

# Salisbury Dental Care Limited

# Gentle Dental

## Inspection Report

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### Overall summary

We undertook a follow up focused inspection of Gentle Dental on 15 May 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 Gentle Dental on 17 October 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 safe and well led care and was in breach of regulations 12, 17 and 19 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 Gentle Dental on our website [www.cqc.org.uk](http://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 17 October 2018.

#### 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 17 October 2018.

#### Background

Gentle Dental is in Salisbury, Wiltshire and provides private treatment for adults and children.

Due to the nature of the premises wheelchair access is not possible. Car parking spaces are available near the practice.

The dental team includes the principal dentist, one associate dentist, one dental hygienist, one dental nurse, one trainee dental nurse, one practice manager and two receptionists. The practice has three treatment rooms.

The practice is owned by a company and as a condition of registration must have a person registered with the

# Summary of findings

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 Gentle Dental is the principal dentist.

During the inspection we spoke with the principal dentist and the dental hygienist who are the owners of the practice. We also spoke with the trainee dental nurse. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday, Wednesday, Thursday 8-5pm, Tuesday 8.30 -7pm and Friday 9am-5pm.

## **Our key findings were:**

- The provider had established a robust recruitment procedure to ensure only fit and proper persons were employed.
- The practice had made significant improvements in relation to their infection control procedures.
- Staff knew how to deal with medical emergencies. Equipment and medicines to deal with medical emergencies were readily available with the exception of a self-inflating bag with reservoir (child).
- Improvements had been made in relation to the radiation protection file and the checks carried out on the X-ray equipment.

- The practice had implemented effective systems to help them manage risks to patients and staff.

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

- Review the practice's protocols for ensuring that all clinical staff have adequate immunity for vaccine preventable infectious diseases.
- Review the practice's protocols and procedures for the use of X-ray equipment in compliance with The Ionising Radiations Regulations 2017 and Ionising Radiation (Medical Exposure) Regulations 2017. In particular the use of a rectangular collimator to reduce the dose of radiation.
- Review the practice's infection control procedures and protocols taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'. In particular the use of a thermometer to monitor the temperature of the water throughout the manual cleaning procedure.
- Review the practice's arrangements for ensuring good governance and leadership are sustained in the longer term.

# Summary of findings

## The five questions we ask about services and what we found

We asked the following question(s).

### **Are services safe?**

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

The practice had implemented effective systems and processes to provide safe care and treatment. This included establishing a robust recruitment protocol, ensuring all staff received training on how to deal with medical emergencies and that all maintenance arrangements and safety checks were in place.

**No action**



### **Are services well-led?**

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

The provider had made improvements to the management of the service. The practice had now implemented effective systems to monitor clinical and non-clinical areas of their work to help them improve and learn. The improvements provided a sound footing for the ongoing development of effective governance arrangements at the practice.

**No action**



# Are services safe?

## Our findings

At our previous inspection on 17 October 2018 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 15 May 2019 we found the practice had made the following improvements to comply with the regulations:

- The provider completed essential recruitment checks for all employees. All required documentation was appropriately kept in personnel files. However, the provider had not obtained evidence of immunisation for two members of the clinical team and consequently they were not able to evidence current immunisation for Hepatitis B in accordance with “Health Technical Memorandum 01-05 – Decontamination in primary care dental practices” issued by the Department of Health.
- We found the practice had now ensured that all necessary maintenance and safety certification for gas, electrical wiring and X-ray equipment was in place.
- A fire risk assessment had been carried out and the recommended actions completed. Staff had undertaken fire safety training, although we noted that one member of the clinical team had last completed this training in 2015. Fire detection equipment was being serviced and tested at the appropriate intervals.
- The practice had suitable arrangements for dealing with medical and other emergencies. Staff had completed Basic Life Support training in the last 12 months; and

medicines and equipment to deal with medical emergencies were readily available as recommended by the Resuscitation Council, with the exception of a self-inflating bag with reservoir (child).

- The practice had made the necessary arrangements to ensure the safety of the X-ray equipment. We noted a rectangular collimator, which reduces patient radiation exposure significantly, was not being used when taking radiographs. The provider was therefore not ensuring that doses arising from the exposure are kept as low as reasonably practicable in accordance with The Ionising Radiation (Medical Exposure) Regulations 2017.
- Clinical staff had completed training on decontamination. The staff mostly followed national guidance for cleaning, sterilising and storing dental instruments. However, we noted that a thermometer was not being used to monitor the temperature of the water throughout the manual cleaning procedure as it is recommended by published guidance “Health Technical Memorandum 01-05 – Decontamination in primary care dental practices” issued by the Department of Health.
- A Legionella risk assessment had been carried out by an external company and most of the recommended actions had been completed. We were assured by the provider that those actions which had not yet been completed were in progress.

These improvements showed the provider had taken action to comply with the regulations when we inspected on 15 May 2019.

# Are services well-led?

## Our findings

At our previous inspection on 17 October 2018 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 15 May 2019 we found the practice had made the following improvements to comply with the regulations:

- We noted improvements in relation to the system to ensure all relevant medical emergency drugs and equipment were available and in date.
- Infection Prevention and Control audits had been carried out at the appropriate frequency, however there were no associated action plans to ensure continued learning.

- The provider had implemented an effective system to monitor staff training.
- New members of staff had received an effective induction, which had been appropriately documented.
- The practice had established an effective system to assess, monitor and mitigate the risks to patients and staff. For example, we noted a sharps risk assessment had been completed.
- The COSHH file was suitably maintained and the appropriate risk assessments had been carried out.
- A risk assessment had been carried out for the dental hygienist, who always worked without chairside support.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulations when we inspected on 15 May 2019.