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Ham Dental Practice

Inspection Report

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Overall summary

We undertook a focused follow up inspection of Ham Dental Practice on 03 February 2020. 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 undertaken by a CQC inspector who was supported by a specialist advisor.

We undertook a comprehensive inspection of the Ham Dental Practice on 26 June 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 safe and well led care and was in breach of regulations 12,17 and 18 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 Ham Dental Practice on our website www.cqc.org.uk.

As part of this inspection we asked:

- Is it safe?
- Is it well-led?

Our findings were:

Are services safe?

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 26 June 2019.

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 26 June 2019.

Background

Ham Dental Practice is in the London Borough of Kingston Upon Thames and provides NHS and private treatment to patients of all ages.

There is ramp access for people who use wheelchairs and those with pushchairs. Car parking spaces are available near the practice.

The dental team includes the principal dentist, three associate dentists, a practice manager, two locum dental nurses, a trainee dental nurse, a dental hygienist and a receptionist. The practice has four treatment rooms, however only three treatment rooms are currently being used.

Summary of findings

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.

During the inspection we spoke with two dentists (the principal dentist and an associate), the practice manager, a locum dental nurse, a trainee dental nurse and the receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

9:00am to 5:30pm Monday to Thursday

9:00am to 2:00pm Friday

Our key findings were:

- Staff members knew how to deal with emergencies and there was evidence of staff training.
- All medicines and life-saving equipment were available and in date.
- The practice adopted systems to help them manage risks to patients and staff.
- The provider had suitable safeguarding processes, staff knew their responsibilities for safeguarding vulnerable adults and children and there was evidence of staff training.
- The provider had staff recruitment procedures, which had been reviewed and were specific to the needs of the practice.
- The provider had systems in place to protect patients' privacy and personal information.
- The provider had effective leadership and there was evidence of a culture of continuous improvement.
- Staff felt involved and supported.
- The provider dealt with complaints positively and efficiently and there was evidence of analysis and learning from complaints.
- The provider had information governance arrangements in place.

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

We found that this practice was providing safe care and was complying with the relevant regulations.

At our previous inspection on 26 June 2019 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 the inspection on 3 February 2020 we found the practice had made the following improvements to comply with the regulation:

- There was evidence of training and support for existing staff, new staff members and locum staff.
- Within the past 12 months all staff were trained in Basic Life Support (to manage medical emergencies) and safeguarding for children and vulnerable adults.
- There was evidence of continuing professional development (CPD) records being maintained for all clinical staff.
- There was a suitable risk assessment in place for fire safety.
- Comprehensive records were available for fire safety equipment being checked at regular intervals.

- There was a suitable risk assessment in place for Legionella.
- There was a system in place for recording, investigating and reviewing incidents or significant events.
- There was a system in place to review stocks of, and for identifying, disposing and replenishing of out-of-date stock of medicines.
- Staff and patient records were securely stored at the premises:
- The provider had installed a new combination lock on the door to the reception area.
- All staff computers were screen locked when not in use.
- All staff computers were password protected.
- All staff recruitment and training records were stored in a lockable cabinet which only the registered manager and practice manager had access to.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulation when we inspected on 3 February 2020.



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 26 June 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 the inspection on 3 February 2020 we found the practice had made the following improvements to comply with the regulation:

- The practice policy documents relating to whistleblowing, safeguarding, health and safety, complaints handling, and recruitment had been reviewed and were specific to the needs of the practice.
- There were systems and processes in place that enabled the registered person to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulation when we inspected on 3 February 2020.