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Hill House Dental Surgery

Inspection report

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Overall summary

We undertook a focused desk-based review of Hill House Dental Surgery on 11 January 2021. 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 focused follow up review was led by a CQC inspector.

We undertook a comprehensive inspection of Hill House Dental Surgery on 2 October 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 regulation 17 (Good governance) and regulation 19 (Fit and proper persons employed) 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 Hill House Dental Surgery on our website 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 areas 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 breaches we found at our inspection on 2 October 2019.

Background

Summary of findings

Hill House Dental Surgery is in Langport, Somerset and provides NHS treatment for adults and children. Patients can also pay privately to see the hygienist.

There is level access for people who use wheelchairs and those with pushchairs, although some assistance maybe required upon entry to the practice due to an uneven surface. There is on-street parking near the practice.

The dental team includes two dentists, five qualified dental nurses, two dental hygienists and three receptionists. The practice has three treatment rooms.

The practice is owned by a partnership 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 Hill House Dental Surgery is the principal dentist.

During the review we spoke with the dentist, who is also the registered manager and a partner of the practice. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

- Monday 8am – 5pm
- Tuesday 8am – 6pm
- Wednesday 9am – 6pm
- Thursday 9am – 5pm
- Friday 9am – 5pm.

Our key findings were:

- There were systems in place to ensure new staff were recruited safely and employment procedures met current legislation requirements.
- The system to manage fire safety to ensure it complied with legislation had improved.
- The system to ensure staff were complying with legislative requirements for managing sharps had improved.
- Improvements had been made to the system to risk assess the control of substances hazardous to health.
- There were now procedures in place to manage spillages appropriately.
- There was an effective system in place to monitor medical emergencies medicines and equipment to ensure they met current guidelines and safe to use.
- There was a system in place to ensure staff were protected from hepatitis B.
- Staff records were now kept securely. Dental care records were kept as secure as possible, whilst they undertook a gradual process of moving these into a more secure area.

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 2 October 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 our focused follow up review on 11 January 2021 we found the practice had made the following improvements to comply with the regulations 17 good governance and 19 fit and proper persons employed:

- The provider had effective recruitment procedures in place to ensure staff were employed safely and met current legislative requirements. The provider sent us evidence of new systems that had been implemented to monitor recruitment including a staff checklist of documentation required, a recruitment policy and a compliance manager monitoring system. There was evidence to show risk assessments had been completed for staff where recruitment information was not available. We also saw an example of a completed checklist for a staff member who recently been recruited.
- The provider had effective fire safety procedures in place. There was an appropriate fire safety risk assessment undertaken and actions from this had been addressed and risk assessed.
- Improvements had been made to how sharps were managed to ensure legislative requirements were met. This included having a risk assessment in place that reflected current safer sharps procedures used. There was also a clear policy in place for staff to follow.
- Improvements had been made to how substances hazardous to health had been risk assessed. New risk assessments had now been completed for each substance and were reviewed on a monthly basis. We saw examples of completed risk assessments.
- Management of spillages had improved. We were provided with evidence and assurance that there was now a blood spillage procedure in place and there was now a blood spillage kit available, if required.
- The systems to monitor medical emergencies had improved. We saw evidence that a new effective system had been implemented to ensure all appropriate emergency medicines and equipment were available and safe to use, in accordance with the Resuscitation Council UK guidelines.
- There were systems in place to ensure staff had the immunity status for the hepatitis B vaccine and this could be monitored effectively.
- The security of staff personnel records had improved. Patients' dental records were in progress of being moved to an increased security area. The provider had mitigations in place to ensure patient records were kept secure in the meantime.

The practice had also made further improvements:

- Improvements had been made to how dental care notes were recorded. The provider had implemented a new electronic record system. The provider told us they would audit their records to ensure they met with current guidelines and legislative requirements. We saw audits had recently been completed. The audits had shown improvements had been made to dental care records. This had enabled for the following to be effectively recorded: X-ray justification, diagnosis and quality assurance score, consent from the patient taken, patient recall intervals recorded, and treatment options and diagnosis recorded. Improvement action plans had been implemented with a review timescale.
- Action had been taken to ensure all clinicians were adequately supported by a trained member of the dental team when treating patients. The hygienist now had support from a dental nurse at all times.
- The dentists had completed prescribing of antibiotic medicines audits in December 2020 and January 2021. These identified where improvements could be made.

Are services well-led?

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulation 19 fit and proper persons employed and regulation 17 good governance.