

Hurst Park Dental Practice Limited

# Hurst Park Dental Practice Limited

## Inspection Report

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### Overall summary

During our announced comprehensive inspection of this practice on 2 February 2016, we found breaches of legal requirements in relation to the Health and Social Care Act 2008. Following this inspection, the practice wrote to us to say what they would do to meet legal requirements in relation to Regulation 12-Safe Care and Treatment, and regulation 17- Good Governance.

We undertook this focused inspection to check that the provider had followed their improvement plan and to confirm that they now met legal requirements. This report only covers our findings in relation to this requirement. You can read the report from our previous comprehensive inspection, by selecting the 'all reports' link for Cambridge Dental Hub at [www.cqc.org.uk](http://www.cqc.org.uk)

#### **Are services safe?**

We found that this practice was providing safe care in accordance with the relevant regulations.

#### **Are services Well-led?**

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

#### **Key findings**

- Overall, we found that adequate action had been taken to address the shortfalls identified at our previous inspection and the provider was now compliant with the regulations.

# Summary of findings

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

We always ask the following five questions of services.

### **Are services safe?**

We found that adequate action had been taken to address shortfalls in safety that we had identified in our previous inspection. Staff had a better understanding of significant events; recruitment procedures were more robust; Legionella controls had been implemented; infection control measures had been strengthened and signage around the practice was clearer. However, the practice still needed to implement control measures to reduce potential hazards to both patients and staff.

No action



### **Are services well-led?**

We found that adequate action had been taken to address shortfalls in governance that we had identified in our previous inspection. Regular practice meetings including all staff were now held; a record of patients' complaints was kept; patient referrals were tracked; staff had received an appraisal of their performance and better seating had been put in the waiting area to accommodate the needs of patients with limited mobility.

No action



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## Detailed findings

### Background to this inspection

We undertook an announced focused inspection Hurst Park Dental Practice on 25 August 2016. This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 2 February 2016 had been made.

We inspected the practice against two of the five questions we ask about services: is the service safe?

A CQC inspector who had access to remote advice from a specialist advisor led the inspection. During our inspection we spoke with the registered manager. We reviewed a range of documentation and toured the premises.



# Are services safe?

## Our findings

### Reporting, learning and improvement form incidents

At our previous inspection we found that staff's understanding, recording and analysis of significant events that occurred at the practice was limited. During this inspection we found that an accident book was now available and we noted that details of three recent events had been recorded in full. A poster presentation had been put on display in the staff room about RIDDOR requirements to ensure that all staff were aware of the types of incidents that should be reported. We were also shown a quiz that staff had recently completed which tested their knowledge on the types of reportable incidents and the organisations to which they should be reported.

### Reliable safety systems including safeguarding

At our previous inspection we found that staff had not received appropriate training in protecting children and vulnerable adults. During this inspection we were shown evidence that all the dentists had completed appropriate training, including level two in safeguarding children. However none of the practice's seven nurses had received level two training as the registered manager and lead for safeguarding, was not aware of the guidance that all dental clinicians, including nurses, should receive this. He assured us he would arrange training for the nurses immediately.

### Medical emergencies

At our previous inspection we found that the midazolam medicine in the practice's emergency drugs kits was for intravenous use only. During this inspection we saw that the practice now kept buccal midazolam in its kit, which meant it could be administered more quickly to a patient having an epileptic seizure.

At our previous inspection, we found that emergency medical simulations were not routinely rehearsed by staff. The registered manager told us he had booked specific training in medical emergency simulations to take place on 25 October 2016, and staff would begin to practice simulations following this training. We advised the registered manager that this date was some eight months after our initial inspection and there was no reason why staff could not start practising the simulations immediately to ensure their skills were kept up to date.

### Staff Recruitment

At our previous inspection we found that staff recruitment procedures were not robust. During this inspection we found that all staff had now received a disclosure and barring check (DBS). We reviewed the personnel file for the most recently employed staff member and found that the practice had obtained all appropriate pre-employment checks. A record of the staff member's interview was also kept to show it had been conducted in line with good employment practices.

### Monitoring safety and responding to risk

At our previous inspection we found that recommendations from the practice's Legionella risk assessment had not been implemented. During this inspection we viewed records which showed that water temperatures were now being checked regularly as recommended, albeit on 11 May 2016, some three months after our inspection.

At our previous we found that the assessment of potential hazards and risk within the practice was poor. During this inspection we were shown an updated practice risk assessment which had been completed on 11 April 2016. This was comprehensive and covered a range of potential hazards in the practice including autoclaves, biological agents, display screen equipment and radiation. However we found that some control measures had not been implemented. For example, workstations had not been assessed, no eye tests had been undertaken for screen users and there was no recorded visual inspection of electrical equipment. There was no evidence that the risk assessment had been shared to staff to ensure they were aware of the potential hazards or how to reduce them.

During this inspection we noted that signage around the practice indicating the location of fire exits, emergency medicines and x-ray machinery had improved significantly.

### Infection control

At our previous inspection we found that audits of the practice's infection control procedures had not been undertaken as recommended by guidance. During this inspection we noted that a comprehensive audit had taken place on 6 July 2016. We also noted the following improvements:

- Carpeted areas in treatment rooms had been replaced with vinyl so they were easier to clean.



## Are services safe?

- A broken sensor operated bin in one treatment room had been removed.
- A suitable bin for the disposal of sanitary items had been put in the patients' toilet.
- Cleaning equipment was stored safely.
- Staff now checked the temperature of water before manually cleaning instruments.
- Dirty instruments were kept moist during transportation in boxes.



## Are services well-led?

### Our findings

#### Governance arrangements

At our previous inspection in February 2016 we found that the practice's governance procedures were poor and identified a number of shortfalls across all the domains we inspected which showed that the practice was not well led. However during this inspection we noted the following improvements had been implemented:

- The practice manager and dental nurses had received an appraisal of their performance.
- The practice kept a log of training that staff had completed so it could be monitored.
- A tool to assess the quality of dental care records was in the process of being implemented by the dentists, a copy of which we viewed.

- A log of referrals made on behalf of patients was now kept so that they could be tracked and monitored. The registered manager told us that all patients were now offered a copy of the referral for their information.
- Higher seating was available in the waiting area to assist patients with limited mobility.
- A specific book had been introduced to record informal patients' complaints, and we noted ten complaints, mostly around telephone access, had been recorded since our previous inspection visit.
- Details of NHS fees were now displayed for patients, as were the General Dental Council registration numbers for all dentists working at the practice.
- Monthly staff meetings lasting an hour and a half were now held.

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