

Genix Healthcare Ltd

Gencare Dental Clinic - Huddersfield

Inspection Report

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Date of inspection visit: 9 July 2019

Date of publication: 30/07/2019

Overall summary

We undertook a follow up focused inspection of Gencare Dental Clinic - Huddersfield on 9 July 2019. 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 had remote access to a specialist dental adviser.

We undertook a comprehensive inspection of Gencare Dental Clinic - Huddersfield on 19 February 2019 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 (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 Gencare Dental Clinic - Huddersfield on our website www.cqc.org.uk.

As part of this inspection we asked:

- Is it well-led?

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.

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 in relation to the regulatory breach we found at our inspection on 19 February 2019.

Background

Gencare Dental Clinic - Huddersfield provides NHS and private treatment to adults and children.

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

The dental team includes two dentists, two dental nurses, a receptionist and a practice manager. The practice has two treatment rooms.

Summary of findings

At the time of inspection there was no registered manager in post as required as a condition of registration. A registered manager is legally responsible for the delivery of services for which the practice is registered.

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

The practice is open:

Monday, Tuesday, Thursday and Friday from 9:00am to 5:30pm

Wednesday from 9:00am to 6:30pm

Our key findings were:

- Improvements had been made to the process for managing the risks associated with scalding water and Legionella.
- The infection prevention and control and whistleblowing policy had been updated.
- Staff had received an appraisal.
- Improvements had been made to the recruitment process.

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

- Review the providers registration conditions to ensure the regulated activities at Gencare Dental Clinic - Huddersfield are managed by an individual who is registered as a manager.

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 well led care and was complying with the relevant regulations.

At our previous inspection on 19 February 2019 we judged the provider was not providing well led care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notice. At the inspection on 9 July 2019 we found the practice had made the following improvements to comply with the regulation:

- At the inspection on 19 February 2019 we identified that recommendations in the Legionella risk assessments had not been addressed. At the inspection on 9 July 2019 we saw that these had been addressed. A thermostatic mixing valve had been fitted to the tap in the patient toilet which restricted the temperature to 44 degrees centigrade. In addition, they had a system to monitor the temperature of the hot water being stored in the calorifier. This showed that the temperature was in the range that was recommended in the Legionella risk assessment.
- The recruitment procedures had been reviewed. We looked at four staff recruitment records relating to new employees. We found all relevant details in three of the folders as described in the relevant regulation. We reviewed the recruitment records for a receptionist and found that a Disclosure and Barring Service (DBS) check had not been obtained. We were told that the company policy was to request two references and if these had not been obtained within two weeks then they would “chase them up”. If no response from this had been received from the referees then a DBS check would be applied for. In this instance, no response had been received and we were told that a DBS check would be applied for immediately.
- At the inspection on 19 February 2019 we identified that there was no evidence that a sharps injury had been followed up appropriately. We were shown a sharps injury protocol which had been developed and was in each surgery. This specified the steps which should be taken following a sharps injury. There were contact details of the local occupational health service within the protocol.
- We were shown updated copies of the infection prevention and control and whistleblowing policies. We saw evidence of details of external organisations who staff could contact if they wanted to raise concerns about a member of staff in the whistleblowing policy. In addition, the infection prevention and control policy referred to current guidance about the storage of sterile instruments.
- We asked about staff appraisals. Only one member of staff had been with the practice for over a year. We were shown evidence that this member of staff had received an appraisal. There were outcomes and learning objectives from this appraisal.
- At the time of inspection there was no registered manager in post. A condition of the provider’s registration is that “The Registered Provider must ensure that the regulated activities are managed by an individual who is registered as a manager in respect of that activity at or from all locations”. We were told that the practice manager was currently in the process of applying to be the registered manager.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulation: when we inspected on 9 July 2019.