

Good Dentist

Hollins Road Dental Practice

Inspection report

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Oldham
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Overall summary

We undertook a follow up focused inspection of Hollins Road Dental Practice on 7 September 2023. 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 led by a CQC inspector who had remote access to a specialist dental advisor.

We had previously undertaken a focused inspection of Hollins Road Dental Practice on 13 June 2022 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 Hollins Road Dental Practice dental practice 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 areas where improvement was required.

As part of this inspection we asked:

- Is it well-led?

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 13 June 2022.

Summary of findings

Background

Hollins Road Dental Practice is in Oldham and provides NHS and private dental care (including private orthodontics) and treatment for adults and children.

A ramp is available for wheelchair users to access the reception and ground floor surgery. Car parking spaces, including dedicated parking for people with disabilities, are available near the practice.

The dental team includes 2 dentists, 4 dental nurses (one of which manages the practice), 1 dental therapist and a receptionist. The practice has 2 treatment rooms.

During the inspection we spoke with 2 dentists, 1 dental nurse, the receptionist and the practice manager. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday to Thursday 9am-5.30pm

Friday 9am-4pm

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 the inspection on 7 September 2023 we found the practice had made the following improvements to comply with the regulation:

Infection prevention and control processes had been improved by introducing clear surgery set up and close down processes which were audited. Decontamination processes and the storage of instruments had been improved. Sterilised instrument pouches were now clearly marked with a reprocessing date. Records of sterilisation cycles were downloaded weekly.

We noted a substance used to ensure the water quality in dental unit waterlines was not used in line with the manufacturer's instructions. We signposted them to resources to support the correct use of this. The manager confirmed this would be addressed and rectified.

The ground floor surgery had been refurbished with a new dental chair, improved work surfaces and new flooring. Clinical waste bins were locked and stored securely.

Recruitment processes had been improved to carry out and hold evidence of all essential pre-employment and right to work checks for new staff. New employees had a structured role-specific induction. Clinical staff were qualified, registered with the General Dental Council and had professional indemnity cover.

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support. Emergency equipment and medicines were now available and checked in accordance with national guidance. We noted these were locked in a cabinet. We discussed the storage of these could be improved to ensure immediate access in the event of an emergency.

Oversight of fire safety was in place but the documentation of this could be improved. Staff carried out weekly checks of emergency lighting, but these were not documented. The manager confirmed this would be addressed. Fire detectors, emergency lighting and equipment were serviced annually.

The sharps risk assessment was updated, and safer devices were in use to reduce the risk to staff. Risk assessments were in place for staff working in a clinical environment where the effectiveness of their Hepatitis B vaccination was unknown or where it was ineffective.

The practice had systems to review and investigate incidents and accidents. The practice had a system for receiving and acting on safety alerts.

The practice had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits had been improved and this had led to improvements in how prescribing assessments and diagnosis was documented in patient care records.

The practice had also made further improvements:

A new practice manager was in post. They were reviewing the governance systems to make further improvements to the systems and processes.

Staff had clear responsibilities, roles and systems of accountability to support good governance and management.

Are services well-led?

We saw there were clear and effective processes for identifying and managing risks, issues and performance. A visibly loose power socket in the kitchen had been repaired.

Feedback from staff was obtained through monthly meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on where appropriate.