

Dr. Colin Harris

Market House Dental Surgery

Inspection report

Market Place
Chalfont St Peter
Gerrards Cross
SL9 9HA
Tel:

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Overall summary

We undertook a follow up focused inspection of Market House Dental Surgery on 2 October 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 was supported remotely by a specialist dental advisor.

We had previously undertaken a comprehensive inspection of Market House Dental Surgery on 23 March 2023 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 Market House Dental Surgery 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 were 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 23 March 2023

Summary of findings

Background

Market House Dental Surgery is in Chalfont St Peter and provides NHS and private dental care and treatment for adults and children.

There is step free access to the practice for people who use wheelchairs and those with pushchairs.

Car parking spaces, including dedicated parking for disabled people, are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 1 dentist, 1 dental nurse, 1 dental hygienist and 1 receptionist. The practice has 1 treatment room but shares the practice building with a second dentist. Both dentists have a cost sharing agreement for communal areas and services.

During the inspection we spoke with the principal dentist.

We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

- Monday – Thursday 8.30am to 6.00pm
- Friday 8.30am to 1.00pm

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 2 October 2023, we found the practice had made the following improvements to comply with the regulations:

Infection Control

- Contaminated instruments were stored appropriately whilst they waited to be decontaminated.
- A patient treatment chair covering was intact.
- Clinical staff's outdoor clothes and clinical uniforms were stored separately.
- Temperatures of the solution used to manually scrub instruments were taken to ensure it was not above the recommended temperature.
- The instrument inspection magnifier was positioned appropriately in the decontamination room.
- Pouched instruments in the store room were dated appropriately.
- Effective systems were operated to ensure the material covers on treatment room and waiting area seating were kept clean.
- Infection control audits contained a summary and action plan which meant the practice could demonstrate improvement over time.

Equipment

- Colour coded cleaning equipment was stored appropriately.
- Air conditioning servicing evidence was available.

Recruitment

- The practice had a recruitment policy and procedure to help them employ suitable staff, including for agency or locum staff. These reflected the relevant legislation

Health and Safety

- A display screen assessment had been carried out for the receptionist.

Fire Safety

- Records to confirm that fire drills were carried out were available.

Radiography

- The radiography audit we reviewed contained a summary and action plan which meant the practice could demonstrate improvement over time. However, grading of radiographs did not follow current guidance. The provider assured us they would adopt the current grading protocols immediately.

Risks to patients and staff

- Sharps injury information was available in clinical areas of the practice.
- A lone worker risk assessment was available for the hygienist.

Medical Emergencies

- Emergency equipment and medicines required to treat a medical emergency followed the Resuscitation Council's recommended guidelines.

Are services well-led?

- Glucagon was refrigerated. The temperature of the fridge was taken to ensure it was stored between 2 and 8 degrees Celsius.

The practice had also made further improvements:

- Clinical staff had adequate immunity for vaccine preventable infectious diseases.
- Antimicrobial prescribing audits were carried out..
- The practice kept detailed patient care records in line with recognised guidance.