

# Dr Bilquis Banu and Mrs Salma Chanawala Eastside Dental Practice

## Inspection Report

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### Overall summary

We carried out a follow-up inspection on 19 May 2017 at Eastside Dental Practice

We had undertaken an announced follow-up inspection of this service on 14 April 2016 as part of our regulatory functions where breach of legal requirements was found.

After the follow up inspection, the practice wrote to us to say what they would do to meet the legal requirements in relation to the breach.

We revisited Eastside Dental Practice as part of this review and checked whether they had followed their action plan.

We reviewed the practice against one of the five questions we ask about services: is the well-led? This report only covers our findings in relation to those requirements.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Eastside Dental Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Background

This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The follow up inspection was led by a CQC inspector who had access to remote advice from a specialist advisor.

During our inspection visit, we checked that points described in the provider's action plan had been implemented by looking at a range of documents such as risk assessments, staff files, policies, procedures and staff training. We also carried out a tour of the premises.

#### Our key findings were:

- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk.
- The practice had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- The practice had effective leadership. Staff felt involved and supported and worked well as a team.
- The practice had thorough staff recruitment procedures.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services well-led?**

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

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

The provider now also had set up an effective recruitment procedure to assess the suitability of staff for their role. Staff training including safeguarding and medical emergency training had been completed.

The practice carried out risk assessments to ensure they were prepared to respond to safety issues. This included a legionella risk assessment which had been completed in December 2016.

Staff were qualified for their roles and the practice completed essential recruitment checks.

The practice had suitable arrangements for dealing with medical and other emergencies.

**No action**



# Are services well-led?

## Our findings

### Governance arrangements

The principal dentist had overall responsibility for the management and clinical leadership of the practice and a clinical advisor was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements.

The practice had set up information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

National patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) were received by the practice and the relevant alerts were discussed with staff, acted on and stored for future reference.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order.

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at six staff recruitment files. These showed the practice followed their recruitment procedure.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information.

### Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of X-rays. They had clear records of the results of these audits and the resulting action plans and improvements.

The principal dentist was committed to ensure learning and improvement in the practice and valued the contributions made to the team by individual members of staff. The staff had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of two completed appraisals in the staff folders.