

Perry House Dental Surgery Limited

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Inspection report

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Overall summary

We undertook a follow up focused inspection of Perry House Dental Surgery on 10 October 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 carried out by a Care Quality Commission, (CQC) inspector who was supported by a specialist dental adviser.

At our inspection on 4 March 2022 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 Perry House Dental Surgery 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 area where improvement was required.

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 8 April 2022.

Background

Summary of findings

Perry House Dental Surgery is in Wendover near Aylesbury and provides private dental care and treatment for adults and children.

The practice is based on the first floor. We were told new patients are advised of this when they contacted the practice.

A hearing loop was available to support patients who wore hearing aids.

The dental team includes 2 dentists, 2 dental nurses, 1 dental hygienist and a receptionist. The practice has two treatment rooms.

During the inspection we spoke with a dental nurse and a receptionist.

We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

- Monday - 8.30am to 5.30pm
- Tuesday - 8.30am to 5.30pm
- Wednesday - 8.30am to 5.30pm
- Thursday - 8.30am to 4.00pm
- Friday - 8.30am to 12.00pm

Our key findings were:

- The provider had quality assurance processes to encourage learning and continuous improvement.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulations when we carried out a follow-up focused inspection on 10 October 2022.

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

At our previous inspection on 8 April 2022 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 our follow-up inspection on 10 October 2022 we found the practice had made the following improvements to comply with the regulations:

Radiography

- Notification to the Health and Safety Executive (HSE) was available.
- Local rules reflected the current radiation protection advisor's details.
- The x-ray unit arm in surgery one was free from rusted.
- Evidence was available to confirm the X-ray equipment had received a three-yearly equipment assessment by a suitable professional.

Emergency Medicines and Equipment

- The practice had medicines to manage a seizure.
- The practice had equipment to open a patient's airway.
- Emergency medicines and equipment checks were carried out at appropriate intervals of at least weekly.

Data Protection

- Patient records were stored securely.
- The practice accident book was General Data Protection Regulation (GDPR) compliant.
- A confidentiality agreement between the practice and the out of hours cleaning company was available.

COSHH

- Safety data sheets were available for COSHH identified products.
- The COSHH risk assessment was comprehensive and dated to indicate when it was carried out.

Fire Safety

- The fire risk assessment carried out by a competent person.
- A five yearly electrical installation check report was available.
- The fire exit signage was correctly positioned in the reception.

Legionella

- Records were available to demonstrate that actions highlighted in the legionella risk assessment had been addressed.

Disability Access

- A disability access audit was available.

Staff Training

- The practice had systems in place to ensure clinical staff had completed CPD as required for their registration with the General Dental Council.

Recruitment

Are services well-led?

- Systems were in place to ensure recruitment checks were carried out, in accordance with relevant legislation to help the practice employ suitable staff, including locum staff

The practice had also made further improvements:

Protocols were implemented regarding the prescribing and recording of antibiotic medicines taking into account guidance provided by the Faculty of General Dental Practice in respect of antimicrobial prescribing.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulations.