

57 FG Limited

57 Friar Gate Dental Practice

Inspection report

57 Friar Gate
Derby
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Overall summary

We undertook a follow up focused inspection of 57 Friar Gate Dental Practice on 20 March 2024. This inspection was carried out to review 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 advisor.

We had previously undertaken a comprehensive inspection of 57 Friar Gate Dental Practice on 15 November 2023 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 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 57 Friar Gate Dental Practice on our website www.cqc.org.uk.

When 1 or more of the 5 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 well-led?

Our findings were:

Are services well-led?

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

Background

Summary of findings

57 Friar Gate Dental Practice is in Derby and provides private dental care and treatment for adults and children.

The building has listed status and is accessed via a set of steps. As such it is not accessible people who use wheelchairs and those with pushchairs and provision cannot be made to improve access.

The dental team includes 1 dentist, 4 dental nurses, 1 trainee dental nurse, 1 dental therapist, 1 practice manager and 1 receptionist. The practice has 3 treatment rooms.

During the inspection we spoke with the dentist, 2 dental nurses and the trainee dental nurse, the receptionist and the practice manager. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday, Tuesday and Thursday from 8.30am to 6pm.

Wednesday and Friday from 8.30am to 1pm.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services well-led?

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 the inspection on 20 March 2024, we found the practice had made the following improvements to comply with the regulation:

- Effective governance and oversight procedures were established.
- Policies were in place and were reviewed regularly. Staff signed the policies to confirm they had read and understood them.
- Risk assessments were completed as recommended, including for risk from sharps injury, sepsis, environment and lone working. We saw that risk assessments for fire and legionella were completed by suitably qualified and experienced individuals. Any actions identified from these were addressed swiftly.
- Monitoring checks to assure effective operation of fire detection and suppression equipment were in place and completed in line with guidance.
- Monitoring checks to mitigate the risk of legionella and other water borne bacteria developing were in place and completed in line with guidance.
- Systems to ensure required maintenance of facilities and equipment were in place. A satisfactory five year electrical fixed wire safety certificate was obtained and monitoring checks of decontamination equipment was completed.
- Medical emergency equipment and medicines were available and checked in accordance with guidance. All staff had completed recent basic life support training and medical emergency scenarios were discussed at staff meetings.

The practice had also made further improvements:

- Clinical waste bags were marked in a way to identify the service as their source.
- Audits of antimicrobial prescribing and infection prevention and control were completed in line with guidance and action plans and learning points were developed.
- Staff demonstrated effective decontamination technique and monitoring checks were in place and completed in line with guidance.
- A system was established to receive and act on Medicines and Healthcare products Regulatory Agency (MHRA) alerts and other untoward incidents.