

Mr Adam Jarvid

# Gentle Dental Care

## Inspection report

2B Golders Green Road  
London  
NW11 8LH  
Tel: 02084559580

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### Overall summary

We undertook a follow up focused inspection of Gentle Dental Care on 10 August 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 focused announced inspection of Gentle Dental Care on 7 July 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 safe, effective and well led care and was in breach of regulations 12, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We undertook immediate enforcement action and the provider's CQC registration to carry on the regulated activities was suspended for a period of one month. You can read our report of that inspection by selecting the 'all reports' link for Gentle Dental Care dental practice on our website [www.cqc.org.uk](http://www.cqc.org.uk).

As part of this inspection we asked:

- Is it safe?
- Is it effective?
- Is it well-led?

### Our findings were:

#### Are services safe?

We found this practice was providing safe care in accordance with the relevant regulations.

#### Are services effective?

# Summary of findings

We found this practice was providing effective care in accordance with the relevant regulations.

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

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

## **Background**

Gentle Dental Care is in Golders Green, in the London Borough of Barnet and provides NHS and private dental care and treatment for adults and children.

Metered parking spaces are available near the practice and it is also located close to public transport services.

The dental team includes a principal dentist and one qualified dental nurse.

During the inspection we spoke with the principal dentist.

The practice is open:

Monday to Thursday 8.30am to 5pm

Fridays 8.30am to 1pm

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

- Improve the practice's processes for the control and storage of substances hazardous to health identified by the Control of Substances Hazardous to Health Regulations 2002, to ensure risk assessments are undertaken.

# 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 effective?	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 10 August 2022 we found the practice had made the following improvements to comply with the regulations:

- The practice had implemented effective safeguarding processes to prevent abuse of vulnerable adults and children. The practice's 'Safeguarding Children and Adults' policy had been updated on 6 August 2022 and there was a robust system in place to escalate safeguarding concerns. Information about current procedures were accessible to people who use the service and to staff. Staff received safeguarding training that was relevant and at a suitable level to their role.
- The Decontamination and Infection Control policy had been updated on 6 August 2022. The policy reflected published guidance and was tailored to the service. Following the inspection, the provider submitted a detailed manual cleaning procedure that staff could follow to ensure infection risks were sufficiently prevented and controlled.
- Improvements had been made to the process for decontaminating used dental instruments. This was now in line with the requirements of the Health and Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health and Social Care. There were arrangements to monitor water temperature and for the soaking of used dental instruments prior to decontamination. There was an improved dirty to clean flow in the decontamination room and the clean and dirty transportation boxes were clearly marked.
- The provider had arrangements in place to ensure periodic safety checks, including daily automatic control tests, were carried out on the autoclave in line with the relevant guidance. The provider had procured appropriate test strips for the autoclave to confirm that sterilisation cycles had been successful.
- We observed that all sterilised dental instruments had been pouched, dated and stored appropriately in line with the relevant guidance.
- The cloth cushion covering the dental chair headrest had been removed.
- The practice had implemented procedures to reduce the risk of Legionella and other bacteria developing in water systems in line with a risk assessment carried out on 4 August 2022.
- Improvements had been made to ensure that clinical waste awaiting collection was stored securely.
- We observed that the practice was visibly clean and well maintained. Following the inspection, the provider submitted a cleaning schedule they had adapted to ensure the practice was kept clean.
- Improvements had been made to ensure the safety of the premises. An electrical installation condition report had been completed on 5 August 2022 and deemed the overall condition of the electrical installations at the premises satisfactory. Portable appliance testing of electrical equipment had been carried out on 5 August 2022. The air conditioning system had been serviced on 9 August 2022.
- Improvements had been made to ensure dental equipment were safe. We saw evidence that the suction motor, compressor and dental chair had been serviced on 15 July 2022 to ensure they were operating safely.
- Improvements had been made to mitigate fire risks at the practice in line with a risk assessment carried out on 4 August 2022. Fire safety equipment had been serviced and a fire drill had been carried out. Staff had undertaken fire awareness training and fire marshal training. Periodic in-house checks of the fire detection equipment had been carried out, but they were not recorded. Following the inspection, the provider submitted evidence that a fire logbook had been implemented to ensure written records were maintained of all in-house checks.

# Are services safe?

- Improvements had been made to ensure the safety of the X-ray equipment. The required radiation protection information was available and a Radiation Protection Adviser (RPA) had been appointed. We saw evidence that the provider had registered the use of radiography equipment with the Health Safety Executive (HSE) as per current national requirements. The yearly electrical and mechanical servicing of the X-ray equipment had been carried out on 15 July 2022. The 3-yearly calibration and dosage tests had been completed and the provider was awaiting the results of these tests from Public Health England (PHE).
- Improvements had been made to the systems and processes to manage risks to patient safety. Medical emergency drugs and equipment were available in line with the guidelines issued by the Resuscitation Council (UK). The practice had implemented systems and processes to ensure medical emergency equipment was checked regularly in line with the national guidance.
- Improvements had been made to ensure staff knew how to respond to medical emergency. Staff had undertaken training in medical emergency and basic life support.
- The Control of Substances Hazardous to Health (COSHH) policy had been updated on 12 July 2022. Improvements were needed to ensure risk assessments for all substances hazardous to health used in the practice had been carried out and safety material data sheets of hazardous materials were available to staff.
- A management of sharps audit had been completed on 7 July 2022. Following the inspection, the provider submitted a sharps risk assessment that included all types of sharps used within the service and the practice specific control measures to mitigate the risk of harm arising from the use of sharps.

The provider had also made further improvements:

- An audit for prescribing of antibiotic medicines had been carried out on 1 August 2022.
- Staff had completed sepsis awareness training, and sepsis prompts were now displayed at the reception.

# Are services effective?

(for example, treatment is effective)

## Our findings

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

At the inspection on 10 August 2022 we found the practice had made the following improvements to comply with the regulations:

- The practice implemented the use of templates to ensure dental care records were complete and in line with recognised guidance. The templates included reason for attendance, intraoral and soft tissue checks, extraoral examination, Basic Periodontal Examination (BPE), risk assessment, diagnosis/prognosis, rubber dam/alternatives, recall intervals, consent and cost. We did not look at dental care records as the practice had been closed since the previous inspection.
- The practice had systems in place to ensure the dentist had chairside support when required. Arrangements were in place to ensure the phone was in answering mode with the help of a call register during treatments.
- We saw evidence that staff had completed 'highly recommended' and 'recommended' training in line with the General Dental Council's Enhanced Continuing Professional Development (CPD) scheme.

# 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 10 August 2022 we found the practice had made the following improvements to comply with the regulations:

- The principal dentist showed commitment in delivering safe and high-quality care. Our discussions with the principal dentist revealed they had sufficient oversight of the undertaking of regulated activities.
- Information presented during the inspection was well documented and easily accessible to staff.
- The practice had implemented an effective system to store and monitor staff training records. Training certificates, including for safeguarding, basic life support, infection control, oral cancer, medical emergencies, fire safety and where applicable, radiography were available for all members of staff. Over the course of July and August 2022, the principal dentist had completed over 40 hours CPD training, covering additional topics, including clinical care, periodontal treatment, endodontics and data management.
- Improvements had been made to ensure there was an effective system of clinical governance in place. Policies were updated, detailed and tailored to the service. There were arrangements in place to ensure policies were regularly reviewed. Premises safety checks had been carried out and dental equipment had been serviced.
- There were effective systems in place to ensure the ongoing management of risks associated with fire and Legionella.
- The practice had made improvements to ensure there were systems and processes for learning and continuous improvement. Records were available to demonstrate audits of radiographs were undertaken. We saw evidence that the infection prevention and control audit and disability access audit had been carried out.