

Gensmile Dental Care Limited Guildhall Dental

Inspection Report

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Overall summary

We undertook a follow up focused inspection of Guildhall Dental on 16 January 2020. 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 Guildhall Dental on 11 June 2019 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 Guildhall Dental practice on our website www.cqc.org.uk.

As part of this inspection we asked: Remove as appropriate:

- 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 (requirement notice only). We then inspect again after a reasonable interval, focusing on the area(s) 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 11 June 2019.

Background

Guildhall Dental is in Bury St Edmunds, Suffolk and provides NHS and private treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs on the ground floor, and a lift for access to treatment rooms on the first floor. Staff rooms and offices occupy the second floor. Car parking spaces, including spaces for blue badge holders, are available in car parks near the practice.

The dental team includes eight dentists, one visiting orthodontist and one endodontist, four hygienists, eleven dental nurses and the lead dental nurse, five receptionists, one treatment coordinator and a practice manager. The practice has ten treatment rooms and one patient coordinator room.

Summary of findings

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Guildhall Dental was the practice manager.

During the inspection we spoke with a company compliance coordinator and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday to Friday from 8.30am to 5.30pm.

Our key findings were:

- The provider had systems in place to ensure regular audits of antimicrobials, record keeping, infection prevention and control and radiographs.
- Systems were in place to ensure the practice cone beam computed tomography (CBCT) machine and the eight intra oral X-ray units were all regularly serviced.
- Sharps bins were signed and dated.
- Emergency equipment and medicines were available as described in recognised guidance.
- The provider had systems to help them manage risk to patients and staff. Five-year fixed wire testing had been completed, risk assessments to minimise the risk that could be caused from substances that are hazardous to health were in place and included household cleaning products in use at the practice. A risk assessment was in place for when the dental hygienists worked without chairside support.
- Airflow in the decontamination room had been corrected to ensure it flowed in the right direction. Damage to the decontamination room hatch work surface had been repaired.
- A new legionella risk assessment had been undertaken by an external provider.
- Dental care records were stored securely.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff took care to protect patient's privacy and personal information.
- The practice team had revisited Mental Capacity Act training to ensure that all staff including non-clinical staff had a better understanding of Gillick competence guidelines.
- Staff had received training and guidance was available on translation services for patients who did not speak or understand English. Access to information in other formats had been revisited to ensure staff were able to direct patients appropriately when required.
- A sedation policy and documents for the assessment of each patient and instruction sheets for sedation escorts were in place. A sedation audit had been completed.
- A risk assessment had been completed for paramedic access, the wheelchair used for assisting patients with limited mobility had been serviced.

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 our previous inspection on 11 June 2019 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 the inspection on 16 January 2020 we found the practice had made the following improvements to comply with the regulation:

- We found that the actions identified in the June 2018 five year fixed wire test had been actioned and completed.
- Systems had been introduced for regular audits of antimicrobials, record keeping and radiographs. We noted these were now regularly undertaken by all the dentists, with clear evidence of peer review across the dental team.
- Systems were in place to ensure the practice cone beam computed tomography
- (CBCT) machine and the six intra oral X-ray units were all regularly serviced. We noted regular visual checks of this equipment was now completed and recorded on a daily checklist.
- We saw that sharps bins were signed and dated. The practice manager described the spot checks that were undertaken to ensure these were frequently reviewed.
- The practice manager and the company compliance coordinator described the issues they had experienced locally in obtaining confirmation for some staff of the effectiveness of the hepatitis B vaccination. They confirmed that the titre level was no longer automatically provided following the booster vaccination. However, systems were in place across the group to ensure this was assessed for all staff in future.
- Emergency equipment and medicines were available as described in recognised guidance. We found staff kept records of their checks of these to make sure they were available, within their expiry date, and in working order.
- A risk assessment was in place for when the dental hygienists worked without chairside support. There were systems in place to ensure dental nurses were available if required to support the hygienists, decontamination process were undertaken by the decontamination team.
- The provider had risk assessments to minimise the risk that can be caused from substances that are hazardous to health. These included household cleaning products in use at the practice.
- Airflow in the decontamination room had been corrected to ensure it flowed in the right direction. The practice manager described how as a result filters above the decontamination room had been identified, cleaned and serviced. Damage to the decontamination room hatch work surface had been repaired. We noted it had been lined and widened to ensure it was wipeable and watertight.
- A new legionella risk assessment had been undertaken by an external provider. From our discussions with the practice manager and the compliance coordinator and our review of practice documents we found the practice had procedures in place to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with the risk assessment. Recommendations in the assessment had been actioned and records of water testing and dental unit water line management were maintained.
- Bi-annual audits of infection prevention and control were now in place. Staff kept records of the results of these audits and the resulting action plans and improvements. We noted an annual infection prevention control statement had been created on 14 January 2020.
- Dental care records were stored securely. The practice manager confirmed that only practice staff had access to the room where these were locked away.
- Clinical staff were aware of Local Safety Standards for Invasive Procedures (LocSSIPs).
- The practice manager told us that any safety incidents would be investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again. We noted there was scope to include a wider range of incidents to ensure any learning or training needs were identified.
- The practice had introduced a new sedation policy and documents for the assessment of each patient and instruction sheets for sedation escorts. The policy required the sedationist to record in detail the reason for use of a particular sedation medicine. A sedation audit had been completed.
- A risk assessment had been completed for paramedic access and we noted the wheelchair used for assisting patients with limited mobility had been serviced.

Are services well-led?

The practice had also made further improvements:

- The practice team had revisited Mental Capacity Act training to ensure that all staff including non-clinical staff had an understanding of Gillick competence guidelines and how this might affect treatment options. In addition, staff training and guidance on translation services for patients who did not speak or understand English, and access to information in other formats had been revisited to ensure staff were able to direct patients appropriately when required. The practice manager and compliance coordinator described how

these had been discussed at staff meetings. Patient confidentiality in the reception area had also been addressed and the practice manager described how they continued to monitor this to ensure patient names were not used during telephone conversations and computer screens were not visible to patients on the reception desk.

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