

Mr Saeid Karim-Shoshtari

Gidlow Dental Surgery

Inspection Report

328 Gidlow Lane
Wigan
Greater Manchester
WN6 7PJ
Tel: 01942 824167

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Overall summary

We undertook a follow up focused inspection of Gidlow Dental Surgery on Tuesday 5 November 2019. 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 Gidlow Dental Surgery on 30 July 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 safe or well led care and was in breach of regulations 12 and 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 Gidlow Dental Surgery on our website www.cqc.org.uk.

As part of this inspection we asked:

- Is it safe?
- 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. We then inspect again after a reasonable interval, focusing on the areas where improvement was required.

Our findings were:

Are services safe?

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

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 30 July 2019.

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 30 July 2019.

Background

Gidlow Dental Surgery is in Wigan, Greater Manchester and provides NHS and private treatment to adults and children.

There is level access via a portable ramp for people who use wheelchairs and those with pushchairs. A small number of car parking spaces are available immediately outside the practice. Patients who are blue badge holders can notify the practice if they required a parking space and arrangements will be made to reserve one.

Summary of findings

The dental team includes three dentists and six dental nurses, two of whom are trainees. The practice has two treatment rooms. The practice is supported by a practice manager, who is also a qualified dental nurse.

The practice is owned by an individual who is the principal dentist. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

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

The practice is open from Monday to Friday, 9am to 12.45pm and 1.45pm to 5.15pm.

Our key findings were:

- All appropriate emergency medicines and equipment were available and ready for use.
- All staff had received safeguarding training and all staff were up to date with Basic Life Support (BLS) training.
- The provider had staff recruitment procedures in place, and evidence demonstrated that these were being adhered to, including for the use of locums.
- The correct collimators were being used with X-ray equipment in the practice.
- Gas and electrical safety inspections had been carried out in accordance with requirements and the necessary paperwork to evidence this was maintained by the practice.
- Systems to ensure that Medicines and Healthcare Regulatory Agency (MHRA) alerts and National Institute of Health and Care Excellence (NICE) guidance updates were in place and working effectively.
- Processes to manage risk from Legionella were being applied, as per a risk assessment. Records were in place to support this.

Governance had improved across the practice.

- Systems and processes to support good governance were in place and followed by all staff.
- Clinical leadership was evident and leadership for more junior staff had improved due to the assigning of governance tasks to a practice manager.
- Some improvements had been made in relation to the completion of patient dental care records, and audit was being used to drive this improvement journey.
- A training schedule in place allowed the management of training for all staff across the practice, and their maintenance of continuous professional development. Records to support this were in place and available for inspection.
- Sharps risk assessments had been reviewed, read and understood by all staff, and embedded within the practice health and safety policy.

The provider had also made further improvements.

- Audit was used to drive improvement across the practice, for example in antimicrobial stewardship.
- Infection control audit had been used to prioritise improvements to surgeries at the practice. Where required, interim measures had been used, for example, provision of under counter bins in treatment rooms.

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 well-led?

No action ✓

Are services safe?

Our findings

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

At our previous inspection on 30 July 2019 we judged the practice was not providing safe 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 5 November 2019 we found the practice had made the following improvements to comply with the regulation:

- All appropriate emergency medicines and equipment were available and ready for use. When we reviewed the items held in the emergency medical kit and emergency medicines bags, we saw that these were securely stored, and checked against a list of items as recommended by the Resuscitation Council UK guidelines.
- All staff had received safeguarding training and all staff were up to date with Basic Life Support training. Records were in place to confirm this.
- The provider had staff recruitment procedures in place, and records we checked on the inspection day demonstrated these were being adhered to, including for the use of locum staff.

- The recommended collimators were being used with X-ray equipment in the practice, in line with recognised guidance.
- Gas and electrical safety inspections had been carried out in accordance with requirements and the necessary paperwork to evidence this was maintained by the practice.
- Systems to ensure that Medicines and Healthcare Regulatory Agency alerts and National Institute of Health and Care Excellence guidance updates were in place and working effectively. These were printed off and shared with all staff in the practice.
- Processes to manage risk from Legionella were being applied, as per a risk assessment. Records were in place to support this. Where hot water temperatures had not been consistently achieved, as recommended, this has been addressed.

These improvements showed the provider had taken action to comply with the regulation when we inspected on 5 November 2019.

Are services well-led?

Our findings

We found that this practice was providing well led care and was complying with the relevant regulation.

At our previous inspection on 30 July 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 5 November 2019 we found the practice had made the following improvements to comply with the regulation.

Governance had improved across the practice.

- Systems and processes to support good governance were in place and followed by all staff.
- Clinical leadership was evident and leadership for more junior staff had improved due to the assigning of governance tasks to a practice manager.
- Some improvements had been made in relation to the completion of patient dental records, and audit was being used to drive this improvement journey.

- The training schedule in place allowed the management of training for all staff across the practice, and their maintenance of continuous professional development. Records to support this were in place and available for inspection.
- Sharps risk assessments had been reviewed, read and understood by all staff, and embedded within the practice health and safety policy.

The provider had also made further improvements.

- Audit was used to drive improvement across the practice, for example in antimicrobial stewardship.
- Infection control audit had been used to prioritise improvements to surgeries at the practice. Where required, interim measures had been used, for example, provision of under counter bins in treatment rooms.

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 5 November 2019.