

Harpenden Dental Centre Limited

Harpenden Dental Centre

Inspection Report

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Date of inspection visit: 28 September 2018
Date of publication: 18/10/2018

Overall summary

We undertook a focused inspection of Harpenden Dental Centre on 28 September 2018. 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.

We undertook a comprehensive inspection of Harpenden Dental Centre on 1 May 2018 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 Harpenden 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 area where improvement was required.

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 improvements in relation to the regulatory breach we found at our inspection on 1 May 2018.

Background

Harpenden Dental Centre is situated in Hertfordshire and provides private treatment to patients of all ages.

There is level access for people who use wheelchairs and those with pushchairs. A small number of car parking spaces are available in front of the practice; further parking is available on the road.

The dental team includes seven dentists, three dental nurses, three dental hygienists, a practice manager and one receptionist. The practice has four treatment rooms.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Harpenden Dental Centre is the practice manager.

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

We found that effective action had been taken to address shortfalls we had identified in our previous inspection and staff had worked hard to implement them. For example, legionella and fire hazards had been fully assessed and measures implemented to reduce risk. The practice had a recruitment policy in place and staff training was better monitored. The practice manager had undertaken appropriate training in intermediate life support and a second oxygen cylinder had been purchased. Equipment used to sterilise dirty instruments was now regularly checked and tested.

No action



Are services well-led?

Our findings

At our previous inspection on 1 May 2018 we judged it was not providing well led care and told the provider to take action as described in our requirement notice. At the inspection on 28 September 2018 we found the practice had made the following improvements to comply with the regulation(s):

Governance arrangements

- The practice's whistleblowing policy had been updated and now contained information of organisations that staff could raise concerns to if necessary.
- The practice had implemented a staff recruitment policy that met relevant legislation.
- We viewed an electrical installation report dated 11 July 2018, which showed that the practice had undertaken a five yearly fixed wiring test.
- We viewed log books which demonstrated that regular checks were undertaken of fire detection equipment and emergency lighting.
- A full fire risk assessment had been completed on 23 May 2018 and its recommendations to move external rubbish and improve fire safety signage around the practice had been implemented. Fire extinguishers had been serviced on 3 May 2018.
- The practice manager now kept a log of all staff training so it could be monitored effectively.
- The practice manager had undertaken intermediate life support so she was able to assist with any sedation undertaken at the practice.
- We viewed record logs which showed staff were completing appropriate checks for the ultrasonic bath.
- A full legionella risk assessment had been completed on 3 May 2018 and its recommendations to descale taps and flush through the external tap had been implemented.
- The name and address of the practice was now recorded on all labels for dispensed medicines.
- The practice's consent policy had been updated and included guidance for staff in relation to the Mental Capacity Act. The practice manager told us of a recent example where she had considered and applied its principles with regards to one patient.
- The practice had purchased a second oxygen cylinder to ensure they had a backup.

These improvements demonstrated that the provider had taken good action to address the shortfalls we had identified during our previous inspection.