documentation, including registration with the Health and Safety Executive. A protocol was introduced to prevent unauthorised entry into the dual-entrance surgery during an X-ray procedure, in line with recommendations and national guidance.
- The provider had reviewed the practice's sharps policy and procedures to ensure they were in line with Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. The sharps policy was detailed with necessary information and the protocol updated to ensure sharps were dismantled appropriately.