

Dr. Michael Greenstein

Hitchin Dental Centre

Inspection report

49 Ninesprings Way

Hitchin

SG4 9NR

Tel: 01462641111

www.hitchindentalcentre.co.uk

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Overall summary

We undertook a focused inspection of Hitchin Dental Centre on 17 September 2021. This 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.

We had previously undertaken a comprehensive inspection 4 May 2021 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 in accordance with the relevant regulations 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 Hitchin Dental Centre on our website www.cqc.org.uk.

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.

As part of this inspection we asked:

- Is it well-led?

Background

Hitchin Dental Centre is a well-established practice that offers both private and NHS treatment to patients. It is based in Hitchin and has four treatment rooms. The dental team includes four dentists, five dental nurses, a dental hygienist and reception staff. The practice is a referral centre for endodontics, prosthodontics and periodontics.

The practice is open Monday to Friday from 9am to 5.30pm.

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

Summary of findings

On the day of inspection, we spoke the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

Our findings were:

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

Key findings

The provider had made good 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.

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 4 May 2021 we judged the practice was not providing well-led care in accordance with the relevant regulations. We told the provider to take action as described in our requirement notice. During this inspection, we found the provider had made the following improvements to comply with the regulation:

- The provider had reviewed and strengthened their recruitment procedures. Three references were now required for clinicians and an enhanced disclosure and barring service check was to be requested before appointment. We viewed paperwork in relation to a dentist who was about to be employed and noted that the new policy was being followed.
- The practice now held appropriate employment information about its visiting specialists. Records we viewed in relation to a sedationist demonstrated the practice had obtained proof of their identity, indemnity, training, General Medical Council registration and immunisation status.
- Guidance in relation to local safety standards for invasive procedures had been put on display in the practice's treatment rooms, making them easily accessible to clinicians.
- A risk assessment had been completed for the one clinician who did not use the safest type of needles.
- Measures had been put in place to determine the volume of water needed to achieve the correct concentration of detergent. Nurses now used a specialist foam to ensure dirty instruments were kept moist prior to being sterilised.
- We checked the practice's medical emergency equipment bag and noted it contained clear face mask sizes 0 to 4.
- A system had been implemented to ensure an accurate record was kept of all medicines held in stock. We checked this system and saw that the number of medicine bottles recorded as being in stock, reflected the actual amount held. Medicine labels now contained details of the practice's name and address.
- Dental care records we reviewed demonstrated that the clinicians were prescribing anti-biotics in accordance with nationally recommended guidelines.
- We viewed completed Patient Group Directions that had been introduced to allow the hygienist to administer local anaesthetics.
- Dental care records we reviewed demonstrated that clinicians were now recording patients' risk of caries, periodontal disease and oral cancer. The recording of patient consent had also improved.
- The practice's Gillick competency guidelines had been reviewed and staff we spoke with understood its requirements.
- A detailed tracker had been implemented to ensure that all complaints received by the practice were monitored and dealt with in a timely way.

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