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# Hazlemere Dental Practice

## Inspection Report

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### Overall summary

We undertook a follow up focused inspection of Hazlemere Dental Practice on 6 February 2020. 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 led by a CQC inspector who was supported by a specialist dental adviser.

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 Hazlemere 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?

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.

#### **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 August 2019.

#### **Background**

Hazlemere Dental Practice is in Holmer Green, High Wycombe and provides NHS treatment to children and private treatment to adults and children.

The practice has level access (via a portable ramp) for people who use wheelchairs and those with pushchairs. Car parking spaces, including spaces for disabled people are available at the front and rear of the practice.

The dental team includes four dentists, three dental nurses, one dental hygienist and two receptionists. The practice has three 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.

During the inspection we spoke with the one dentist, one dental nurse and two receptionists.

# Summary of findings

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

## **The practice is open:**

- Monday 08:30 - 19:30
- Tuesday 08:30 - 19:30
- Wednesday 08:30 - 18:00
- Thursday 08:30 - 19:30
- Friday 08:30 - 13:00

## **Our key findings were:**

- The provider's infection control procedures reflected published guidance.
- Appropriate medicines and life-saving equipment was available.
- The provider had systems to help them manage risk to patients and staff.
- The practice had effective clinical and management leadership.

# Summary of findings

## The five questions we ask about services and what we found

We asked the following question(s).

### **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 August 2019.

**No action**



# Are services well-led?

## Our findings

At our previous inspection on 23 August 2019 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 the inspection on 6 February 2020 we found the practice had made the following improvements to comply with the regulation:

The practice established effective systems and processes to ensure good governance in accordance with the fundamental standards of care. Specificity management of COSHH, infection control, sharps, fire safety, medicines, legionella, emergency medicines and equipment, and staff appraisals.

- Data control sheets were available for COSHH substances stored at the practice.
- Dental instruments were rinsed thoroughly in a dedicated bowl which was separate from the one used for the original wash in line with HTM01-05 guidance.
- A sharps risk assessment was carried out in September 2019 and January 2020. Needle stick injury information was available in all three treatment rooms.
- A fire risk assessment was carried out by a competent person in September 2019 and the action plan followed. This included, improved fire escape signage and the installation of automatic emergency lighting. A deputy fire marshal was trained to carry out checks of fire detection equipment and emergency lighting at times when the lead person was away from the practice.

- Medicines that were dispensed by the practice were stock controlled effectively. Prescriptions were stored securely, and logs maintained. .
- The practice's legionella risk assessment action plan was completed in full.
- Emergency medical equipment was available which included every size of oropharyngeal airway and a child size self-inflating bag with reservoir.
- Glucagon (a medicine used to treat low blood sugar levels) was stored in a dedicated fridge used only for medicines and dental products
- All the people working at the practice received appraisals. This included self-employed hygienists.

### **The practice had also made further improvements:**

- The practice took into account the guidance provided by the Faculty of General Dental Practice. Antibiotic prescribing audits were carried out which demonstrated the practice was following current prescribing guidelines.
- The practice had arrangements in place to support patients who experienced sight or hearing loss. A hearing loop and magnifying glass was available.
- Effective systems for monitoring and recording the ensured that medicines and dental care products were being stored in line with the manufacturer's guidance. We saw a log of the fridge temperature which showed it operated at the correct temperature of between two and eight degrees Celsius.

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 6 February 2020.