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Rosebrough Dental Practice

Inspection report

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Overall summary

We undertook a follow up focused inspection of Rosebrough Dental Practice on 24 November 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 Rosebrough Dental Practice on 22 June 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 Rosebrough 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 area 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 22 June 2022.

Background

Summary of findings

Rosebrough Dental Practice is in Newcastle Upon Tyne and provides NHS and private dental care and treatment for adults and children.

The practice is located on the first floor, accessible only by stairs. It is close to local transport links and car parking spaces are available near the practice.

The dental team includes 2 dentists, 1 practice manager/dental nurse, 1 dental nurse, 1 trainee dental nurse, 3 dental therapists and 1 receptionist. The practice has 3 treatment rooms.

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

The practice is open:

Monday to Thursday from 9am to 1pm and from 2pm to 5:30pm

Friday from 9am to 1pm and from 2pm to 5pm

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

- Improve the practice's sharps procedures to ensure the practice is in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Take action to implement any 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.' In particular, ensure the ongoing monitoring protocols are carried out effectively.
- Improve the practice's processes for the control and storage of substances hazardous to health identified by the Control of Substances Hazardous to Health Regulations 2002, to ensure risk assessments are undertaken and the products are stored securely.

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

- The practice had policies and procedures relating to the handling of dental sharps, however we could not be assured the information was up to date, nor accurately reflected the current protocols within the practice.
- Fire safety equipment such as the fire alarm was now routinely monitored and a servicing regime had been introduced. Recommendations made as part of the fire safety risk assessment had been carried out. Some improvements could still be made to ensure the new protocols were fully embedded.
- Individual product data sheets were available for all substances hazardous to health. Improvements could be made to ensure individual risk assessments were carried out and the information was organised and easily accessible to staff in the event of an incident.
- Records were available to demonstrate all recommended routine testing was carried out for the autoclaves. Since the last inspection, the provider had decommissioned the ultrasonic bath. We discussed the importance of ensuring the logbooks were accurately completed as we noted some of the tests undertaken weekly were recorded on a daily basis.
- Medical emergency medicines and equipment were available as recommended.
- A temperature monitoring protocol had been established as part of the legionella risk management protocols; however, we could not be assured they operated effectively. In addition, the product used for the disinfection of the dental unit water lines was not used in accordance with manufacturer's guidelines.
- The portable X-ray equipment was stored securely in accordance with guidelines. Records were available to demonstrate that the intra-oral X-ray units were serviced and maintained according to manufacturer's guidelines. A system had been introduced to ensure these checks were carried out at the appropriate intervals.
- A system had been introduced to ensure important recruitment checks had been carried out, for all members of staff, at the time of recruitment.
- Records were available to demonstrate comprehensive inductions were being carried out for all newly appointed members of staff. We discussed some improvements could be made to ensure the inductions were tailored to the individual role.