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The Holmer Green Dental Practice

Inspection report

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Overall summary

We undertook a follow-up focused inspection of The Holmer Green Dental Practice on 14 April 2022.

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 Care Quality Commission, (CQC), inspector who was supported by a specialist dental adviser.

At our inspection on 25 October 2021 we found the registered provider was not providing safe and well-led care and was in breach of Regulation 12, 17 and 19 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 The Holmer Green Dental Practice on our website www.cqc.org.uk.

As part of this inspection we asked:

- Is it safe?
- 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 safe?

Summary of findings

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

The provider had made improvements in relation to the regulatory breach we found at our inspection on 25 October 2021 .

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 25 October 2021 .

Background

The Holmer Green Dental Practice is in High Wycombe and provides private dental care and treatment for adults and children.

There is step free access to the practice, via a ramp for people who use wheelchairs and those with pushchairs. Car parking spaces are available on the road outside the practice.

The dental team includes one dentist, one dental nurse, one dental hygienist and one receptionist. The practice has two 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.

On the day of inspection, we obtained the views of six patients.

During the inspection we spoke with the principal dentist, nurse and the receptionist.

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

The practice is open:

- Monday 8.00am – 2.30pm
- Tuesday 8.30am – 4.30pm
- Wednesday 8.30am – 4.30pm
- Thursday 8.00am – 2.30pm
- Friday 8.30am – 4.30pm

Our key findings were:

- The provider had systems to help them manage risk to patients and staff.
- The provider had quality assurance processes to encourage learning and continuous improvement.

Summary of findings

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulations when we carried out a follow-up focused inspection on 14 April 2022.

There were areas where the provider could make improvements. They should:

- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the Faculty of General Dental Practice.
- Take action to ensure the clinicians take into account the guidance provided by the College of General Dentistry when completing dental care records.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	**No action** ✓
Are services well-led?	**No action** ✓

Are services safe?

Our findings

At our previous inspection on 25 October 2021 we judged the provider was not providing safe care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notice.

At our follow-up inspection on 14 April 2022 we found the practice had made the following improvements to comply with the regulations:

- The brush used in decontamination was the appropriate.
- Spare rubber gloves were available and there was there a system in place to change gloves on a weekly basis.
- Manual cleaning validation logs were kept.
- An instrument inspection magnifying light was available.
- Hand cream was available at the handwash sink.
- The autoclave validation log book was complete.
- The autoclave validation data logger was regularly removed and reviewed.
- Clinical waste bins in surgeries were foot operated.
- A cupboard in the patient toilet was used to house the dental suction unit. This was water-undamaged and clean. Access by patients was restricted as doors were locked.
- A windowsill in the kitchen had been repaired.
- The laminate flooring in the ground floor corridor was complete.
- Damp was treated and no longer present on one wall of the staff toilet.
- Dental impressions and materials were stored appropriately.
- Out of date dental materials and biofilm treatment was disposed of appropriately.
- Lint-free instrument drying cloths were available.
- The fridge used to store Glucagon was used appropriately.
- We saw no out of date dental materials in the surgeries and stockroom.
- Colour-coded mop heads were stored correctly.
- Surgery two work top veneer was complete.
- The missing paper towel dispenser in surgery one was replaced.
- Local rules were updated to reflect IR(ME)R17.
- Evidence of registration with the HSE was available.
- The practice's radiation protection advisor contract was available.
- Completed continuing professional development in respect of dental radiography for the dentist was available.
- Sharps bins were used appropriately and labelled correctly.
- The fridge used to store Glucagon was temperature monitored appropriately.
- Facemasks, airways and tubing was available and in date.
- Local anaesthetic ampules, stored in treatment rooms, were in their original blister packs to protect them from contamination.

Fit and Proper Persons Employed

- The registered person ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed.

Are services well-led?

Our findings

At our previous inspection on 25 October 2021 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 follow-up inspection on 14 April 2022 we found the practice had made the following improvements to comply with the regulations:

Good Governance

- There was a system in place for receiving and acting on safety alerts.
- Infection Control audit actions were completed.
- Recommendations in the Legionella risk assessment had been actioned and records of water testing and dental unit water line management were available.
- The practice had an automated external defibrillator (AED) available.
- A hearing loop was available.
- Vision aids were available at reception.
- X-rays taken were recorded in patient care records.

We noted shortfalls that remained outstanding which included:

- Clinicians did not routinely record the necessary treatment information in patients care records.
- Antimicrobial prescribing audits were not carried out.

The provider assured us they would address these as soon as practicably possible.