

David White

East Boldon Dental Practice

Inspection report

6 St Bedes
East Boldon
NE36 0LE
Tel: 01915371177

Date of inspection visit: 27 June 2022
Date of publication: 22/07/2022

Overall summary

We undertook a follow up desk-based inspection of East Boldon Dental Practice on 27 June 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 comprehensive inspection of East Boldon Dental Practice on 24 January 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 safe and 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 East Boldon 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 safe?
- Is it well-led?

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 breach we found at our inspection on 24 January 2022.

Summary of findings

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 24 January 2022.

Background

The provider has two practices and this report is about East Boldon Dental Practice.

East Boldon Dental Practice is in East Boldon and provides NHS and private dental care and treatment for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for people with disabilities, are available near the practice.

The dental team includes two dentists, five dental nurses who also work in reception, and a practice manager. The practice has one treatment room.

During the inspection we spoke with one dentist and the practice manager. We looked at practice policies and procedures and other records about how the service is managed. The practice sent documented evidence to us to support the improvements made.

The practice is open:

Monday 9am to 5.30pm

Tuesday and Thursday 9am to 7pm

Wednesday 9am to 5pm

Friday 9am to 2pm.

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 well-led?

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

- The provider had reviewed and improved the practice's infection control procedures to reflect published guidance, including discontinuing the use of wire brushes during manual cleaning and introducing lint cloths for drying of sterilised instruments.
- The provider had procedures to reduce the possibility of Legionella or other bacteria developing in water systems, in line with a risk assessment. The risk assessment had been carried out by an external company following our inspection. This identified legionella control measures and we saw evidence these were being completed by practice staff. Staff had completed Legionella awareness training.
- Portable appliance testing and the fixed electrical wiring inspection had been completed.
- Effective fire safety management procedures were in place. Fire exit routes were kept clear and staff had undergone annual fire safety training. We saw evidence of completion of fire drills and checks of the fire alarms, extinguishers and emergency lighting in line with national recommendations.
- The provider had introduced a sharps handling protocol. Information was easily accessible for staff in the event of a sharps' injury.
- The provider used dental dam when performing root canal treatment and had carried out a risk assessment for when this would not be feasible.
- Emergency equipment and medicines were available and audited as described in recognised guidance. Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support. Periodic scenario training was carried out.
- The provider had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were carried out. NHS prescriptions were stored and logged, as described in current guidance.
- The provider had an adequate stock control system of medicines and materials held on site. All expired dental materials and medicines identified in our previous inspection were removed and systems were in place to prevent recurrence.
- The provider had implemented systems for reviewing and investigating when things went wrong. We saw significant events were now documented.
- Safety alerts were shared with the entire dental team.
- The provider had reviewed their recruitment policy and procedure to ensure it met regulations. We saw evidence of checks being completed to help them recently employ a member of staff.

The provider had also made further improvements:

- Clinicians were taking into account the guidance provided by the College of General Dentistry when completing dental care records. Patient care records were being reviewed by NHSE and the provider assured us audits were in place to support good record keeping.

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

- Practice leadership had improved to address the issues identified during our previous inspection. Support systems were apparent and oversight at the practice had improved. Staff were involved in key roles to ensure delivery of care.
- We saw appropriate documentation was being completed and was available for fire safety, medical emergency drugs and equipment inventory, significant events recording, medicines management and stock control.
- We saw evidence that staff involved patients, the public, staff and external partners to support the service.
- The provider introduced regular staff meetings to discuss topics relating to the practice. Minutes of these were available for us to view.
- Audits were improved to be purposeful and reflective of the practice.