

Mr H Baljinder Singh Grewal

Eastgate Dental Clinic

Inspection report

The Pavilion - rear ground floor premises

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Overall summary

We undertook a follow up focused inspection of Eastgate Dental Clinic on 21 March 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 Eastgate Dental Clinic on 17 November 2021 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 regulation 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 Eastgate Dental Clinic on our website www.cqc.org.uk.

When one or more of the three 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.

Summary of findings

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 17 November 2021.

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 breaches we found at our inspection on 17 November 2021.

Background

Eastgate Dental Clinic is in Guildford and provides 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 practice has made reasonable adjustments to support patients with additional needs.

The dental team includes a dentist and a practice manager, supported by agency dental nurses. The practice has two treatment rooms.

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

The practice is open:

- Mondays and Thursdays from 9.30am to 6pm
- Tuesdays and Wednesdays from 9.30am to 7pm
- Friday 9.30am to 3pm
- Saturday 9.30am to 1pm

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

- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the College of General Dentistry.
- Take action to ensure the availability of equipment and medicines in the practice to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.
- Take action to ensure audits of infection prevention and control are undertaken at regular intervals to improve the quality of the service. The practice should also ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.

Where evidence is sent that shows the relevant issues have been acted on, we have stated this in our report.

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 21 March 2022 we found the practice had made the following improvements to comply with the regulations:

Infection Control procedures

The practice had infection control procedures which reflected published guidance.

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patients and staff with regards to sharps safety.

Emergency equipment and medicines were still not available and checked in accordance with national guidance. In particular, we found the following missing items:

- Midazolam (buccal) sufficient for repeated 10 ml dose.
- A self-inflating bag with reservoir (child)
- Clear face masks for self-inflating bags (sizes 0 to 4)
- Automated external defibrillator razor and gloves.

The provider later sent evidence that these items had been ordered and confirmed that arrangements were in place to ensure that this would not happen again.

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health.

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines, including stock rotation.

Are services well-led?

Our findings

We found that this practice was providing well-led care and was complying with the relevant regulations.

Quality Assurance Processes

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records and radiographs which had resulting action plans and improvements

The practice had not undertaken audits of infection prevention and control in accordance with current guidance and legislation, but we were sent evidence following the inspection that an audit had been completed, and would be completed on a regular basis, in line with guidance.

The provider had also made further improvements:

- Comprehensive antimicrobial prescribing records had been completed. The practice gave us assurances that when sufficient records had been collated an antimicrobial audit would be carried out.
- The practice kept detailed dental care records in line with recognised guidance.