

Gentle Dental UK Limited

Gentle Dental (Mylor Bridge)

Inspection Report

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Overall summary

We carried out a focused inspection of Gentle Dental (Mylor Bridge) on 8 March 2018.

The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We carried out the inspection to follow up concerns we originally identified during a comprehensive inspection at this practice on 12 June 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

At a comprehensive inspection we always ask the following five questions to get to the heart of patients' experiences of care and treatment:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

When one or more of the five questions is 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 area(s) where improvement was required.

At the previous comprehensive inspection we found the registered provider was providing safe, effective, caring and responsive care in accordance with relevant

regulations. We judged the practice was not providing well-led care in accordance with Regulation 17 'Good Governance' 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 (Mylor Bridge) on our website www.cqc.org.uk.

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 to put right the shortfalls and deal with the regulatory breaches we found at our inspection on 12 June 2017.

We have made some further recommendations for improvement:

- Review the current staffing arrangements to ensure all dental care professionals are adequately supported by a trained member of the dental team when treating patients in a dental setting. Where chairside support is not given a risk assessment should be completed.
- Review the system for identifying, disposing and replenishing of out-of-date dental materials stock. In particular in the stock cupboard and reception area.

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?

The provider had made improvements to the management of the service. This included devising and implementing checklists for cleaning schedules, for the cleaning and sterilising of dental instruments, monitoring water temperatures for Legionella control, checking emergency equipment and monitoring the effectiveness of audit cycles. Checklists were evolving to meet the requirements of the practice. A clinical waste contract was now in place at the practice and steps had been taken for the practice to have an updated Legionella risk assessment. The improvements provided a sound footing for the ongoing development of effective governance arrangements at the practice.

Improvements could be made with regard to stock control and the hygienist lone working without chairside support.

No action



Are services well-led?

Our findings

At our inspection on June 2017 we judged it was not providing well led care and told the provider to take action as described in our requirement notice. At the inspection on 8 March 2018 we noted the practice had made the following improvements to meet the requirement notice:

- Devising and implementing checklists for cleaning schedules, for the cleaning and sterilising of dental instruments, monitoring water temperatures for Legionella control, checking emergency equipment and monitoring the effectiveness of audit cycles. Checklists were evolving to meet the requirements of the practice. At the inspection we discussed with the staff on duty the merits of photographing or scanning wipe clean checklists for audit trail purposes and of ensuring that checklists used were the most current commercially available lists. The practice held some second line emergency medicines not on the checklists. We were told that this stock would be reviewed.

- A clinical waste contract was now in place at the practice and steps had been taken for the practice to have an updated Legionella risk assessment in April 2018.

These improvements showed the provider had taken action to address the shortfalls we found when we inspected on 12 June 2017. Systems and processes for assessing, monitoring and improving the quality of services being provided were now established and effective.

At the inspection we also looked in the clinical areas of the practice and found areas clean with stock in dental treatment rooms within use by date. However, improvements could be made to improve stock rotation in the following areas; the stock cupboard and at reception as some out of date items were found. We also noticed that steam temperature indicator tape used in the autoclave had expired. We brought this to the attention of the practice owners for them to review.

Staff on duty told us that there were always two staff on duty and that the hygienist sometimes worked without chairside support. We asked the provider to check that these arrangements had been risk assessed.