

Dr Vian Ansari

Hillcrest Dental Surgery

Inspection Report

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Ratings

Overall rating for this service

No action 

Are services well-led?

No action 

Overall summary

We carried out a focused inspection of Hillcrest Dental Surgery on 6 June 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 7 November 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 safe, effective, caring and responsive care in accordance with relevant regulations. We judged the practice was not providing well-led care in accordance with 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 Hillcrest Dental Surgery on our website www.cqc.org.uk.

Our findings were:

Are services well-led?

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

Summary of findings

The provider had made improvements to put right the shortfalls and deal with the regulatory breach we found at our inspection on 7 November 2017.

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

- Review the practice's responsibilities to take into account the needs of patients with disabilities and to comply with the requirements of the Equality Act 2010.
- Review the practice's current performance review systems and have an effective process established for the on-going assessment and supervision of all.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services well-led?

The provider had made improvements to the management of the service. This included purchasing emergency medicines and equipment that was either out of date or missing at our last inspection. Using relevant safety laws when using needles and other sharp dental items, completing audits of patient dental records and X-rays and completing risk assessments for control of substances hazardous to health items in use at the practice.

The improvements provided a sound footing for the ongoing development of effective governance arrangements at the practice.

No action





Are services well-led?

Our findings

At our inspection on 7 November 2017 we judged it was not providing well led care and told the provider to take action as described in our requirement notice. At the inspection on 6 June 2018 we noted the practice had made the following improvements to meet the requirement notice:

- Staff were adhering to relevant safety laws when using needles and other sharps dental items. For example, appropriate needle guards were in use. The dentist was responsible for disposal of all used sharps. Sharps' bins were appropriately managed and a sharps' risk assessment was available dated 15 October 2017.
- The practice had all the equipment needed to manage medical emergencies. All the required emergency medicines and equipment, that were either out of date or missing at the last inspection of the practice, had been purchased. For example, we saw that the correct size of oxygen cylinder was available, as was buccal midazolam, portable suction, all the required sizes of oropharyngeal airways, defibrillator pads and oxygen masks. We saw evidence to demonstrate that staff had received training in managing medical emergencies on 31 May 2018.
- The practice had completed risk assessments for the products in use at the practice regarding the control of substances hazardous to health (COSHH). Information such as product safety sheets, risk assessments for each product, a COSHH and a Health and safety policy were available.
- The provider had ensured that routine maintenance and servicing had taken place on equipment at the practice. We were shown evidence to demonstrate that an external company was visiting the practice on the day of our inspection to carry out an inspection of X-ray machinery. We saw a certificate on display to demonstrate that fire extinguishers had received annual maintenance checks. Records showing the in-house weekly checks completed on fire safety equipment were not up to date. The provider confirmed that they would recommence these checks immediately. At the time of the inspection staff were unable to locate the large torch used to assist with emergency exit of the building in case of fire. The provider confirmed that they would purchase a new torch if this could not be found.
- The provider had reviewed the practice's audit protocols and audits of various aspects of the service had been completed. We saw the record keeping audit of 16 April 2018 and the X-ray audits of 15 August 2017, and 20 December 2017 to 29 March 2018.
- We discussed staff recruitment with the provider and with the dental nurses. There had been no new staff employed since the last inspection. The practice had a detailed staff recruitment policy and we were told that if any further staff were to be employed this policy would be adhered to, including completion of essential recruitment checks as per Schedule three of the Health and Social Care Act.
- At the previous inspection of the practice we were not shown any documentary evidence of staff induction to demonstrate a structured assessment of competence of newly employed staff. There had been no new staff employed since the last inspection of the practice. We were told that those staff employed were initially all trainee dental nurses and as such received in depth training provided by the college. We saw that the practice had an induction policy and comprehensive induction documentation. The provider told us that this would be used for any new staff employed at the practice.
- We discussed staff appraisal with the provider and asked to see appraisal documentation. The provider was unable to provide documentary evidence to demonstrate that ongoing and regular appraisal of staff had been completed. We were told that informal meetings were held with staff. Staff confirmed that they could speak with the provider at any time to discuss issues or training needs. We saw that the practice had a detailed appraisal policy and associated paperwork. The provider confirmed that a more formal appraisal system would be introduced using the documentation already available at the practice.
- We discussed privacy and dignity with the provider. We were told that the computer had been adjusted so that if it was not used for 30 seconds it would automatically lock. This prevented those without authorisation looking at patient information. We were told that the door to the treatment room was now closed when treating patients.

The practice had also made further improvements:



Are services well-led?

- The provider had reviewed the practice's protocols for the use of rubber dam for root canal treatment taking into account the guidelines issued by the British Endodontic Society. Patient dental records that we saw demonstrated that a rubber dam was used as required.
- We were shown evidence to demonstrate that the dentist justified, graded and reported on the X-rays they took.
- The provider was aware of guidelines relating to competency principles when treating any child aged under 16 years.
- The practice had taken some action to review its responsibilities to the needs of people with a disability, including those with hearing difficulties and the requirements of the Equality Act 2010. A disability discrimination act audit had been completed and in some instances the practice was recording action taken to address issue identified. The provider discussed

some of the action taken to address issues but some of these were not recorded on the audit. For example, the audit identified that the practice did not provide information in large print. The audit did not record that the practice provided a large magnifying screen to assist patients read smaller print. We were also told about pop up messages on patients' records to alert the dentist of patients who required additional assistance. For example, ensuring that staff spoke slowly and clearly, without face masks in place to patients who were hearing impaired and ensuring that these patients were given written information about their treatment. The practice had fitted a grab rail to the wall in the patient toilet, there was no emergency call in this area to alert staff if someone required assistance.

These improvements showed the provider had taken action to address the shortfalls we found when we inspected on 7 November 2017.