

Dr. Eric Duodu

Glamordent Lighthouse Dental Practice

Inspection report

20 Hull Road
Withernsea
HU19 2DZ
Tel: 01964612024

Date of inspection visit: 09 May 2022
Date of publication: 18/05/2022

Overall summary

We undertook a follow up focused inspection of Glamordent Lighthouse Dental Practice on 9 May 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 comprehensive inspection of Glamordent Lighthouse Dental Practice on 11 October 2021 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 Glamordent Lighthouse Dental Practice dental practice on our website www.cqc.org.uk.

When one or more of the five 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?

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

Summary of findings

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 11 October 2021.

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 11 October 2021.

Background

Glamordent Lighthouse Dental Practice is in Withernsea and provides NHS and private dental care and treatment for adults and children. They offer NHS and private orthodontic treatment.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces are available near the practice.

The dental team includes one dentist, four dental nurses (two of whom are trainees), one dental hygienist, one receptionist and a practice manager. The practice has two treatment rooms.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

During the inspection we spoke with the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Friday from 8:00am to 5:00pm

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

- Take action to ensure Disclosure and Barring Service checks are completed to the correct level for staff.

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 9 May 2022 we found the practice had made the following improvements to comply with the regulations:

- The practice had infection control procedures which reflected published guidance.
- The practice had procedures to reduce the risk of Legionella or other bacteria developing in water systems, in line with a risk assessment.
- We saw the practice was visibly clean and there was an effective cleaning schedule to ensure the practice was kept clean.
- The practice ensured equipment was safe to use and maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations.
- The practice had implemented systems to assess, monitor and manage risks to patient and staff safety, including sharps safety.
- The practice had a recruitment policy and procedure to help them employ suitable staff. We checked staff records and found that the Disclosure and Barring Service checks for some clinical staff were only basic checks. We discussed the need for enhanced checks for clinical staff.
- Emergency equipment and medicines were available and checked in accordance with national guidance. However, we noted the glucagon was not stored in a temperature-controlled environment and the expiry date had not been adjusted. We discussed the need to alter the expiry date accordingly.
- The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health.
- The practice had systems for appropriate and safe handling of medicines including local anaesthetics. A log to monitor the use of NHS prescriptions had been implemented.

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 9 May 2022 we found the practice had made the following improvements to comply with the regulations:

- Systems and processes had been implemented to ensure the risks associated with the carrying out of the regulated activities were appropriately managed.
- We checked staff training folders and found staff were up to date with their required training.
- A new infection prevention and control audit had been completed. This reflected our findings on the day of inspection except for one question which had been answered incorrectly. We were told this would be addressed.

The provider had also made further improvements:

- A system had been implemented to log referrals received into the practice and also ones which were sent out.