

Mr. Daniel Evans

# Hooker House Dental Practice

## Inspection Report

Hooker House Dental Practice  
Quay Street  
Halesworth  
Suffolk  
IP19 8EP  
Tel: 01986872113  
Website:

Date of inspection visit: 17 February 2020  
Date of publication: 05/03/2020

### Overall summary

We undertook a follow up inspection of the practice on 17 February 2020. This 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.

We undertook a comprehensive inspection of the practice on 31 July 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 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 Hooker House Dental Practice on our website [www.cqc.org.uk](http://www.cqc.org.uk).

As part of this inspection we asked:

- Is it well-led?

#### **Our findings were:**

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

The provider had made sufficient improvements in relation to the regulatory breach we found at our previous inspection. These must now be embedded in the practice and sustained in the long-term.

#### **Background**

Hooker House Dental Surgery is a well-established practice based in Halesworth that provides both NHS and private dental treatment to approximately 10,000 patients. It is one of two owned by the provider in the local area. The dental team includes four dentists, one practice manager, four dental nurses and reception staff. There are four treatment rooms.

The practice opens on Mondays, Wednesday, Thursdays and Fridays from 9 am to 5pm. On Tuesdays, the practice is open from 9am until 8pm.

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

On the day of inspection, we spoke with the principal dentist, the practice manager and the receptionist.

# Summary of findings

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

# 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 31 July 2020 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 this inspection we found the practice had made the following improvements to comply with the regulation:

- The practice's business continuity plan had been updated to include essential contact numbers for staff and utility companies.
- The practice's recruitment policy had been updated to include the requirement to obtain DBS checks for staff.
- Staff now routinely rehearsed evacuating the building in the event of a fire and we viewed recent evacuation undertaken on 5 September 2019 and 8 January 2020. The practice manager told us it had been very useful including patients in the evacuation.
- Emergency lighting, smoke alarms and two fire evacuator alarms had been installed since our previous inspection.
- The premises risk assessment had been reviewed and its recommended control measures implemented.
- Signage had been placed on treatment room doors to warn of X-ray use, and compressed gas signage had been displayed where oxygen was kept.

- Containers of liquid were clearly marked, and clinical waste bins were covered appropriately.
- Loose and uncovered items in treatment room doors had been placed in plastic containers to protect them from aerosol contamination.
- Systems to manage and learn from unusual incidents and accidents had been put in place.
- All staff had undertaken training in the Mental Capacity Act and Gillick competence, and the practice's policies in relation to this had been updated.
- A portable induction loop had been purchased to assist patients who wore hearing aids and the practice had registered with a translation service.
- Named staff leads in the practice had been appointed for areas such as safeguarding, infection control and legionella.
- Regular staff meetings were held, and we viewed the minutes for meetings held in September 2019, October 2019 and January 2020.
- Radiography and dental records cards audits had now been undertaken for each individual clinician.

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