

Mrs Sreelatha Thota

Clifton Garden Dental Surgery

Inspection Report

18 Clifton Gardens

Goole

Humberside

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Overall summary

We carried out a follow up inspection on 15 November 2016 of Clifton Garden Dental Surgery.

We had undertaken an announced comprehensive inspection of this service on 8 March 2016 as part of our regulatory functions and during this inspection we found a breach of the legal requirements.

After the comprehensive inspection, the practice wrote to us to say what they would do to meet the legal requirements in relation to the breach. This report only covers our findings in relation to those requirements.

We checked whether they had followed their action plan to confirm that they now met the legal requirements.

We reviewed the practice against one of the five questions we ask about services: is the service well led?

A copy of the report from our last comprehensive inspection can be found by selecting the 'all reports' link for Clifton Garden Dental Surgery on our website at www.cqc.org.uk.

Our findings were:

Are services well led?

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

Background

Clifton Garden Dental Surgery is situated in Goole, Humberside. It offers mainly NHS treatment to patients of all ages but also offers private dental treatments. The services include preventative advice and treatment and routine restorative dental care. They also have a contract for the provision of minor oral surgery on a referral basis.

The practice has two surgeries, a decontamination room, one waiting area and a reception area. The reception area, waiting area and both surgeries are on the ground floor. The decontamination room is on the first floor. The toilet facilities were on the first floor of the premises.

The practice owner is registered with the Care Quality Commission (CQC) as an individual. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

Our key findings were:

- The practice had addressed some issues relating to the health and safety of the premises. These included securing the external fire escape and ensuring the staff toilet was not used.
- The practice had not implemented a process to measure the water temperature to reduce the risk of Legionella developing. We were later sent evidence that this had been done.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services well-led?

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

Since the last inspection on 8 March 2016 the practice demonstrated to us that risks associated with the carrying on of the regulated activities had been reduced. These included securing the external fire escape and ensuring the staff toilet was not used.

We noted the monthly water temperature checks as suggested in the Legionella risk assessment had not been conducted. When we checked the water temperatures at the sentinel outlets these were below that suggested in the Legionella risk assessment. We asked the practice to ensure this was addressed and we were later sent evidence this had been done.

No action



Clifton Garden Dental Surgery

Detailed findings

Background to this inspection

We undertook a follow up inspection of Clifton Garden Dental Surgery on 15 November 2016. This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 8 March 2016 had been

made. We inspected the practice against one of the five questions we ask about services: is the service well led. This is because the service was not meeting some of the legal requirements in relation to this question.

The inspection was carried out by a CQC inspector and a specialist dental advisor.

Are services well-led?

Our findings

Governance arrangements

At this follow up inspection we identified the practice had implemented many of the items on their action plan. These included carrying out the daily automatic control test on the autoclaves, securing the external fire escape, ensuring staff do not use the toilet where there is no handwashing sink and reviewing the sharps injury protocol to ensure it includes details of the local occupational health clinic.

On the day of inspection we did not see any evidence the practice had been monitoring the water temperature as recommended in the Legionella risk assessment. We saw they had been monitoring the temperature of the water used when manually scrubbing used instruments. When we checked the water temperatures at the sentinel outlets these were below that suggested in the Legionella risk assessment. We were later sent evidence this had been done.