

## Garforth Members Limited

# Garforth Dental

### Inspection report

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## Overall summary

We undertook a follow up inspection of Garforth Dental on 10 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 Garforth Dental on 3 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 care and was in breach of regulation 12 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 Garforth Dental practice on our website [www.cqc.org.uk](http://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?

### **Our findings were:**

#### **Are services safe?**

We found this practice was providing safe care in accordance with the relevant regulations.

### **Background**

# Summary of findings

Garforth Dental is in the village of Garforth just outside Leeds in West Yorkshire and provides private dental care and treatment for adults and children.

The practice holds two registrations with the Care Quality Commission. Both registrations go by the name of Garforth Dental. There is a limited company (an organisation) which provides private dental care and a partnership which provides NHS dental care to adults and children. This report is in relation to the limited company. A separate report has been produced in respect of the partnership.

The practice occupies a first-floor location with access via a flight of stairs. People who use wheelchairs and those with pushchairs would be seen at the sister practice in Kippax approximately two miles from this practice. Car parking spaces are available near the practice.

The dental team includes five dentists, one dental hygienist, eight dental nurses, six of whom are trainee dental nurses, one receptionist and a practice manager. The practice has four treatment rooms, all of which are located on the first floor.

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

The practice is open:

Monday to Friday: 9am to 5:45pm

## **Our key findings were:**

- Improvements had been made to the infection prevention and control procedures. National guidance The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) was being followed.
- Local rules for the X-ray machines had been updated.
- Recording of consent in dental care records had been improved.
- NICE Clinical Guideline (CG139) March 2012 was being followed in respect of the use of sharps bins.
- Record keeping in respect of medical emergencies medicines and equipment had been reviewed and improvements made.
- Quality assurance systems, particularly relating to audits had been reviewed and improvements made.

# 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 safe?

## Our findings

We found that this practice was providing safe care and was complying with the relevant regulations.

### **Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)**

The practice had infection control procedures which reflected published guidance.

The practice ensured equipment was safe to use and maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available.

### **Risks to patients**

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety.

Emergency equipment and medicines were available and checked in accordance with national guidance

### **Information to deliver safe care and treatment**

Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

### **Safe and appropriate use of medicines**

The practice had improved systems for recording and safe handling of emergency medicines.

The provider had also made further improvements:

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, disability access, radiographs and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements. Improvements had been made to the quality assurance processes to give greater oversight by increasing the size of the data being reviewed and by the auditing process being overseen by one senior person at the practice.