

Bridge The Gap (Harris) Ltd

Gestridge Dental Practice

Inspection Report

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Overall summary

We carried out a focused inspection of Gestridge Dental Practice on 21 May 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 1 August 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 effective, caring and responsive care in accordance with relevant regulations. We judged the practice was not providing safe care in accordance with Regulation 12 'safe care and treatment' or 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 Gestridge Dental Practice on our website www.cqc.org.uk.

Our findings were:

Are services safe?

We found this practice was providing safe 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.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?

The provider had made improvements to put right the shortfalls and deal with the regulatory breaches we found at our inspection on 1 August 2017.

The provider had ceased offering conscious sedation services.

Essential staff training was now up to date and an annual staff training plan was in place.

No action



Are services well-led?

The provider had made improvements to put right the shortfalls and deal with the regulatory breaches we found at our inspection on 1 August 2017.

Systems had been implemented to ensure equipment used in the practice was maintained and safe to use.

No action



Are services safe?

Our findings

At our inspection in August 2017 we judged the practice was not providing safe care and told the provider to take action as described in our requirement notice. At the inspection on 21 May 2018 we noted the practice had made the following improvements to meet the requirement notice:

- Conscious sedation services were no longer being offered at the practice. This meant that the previous concerns we had regarding conscious sedation services in relation to procedures, processes, staff training and staff recruitment were no longer relevant whilst sedation services had ceased. Should the provider decide to offer conscious sedation services in the future, these should meet the most current guidance published by the Royal College of Surgeons and Royal College of Anaesthetists. In addition current guidance published by the Society for the Advancement of Anaesthesia in Dentistry (SAAD) checklist should be adopted into the practice's own policy/protocol.

- Staff had updated essential training since the last inspection and the provider had devised an annual staff training plan, which met individual training requirements by job role.

These improvements showed the provider had taken action to address the shortfalls we found when we inspected in August 2017. Actions had been taken to ensure treatment was provided in a safe way to patients. Persons providing care or treatment could demonstrate they had appropriate qualifications, skills and experience to do so safely.

The provider had also implemented recommendations we made at the previous inspection with regard to rubber dam use and antimicrobial prescribing.

At the inspection we noted that clinical audits had taken place since the last inspection. We noticed there was no system in place for monitoring the effectiveness of cold storage of medicines and that air conditioning systems had not been considered as part of the Legionella risk assessment, however. We raised these issues with the provider who gave us reassurances that the two issues would be addressed immediately. We were satisfied with their response.

Are services well-led?

Our findings

At our inspection in August 2017 we judged the practice was not providing well led care and told the provider to take action as described in our requirement notice. At the inspection on 21 May 2018 we noted the practice had made the following improvements to meet the requirement notice:

- All essential equipment had now been maintained.

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

The provider had also implemented the recommendation we made at the previous inspection with regard to monitoring the record keeping of patient medical histories.

At the inspection we saw that the provider was inviting patients to complete satisfaction surveys. Recent survey results indicated that patients were satisfied with their dental care received. We noticed that patients were asked to sign the survey and we discussed with the provider amending the forms to offer patients the choice of anonymity, if this was their preference. The provider told us that they would amend their surveys to offer anonymity.