

Mr Colin Gaunt

Mr Colin Gaunt – North Finchley

Inspection report

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Overall summary

We undertook a follow up focused inspection of Mr Colin Gaunt- North Finchley on 20 February 2024. This inspection was carried out to review 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 advisor.

We had previously undertaken a comprehensive inspection of Mr Colin Gaunt – North Finchley on 26 September 2023 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 Mr Colin Gaunt – North Finchley dental practice on our website www.cqc.org.uk.

When 1 or more of the 5 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 safe?
- Is it well-led?

Our findings were:

Are services safe?

Summary of findings

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 26 September 2023.

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 26 September 2023.

Background

Mr Colin Gaunt- North Finchley is in Finchley, in the London borough of Barnet and provides NHS and private dental care and treatment for adults and children.

The practice is on the first and second floor of a high street building, and not accessible to people who use wheelchairs and those with pushchairs. The practice has processes to communicate this to patients prior to their appointments. Car parking spaces are available near to the practice.

The dental team includes the principal dentist, 6 associate dentists, 7 dental nurses, 1 dental hygienist, 1 practice manager, 2 receptionists and 1 administrator. The practice has 5 treatment rooms.

During the inspection we spoke with the principal dentist, the practice manager and the head receptionist, who is also a qualified dental nurse. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday to Friday 8:30am to 5:30pm

Alternate Saturdays 8:30am to 5:30pm.

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 regulations.

At the inspection on 20 February 2024, we found the practice had made the following improvements to comply with the regulations:

- The practice had made improvements to mitigate the risks associated with Legionella and other bacteria developing in the water systems. Recommendations from a Legionella risk assessment which was carried out in May 2023, had been actioned. The cold-water storage tank (CWST) had been upgraded in February 2024, and was now compliant with Water Supply Regulations, 1999. A temperature gauge had been installed, outlets had been descaled and actions were logged in a remedial work logbook. We saw that temperature checks of the hot and cold-water outlets and flushing of infrequently used outlets had been completed twice a month since November 2023.
- The service had made improvements to ensure the management of fire safety was effective. Recommendations from a fire risk assessment carried out on 18 June 2023 had been actioned. A fire blanket was available in the staff room. A new control panel and an automatic fire detection monitor had been installed in the sterilisation room on 22 November 2023. Fire extinguishers and emergency lighting had been serviced on 28 September 2023. We saw records which demonstrated that fire alarms and emergency lighting were tested weekly. The service had implemented fire evacuation drills.
- Annual electro-mechanical servicing had been completed on all 5 intra-oral radiography units on 10 October 2023, with no actions required.
- The practice had developed an effective system for monitoring referrals, including those made for suspected oral cancer under the national 2 week wait pathway.

The practice had also made further improvements:

- Improvements had been made to ensure the flooring in all treatment rooms was impervious and easy to clean.
- The practice had conducted a lone worker risk assessment on 27 September 2024, which mitigated the risks arising from staff working alone. The risk assessment stated that if a hygienist identified a patient to be high risk due to a complicated medical history, they would be accompanied in the surgery by another member of staff.
- The practice had ensured they had emergency medicines to keep patients safe. Buccal Midazolam, which is used to treat epileptic seizures, was available as recommended in current guidance. Clear face masks in sizes 0,1 and 2 were available to use with a self-inflating bag. Further improvements could be made, as the practice did not have access to clear face masks in sizes 3 and 4. The principal dentist ordered face masks in these sizes following feedback on inspection.

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 20 February 2024, we found the practice had made the following improvements to comply with the regulations:

- The service had implemented systems and processes to ensure there were safe recruitment procedures which were in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We reviewed 12 staff recruitment records. All staff members had enhanced Disclosure and Barring Service (DBS) checks and all clinical staff had evidence of antibody blood tests to indicate an immunity to Hepatitis B. We saw that the service had undertaken checks of satisfactory conduct in previous employment for newly appointed staff members.
- The service had implemented effective systems and processes to ensure that accurate, complete and contemporaneous records were being maintained. A robust audit had been carried out on patient records, which ensured all clinicians were completing accurate and contemporaneous records.

The practice had also made further improvements:

- The service had introduced an antimicrobial prescription audit template which reflected the most recent guidance published by the College of General Dentistry (CGDent): Antimicrobial Prescribing in Dentistry.