

Mr. Gary Hill

The Hollies Dental Practice

Inspection report

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Overall summary

We undertook a desk based follow up review of The Hollies Dental Practice on 20 April 2021. This inspection was carried out to assess in detail the actions taken by the provider to improve the quality of care and to confirm that the practice was now meeting legal requirements.

The inspection was led by a Care Quality Commission (CQC) inspector who was supported remotely by a specialist dental adviser.

We undertook a comprehensive inspection of The Hollies Dental Practice on 16 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 regulations 17 and 19 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 The Hollies Dental Practice on our website www.cqc.org.uk.

As part of this review 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 16 July 2019.

Background

The Hollies Dental Practice is in Guildford and provides private dental care and treatment for adults and children.

Summary of findings

There is no level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces are available at the rear of the practice.

The dental team includes one dentist, one dental nurse and two receptionists. The practice has two treatment rooms.

The practice is owned by an individual who is the principal dentist there. 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.

For this desk based review the provider sent us records to show where improvements had been made.

The practice is open:

- Monday to Thursday 8.30am to 6.00pm.
- Friday 8.30am to 1pm.

Our key findings were:

- The provider has ensured specific information is available regarding each person employed.
- Appropriate emergency equipment is available and there is a system to monitor stock emergency medicines and their expiry dates.
- All staff have completed safeguarding and basic first aid training.
- The provider has completed regular radiograph audits.
- Infection control audits have been completed at least twice yearly.
- Staff appraisals are formally recorded.
- A Disability Access Audit has been completed.
- A review of practice policies has taken place.

We are mindful of the impact of COVID-19 pandemic on our regulatory function. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

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 16 July 2019 we judged the practice 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 the review on 20 April 2021 we found the practice had made the following improvements to comply with the regulations:

- The provider had ensured specific information was available regarding each person employed. Appropriate Disclosure and Barring Service (DBS) checks had been completed and mandatory staff training had taken place. In addition, the provider had reviewed and updated the practice staff recruitment policy.
- The provider had reviewed and updated their policy for governance of the practice to support delegated lines of responsibilities. Improvements had been made to monitor quality at the practice through improved clinical auditing systems and staff supervision.

The provider had also made further improvements:

- Emergency equipment was available, taking into account guidance issued by the Resuscitation Council (UK) and the General Dental Council. There was a system to monitor stock emergency medicines and their expiry dates.
- All staff have completed safeguarding and basic first aid training. Staff certificates are in date.
- The provider has completed regular radiograph audits. The last audit was in April 2021 and included actions where improvements could be made.
- Infection control audits have been completed at least twice yearly. The last audit took place in November 2020 and identified any actions for improvement.
- Staff appraisals have been formally recorded, including discussion of individual training needs.
- A Disability Access Audit was completed in July 2020.
- A review of practice policies took place in February 2021.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulations when we inspected on 20 April 2021.