

Opaleye And Middlefell Limited

Gloucester Dental Care

Inspection report

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Date of inspection visit: 3 April 2024
Date of publication: 16/04/2024

Overall summary

We undertook a follow up focused inspection of Gloucester Dental Care on 3 April 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 carried out by a CQC inspector who was supported remotely by a specialist dental advisor.

We had previously undertaken a comprehensive inspection of Gloucester Dental Care on 16 October 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 well-led care and was in breach of regulation 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 Gloucester Dental Care 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 area where improvement was required.

As part of this inspection, we asked:

- Is it well-led?

Our findings were:

Are services well-led?

Summary of findings

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 breach we found at our inspection on 16 October 2023.

Background

Gloucester Dental Care is in Gloucester and provides NHS and private dental care and treatment for adults and children.

There is step free access, via a lift, to the practice for people who use wheelchairs and those with pushchairs.

The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 12 dentists, 3 dental nurses, 3 student dental nurses, 3 cover nurses, 1 dental hygienist, 2 decontamination nurses and 4 receptionists.

The practice has 8 treatment rooms.

During the inspection we spoke with two external management consultants who were in place to support the registered manager.

We looked at practice policies, procedures, and other records to assess how the service is managed.

The practice is open:

- 8.30am to 5.00pm Monday - Saturday

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

- Improve the practice's risk management systems for monitoring and mitigating the various risks arising from the carrying on of the regulated activities.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services well-led?

No action 

Are services well-led?

Our findings

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

At the inspection on 3 April 2024, we found the practice had made the following improvements to comply with the regulations:

Infection Prevention and Control

- The 'dirty' decontamination room window ledge was clean.
- Plaster and paint dust was not visible on surfaces and equipment in the 'clean' decontamination room.
- Sterilised instruments stored in the 'clean' decontamination room were wrapped appropriately.
- Colour coded cleaning equipment was separated when stored which increased the risk of cross infection.
- We did not find any 'out of date' pouched sterilised instruments in the decontamination room.
- Dust and cobwebs were not present in the patient toilet.
- Evidence of oversight of cleaning standard checks was available.
- Surgeries 2,4,5,6 and 7's worktops and surgery 6's drawer fronts were complete.
- Relevant validation checks were carried out on the vacuum autoclave.
- A feminine hygiene product (sanitary) bin was available in the accessible toilet.

Fire Safety

- Evidence to confirm the actions required to be carried out following an unsatisfactory electrical installation test result were available.
- Monthly emergency light tests were carried out appropriately.
- Fire drill records were available.
- Six monthly fire alarm inspection records were available. We noted the alarm servicing was due.

Risks to patients and staff

- Glucagon was stored in a fridge. The fridge's temperature was monitored effectively.
- The fridge used to house Glucagon was located in a public area of the practice was secured to prevent unauthorised interference.
- The sharps bin in the decontamination room was labelled appropriately.
- A patient evacuation chair was available for use when the lift failed or could not be used in a fire evacuation. Protocols for staff training was effective.
- Electrical socket covers were not in use in the practice.
- Window blind adjustment looped cords were tethered to window frames to reduce the risk of choking to young children in the waiting area.
- Control of Substances to Health (COSHH) safety data sheets were available to the out of hours cleaner.
- The cleaner worked out of hours. A lone worker risk assessment for this person had been carried out.
- The area used to house the dental cone beam computed tomography (CBCT) x-ray equipment was secured when not used to prevent unauthorised interference.

General Data Protection Regulation (GDPR)

- A computer in the dental cone beam computed tomography (CBCT) room followed information governance codes of practice and locked when not in use.
- A General Data Protection Regulation (GDPR) compliant accident book was available.

Privacy and Dignity

Are services well-led?

- A closed-circuit television (CCTV) privacy impact assessment was available and data storage details were correctly recorded.
- Information for patients was available to explain the purpose of recording images.
- The name and contact details of those operating the surveillance scheme was displayed.
- The door to surgery 8 could be closed effectively.

Equality Act

- We saw a sign at the front door of the practice which permitted assistance dogs.
- The accessible toilet mirror and towel dispenser were both within reach of a wheelchair user.
- The patient reception counter displayed information for ambulant patients. A lower counter was available for wheelchair users which included the same information.

Recruitment

- The practice had a recruitment policy and procedure to help them employ suitable staff, including for agency or locum staff. These reflected the relevant legislation.

Legionella

- A legionella risk assessment identified that limescale was present on taps in the practice. Action was taken to address this.

The practice had also made further improvements:

- Monitoring and recording the fridge temperature ensured that medicines and dental care products were being stored in line with the manufacturer's guidance.
- Clinical staff had adequate immunity for vaccine preventable infectious diseases.

We noted areas that remained outstanding which included:

Fire Safety

- The provider had a fire risk assessment carried out in November 2023. Actions to improve the fire doors remained outstanding at the time of our visit. We were assured the fire door improvement works were in hand and remedial fire detection would be added until this work was completed.
- Weekly fire alarm tests specified which floor was activated but did not identify the specific manual call point. We were told this would be chased up with the landlord of the building.
- Emergency lighting service records were not available.

Equipment

- Staff were not aware of the servicing and maintenance frequency of the combined patient chair and drill unit in treatment room 8.

Privacy and Dignity

- Glass partitioning on 7 of the 8 treatment room doors did not protect patients' privacy and dignity.