

## Greenside Dental Care

# Greenside Dental Care

## Inspection Report

1 Mortimer Street  
Cleckheaton  
West Yorkshire  
BD19 5AR

Tel: 01274 851582

Website: [www.greensidedental.co.uk](http://www.greensidedental.co.uk)

Date of inspection visit: 22 October 2018

Date of publication: 19/11/2018

### Overall summary

We undertook a focused inspection of Greenside Dental Care on 22 October 2018. 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 Greenside Dental Care on 23 July 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 in accordance with the relevant regulations 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 Greenside Dental Care 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 well-led?

#### **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 breach we found at our inspection on 23 July 2018.

#### **Background**

Greenside Dental Care is in Cleckheaton and provides private treatment to adults and NHS treatment to children.

There is a small step to access the practice. Car parking spaces are available near the practice.

The dental team includes four dentists, five dental nurses, one dental hygienist, one dental hygiene therapist, one practice manager and a domestic operative. The practice has five treatment rooms.

The practice is owned by a partnership 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 Greenside Dental Care is the practice manager.

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

# Summary of findings

The practice is open:

Monday, Wednesday, Thursday and Friday from 8:00am to 5:30pm

Tuesday from 8:00am to 7:00pm

## **Our key findings were:**

- Improvements had been made to the overall governance arrangements.
- Pressure vessel inspections had been carried out on the autoclaves and compressors.
- Recommendations made in the routine test of the X-ray machine had been carried out.
- Recommendations made in the Legionella risk assessment had been completed.
- Prescription pads and antibiotics were stored securely, and appropriate logs maintained.
- Audits of X-rays and infection prevention and control had been carried out.

# 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 in accordance with the relevant regulations.

Since the inspection on 23 July 2018 improvements had been made to the overall governance arrangements. The autoclaves and compressors had been tested and serviced and a process had been set up to ensure they were tested and serviced within the appropriate time frame.

Actions identified in the Legionella risk assessment had been completed and a process was in place to ensure on going compliance.

Recommendations made in the routine tests of the X-ray machines had been actioned.

Improvements had been made to the Control of Substances Hazardous to Health (COSHH) folder.

A process was in place to receive patient safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA).

Audits of X-rays and infection prevention and control had been carried out and reflected current guidance.

NHS prescription pads and prescription drugs were held securely, and a process was in place to actively monitor their use.

**No action**



# Are services well-led?

## Our findings

At our previous inspection on 23 July 2018 we judged it was not providing well led care and told the provider to take action as described in our requirement notice. At the inspection on 22 October 2018 we found the practice had made the following improvements to comply with the regulation:

- Since the inspection on 23 July 2018 improvements had been made to the processes to reduce the risks associated with Legionella. All staff had completed Legionella awareness training. In addition, we saw that monthly water temperature testing was being carried out. These temperatures were within the correct range.
- Actions from the routine test on the intra-oral X-ray and the critical examination of the cone beam computed tomography (CBCT) machine had been actioned. An isolator switch had been installed for the intra-oral X-ray machine and a lead lined door with a window had been installed in the room where the CBCT machine was situated.
- We saw that the autoclaves and compressors had been serviced. A system had been put in place to ensure equipment was serviced according to manufacturer's guidance.
- Staff had completed training about COSHH. The COSHH folder had been updated and we saw there were material safety data sheets and individual risk assessments for each material and substance in the practice.

- A system was in place to receive patient safety alerts from the MHRA. We saw they were printed out and checked to ensure there were none relevant to the practice.
- Audits of infection prevention and control and radiography had been completed. These reflected nationally recognised guidance and had action plans associated with them.
- Prescription drugs and NHS prescription pads were stored securely. There was a log in place to actively monitor their use.
- We were shown policies relating to consent and recruitment. These reflected current legislation and guidance.

The practice had also made further improvements:

- The clinical waste bin had been securely attached to the wall.
- We saw that all re-usable dental instruments were now bagged according to guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05).
- We saw daily and weekly environmental cleaning schedules were being carried out.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulation: when we inspected on 22 October 2018.