

Arggen 1 Limited

Dentcare1 Nottingham

Inspection report

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Overall summary

We undertook a follow up focused inspection of Dentcare1 Nottingham on 18 October 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 Dentcare1 Nottingham on 24 March 2022 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 Dentcare1 Nottingham on our website www.cqc.org.uk.

As part of this inspection we asked:

- 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 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 24 March 2022.

Summary of findings

Background

Dentcare1 Nottingham provides NHS and private dental care and treatment for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces are available near the practice in a dedicated car park.

The dental team includes, 1 dentist, 2 dental nurses (1 of whom is a trainee), a dental therapist and a practice manager. The practice has 2 treatment rooms.

During the inspection we spoke with 1 dental nurse 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 from 9am to 6pm

Tuesday from 9am to 5pm

Wednesday from 9am to 6pm

Thursday from 9am to 5pm

Friday from 9am to 1pm

There were areas where the provider could make improvements. They should:

- Take action to ensure the ongoing management of the risks associated with Legionella are appropriately managed.

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 the inspection on 18 October 2022 we found the practice had made the following improvements to comply with the regulations:

- Improvements had been made to the systems for managing the risks associated with fire. A new fire risk assessment had been carried out and we saw evidence the recommendations had been actioned. These included installing a new fire detection system and emergency lighting. We saw evidence of checks on this equipment.
- Improvements had been made to the systems for managing the risks associated with Legionella. Further advice had been sought with regards to the cold-water storage tank and this was not attached to the mains water system. We saw evidence of hot and cold water temperatures having been taken. However, these showed some inconsistencies in the temperatures at the different outlets. We discussed this with the registered manager who later sent us evidence that further staff training had been completed to ensure these were done correctly. In addition, we asked staff if flushing of infrequently used outlets was being carried out and we were told they were not. We were assured this would be addressed.
- Improvements had been made to the recruitment process. We checked the recruitment records for a newly recruited member of staff and found all required records were present.
- Improvements had been made to the system for ensuring equipment used for cleaning and sterilising used instruments is in line with national guidance and manufacturers guidance. We saw evidence that staff were completing the daily record of temperature and pressure of the autoclave and were carrying out the activity test and cleaning efficacy test for the ultrasonic bath.
- A sharps risk assessment had been carried out which now reflected the systems used within the practice.
- Staff had carried out risk assessments on substances hazardous to health. However, we noted that there were not risk assessments for the fluids used to process X-rays. We were later sent evidence that these had been completed.