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Eastfield Dental Care

Inspection Report

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Date of inspection visit: 3 July 2019
Date of publication: 13/08/2019

Overall summary

We undertook a focused inspection of Eastfield Dental Care on 3 July 2019. 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 Eastfield Dental Care on 2 November 2018 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 and regulation 19 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 Eastfield Dental Care on our website www.cqc.org.uk.

As part of this inspection we asked:

• Is it well-led?

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.

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 breaches we found at our inspection on 2 November 2018.

We found this practice was providing well-led care in accordance with the relevant regulations.

Background

Eastfield Dental Centre is in the city of Leicester and provides NHS and private treatment to adults and children.

There is stepped access to the premises and therefore it is not suitable for people who use wheelchairs and those with pushchairs. Free unlimited stay car parking is available on the street directly outside the practice.

The dental team includes three dentists, two dental nurses, one dental hygienist and one receptionist. One of the dental nurses also works as the practice manager. The practice has two treatment rooms; both are on ground floor level.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

Summary of findings

During the inspection we spoke with one dentist (practice principal) and one of the dental nurses who also works as the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday from 9am to 5pm, Wednesday from 8.30am to 5pm, Thursday from 9am to 2.30pm and Friday from 9am to 1pm. Appointments were also available with the hygienist on Saturdays.

Our key findings were:

- Processes had improved in relation to significant event and untoward incident reporting.
- There were systems for monitoring and improving quality, although we noted the infection control audit was overdue and a radiograph audit required completion. We were sent evidence after the day to demonstrate completion.
- The provider had a system to enable them to monitor staff completion of required training. Staff had updated their training in the Mental Capacity Act 2005.
- The provider had or was in the process of updating policy provision and protocol. This included the review of risk assessments.
- Servicing records for equipment were up to date and five-year fixed wiring testing had been undertaken.
- We saw that there was a system for the review of national patient safety alerts.
- The practice had not recruited any new members to the team. The provider provided assurance as to how they would ensure compliance with legislative requirements, should any new staff be appointed to work within the practice.
- The provider had moved to a safer sharps system.
- All required emergency medicines and equipment were held in the kit. We noted some needles and syringes that required disposal as the date for their safe use had expired.
- Staff had discussed Gillick competence to ensure awareness when providing treatment to young people.

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

- Review the practice's protocols to ensure of radiography and 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.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

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

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 our previous inspection on 2 November 2018 we judged the provider was not providing well led care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notice. At our inspection on 3 July 2019, we found the practice had made the following improvements to comply with the regulation:

- Processes had improved in relation to significant event and untoward incident reporting. An incident reporting form was available for completion in the event of an incident occurring. Staff showed awareness of the type of issue required to be reported. There had not been any incidents identified since our previous visit.
- There were systems for monitoring and improving quality. We looked at a radiograph audit undertaken; this was incomplete. Following our visit, the provider sent us analysis of the audit. We looked at a completed record keeping audit that showed no requirement for an action plan. We noted that an infection prevention and control audit was overdue for completion. This was last completed in October 2018. The nurse told us this had been an oversight. Following our visit, we were sent an up to date audit completed. This did not require an action plan to be completed.
- The provider told us that they had a system which enabled them to more easily monitor staff training completion. We saw evidence that staff had completed training in the Mental Capacity Act 2005.
- Policy provision, protocol and some risk assessments had been updated or were being updated. The provider informed us that they had had assistance from an external organisation to support the review and update of policy. We saw that the sharps policy had been updated following the practice's decision to move to a safer sharps system.
- We saw some documentation to show that risks we identified at our previous inspection had been addressed. For example, autoclave servicing and fixed wiring testing had been completed.
- We noted that a system was in place for the practice to respond to patient safety alerts. We saw that recent alerts had been received into the practice.
- The practice had not recruited any new members of staff to the team. The provider provided assurance as to how they would ensure compliance with legislative requirements, should any new staff be appointed. We were provided with an updated recruitment policy which included reference to legislative requirements.

  The practice had also made further improvements:
- We saw that all items required in the emergency medicines and equipment kit were present. We noted that some needles and disposable syringes which had expired were still held however. There were other needles and syringes held that were within date.
- Staff had held a discussion regarding Gillick competence to ensure they understood the need to consider this when providing treatment to young people.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulations.