

Mann Dental Care Limited

Eight Ash Green Dental Surgery

Inspection report

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Overall summary

We undertook a follow up focused inspection of Eight Ash Green Dental Surgery on 5 May 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 and an inspection manager.

We undertook a focused inspection of Eight Ash Green Dental Surgery on 3 September 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 regulations 12 Safe and 17 Good Governance 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 Eight Ash Green Dental Surgery 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:

Summary of findings

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 breaches we found at our inspection on 3 September 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 3 September 2021.

Background

Eight Ash Green Dental Surgery is in Eight Ash Green, Colchester, Essex 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 are available at the side of the practice.

The dental team includes one dentist and one dental nurse. The practice has one treatment room.

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

The practice is open:

Thursday and Friday from 9am to 6pm, Saturday from 9am to 1pm.

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

- Take action to ensure the availability of equipment in the practice to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council. In particular, ensure a self-inflating bag with the oxygen or oropharyngeal airways are available.

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

- Servicing for equipment such as the autoclave, washer disinfector and the pressure vessel had been undertaken.
- The five yearly electrical fixed wire testing had been completed on 29 September 2021.
- Action had been taken to mitigate fire risk from the previous fire risk assessment. Systems were in place to evidence staff training and servicing for the fire detection systems.
- Staff had completed training in emergency resuscitation and basic life support on the 18 September 2021 and were able to demonstrate their understanding of how to deal with medical emergencies.
- There were appropriate pads available for the automated external defibrillator.
- Risk assessments in relation to safety issues were completed. There were governance systems in place to ensure that where staff monitored and reviewed these incidents, they were signed and dated.

The provider had also made further improvements:

- The provider had introduced systems to ensure logs of both decontamination cleaning and processes and records of environmental cleaning were documented.

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 5 May 2022 we found the practice had made the following improvements to comply with the regulation(s):

- The provider had introduced a system of governance and oversight to ensure tasks were carried out to the required standard.
- This included policies that were specific to the practice, were accessible to staff, had been dated, seen and signed by staff. Lead roles were identified.
- Systems had been introduced for tracking patient referrals, these included the patient's identity and the date of referral.
- Systems were in place to document any action required or taken to address relevant patient safety alerts and to ensure these were shared with other staff.
- The provider had introduced systems to ensure that appropriate emergency medicines and equipment were available to respond to medical emergencies. However, we noted there were no self-inflating bags with the oxygen or oropharyngeal airways.
- Quality assurance, including audits of infection prevention and control reflected findings on the day of the inspection. These were completed and where appropriate had learning outcomes and action plans recorded.
- The provider had introduced a system of oversight for the fire risk assessment. We noted the three expired fire extinguishers had been replaced. Checks of emergency lighting and equipment were undertaken. Staff undertook regular fire drills.
- Systems were in place to log private prescriptions issued.
- A system to monitor completion of continuing professional development (CPD) for staff was in place to ensure appropriate training and development was in line with the General Dental Council requirements.