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Holly House Dental Practice

Inspection report

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Overall summary

We carried out this unannounced focused inspection on 26 March 2024 under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

We planned the inspection to check whether the registered practice was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations.

The inspection was led by a Care Quality Commission (CQC) inspector who was supported by a second CQC inspector and a specialist dental advisor.

As part of this inspection, we asked?

- Is it safe?

This question formed the framework for the area we look at during the inspection.

Our findings were:

- The dental clinic appeared clean and well-maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to manage risks for patients, staff, equipment and the premises.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which reflected current legislation.
- There was effective leadership and a culture of continuous improvement.

Background

Summary of findings

Holly House Dental Practice is in Stockport and provides NHS and private dental care and treatment for adults and children.

There is step free access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for disabled people, are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 6 dentists, 1 dental therapist, 6 qualified dental nurses including the practice manager and 2 receptionists. The practice has 4 treatment rooms.

During the inspection we spoke with 1 dentist, 2 qualified dental nurses including the practice manager, and 2 receptionists. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday, Wednesday and Friday from 8am to 5.30pm

Tuesday and Thursday from 9am to 5.30pm

Saturday by appointment only.

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

- Take action to implement any recommendations in the practice's fire safety risk assessment and ensure ongoing fire safety management is effective.
- Take action to ensure the availability of equipment and medicines in the practice to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK), the General Dental Council and British National Formulary.

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 safe?

Our findings

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

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

The practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children. The practice had appointed a safeguarding lead to oversee safeguarding awareness and training.

The practice had infection control procedures which reflected published guidance. The practice had appointed an infection prevention and control lead to oversee and maintain standards. We noted the data logger was not regularly downloaded. We discussed this with the practice manager and were assured this would be addressed and rectified.

The practice had procedures to reduce the risk of legionella, or other bacteria, developing in water systems, in line with a risk assessment. Monthly hot and cold-water temperature checks were completed but not always logged. Hot and cold temperature checks were carried out on the same day and those seen were within the required temperature ranges.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The practice appeared clean and there was an effective schedule in place to ensure it was kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff, including for agency or locum staff. These reflected the relevant legislation.

Clinical staff were qualified, registered with the General Dental Council and had professional indemnity cover.

The practice ensured equipment was safe to use, maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations.

The management of fire safety was not always effective. Fire detection systems were in place but these were not tested weekly. We noted a number of outstanding actions had not been completed on the fire safety risk assessment. A fire exit was blocked by a closed shutter, which was opened during the visit. However, the fire safety risk assessment was carried out in line with the legal requirements. Staff completed fire safety awareness training and 5 members of staff had completed fire marshal training. The provider submitted evidence that showed fire alarm tests and emergency lighting tests would be carried out and logged in line with guidance moving forward.

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available.

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety, sepsis awareness and lone working.

Most emergency equipment and most medicines were available and checked in accordance with national guidance. Buccal midazolam, used in the treatment of prolonged seizures, had expired in December 2023 and a self-inflating bag with reservoir (adult) was missing from the kit. On the same day as the inspection, the self-inflating bag with reservoir (adult) was ordered. Buccal midazolam had been ordered in February 2024 but had not arrived, this was escalated to the practice manager and delivered on 27 March 2024. We noted the checks for the equipment and medicines were not completed consistently. Following the inspection, evidence of a new weekly checklist for equipment and medicines was seen.

Are services safe?

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year.

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health.

Information to deliver safe care and treatment

Patient care records were complete, legible, kept securely and complied with General Data Protection Regulation requirements.

The practice had systems for referring patients with suspected oral cancer under the national two-week wait arrangements.

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were carried out.

Track record on safety, and lessons learned and improvements

The practice had systems to review and investigate incidents and accidents. The practice had a system for receiving and acting on safety alerts.