

Whalley Dental Limited

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Inspection report

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Overall summary

We undertook an off-site follow up inspection of Whalley Dental Limited on 10 April 2024. This inspection was carried out to review 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 CQC inspector who had remote access to a specialist dental advisor.

We had previously undertaken a comprehensive inspection of Whalley Dental Limited on 13 February 2024 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 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 Whalley Dental Limited on our website www.cqc.org.uk.

When 1 or more of the 5 questions are not met we require the service to make improvements and send us an action plan (requirement notice only). We then inspect again after a reasonable interval, focusing on the area where improvement was required.

As part of this inspection we asked:

- Is it well-led?

Our findings were:

Are services well-led?

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

Summary of findings

The provider had made improvements in relation to the regulatory breach we found at our inspection on 13 February 2024.

Background

Whalley Dental Limited is part of Carholme Dental Group. The practice is in Whalley in Lancashire 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. The practice is located close to local transport routes and car parking spaces are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 3 dentists, 5 dental nurses (including 3 trainees), 1 dental therapist, 1 practice manager and a receptionist. The practice has 3 treatment rooms.

During the inspection we spoke with the practice manager. The team were supported by the area manager and group compliance lead. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday to Thursday from 9am to 5pm

Friday from 9am to 4pm

The practice is closed for lunch from 12.30pm to 1.30pm daily

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 the inspection on 10 April 2024 we found the practice had made the following improvements to comply with the regulation:

- Systems for managing Legionella had been improved. Staff had carried out additional training and the practice manager confirmed where risks were identified, action would be taken.
- A fire risk assessment was carried out in March 2024 and a number of recommendations had been made. The practice had taken immediate steps to implement a number of the recommendations and a plan was in place to address anything outstanding within the suggested timescales. Additional staff training had been undertaken and a fire drill had been carried out.
- Accurate and up to date X-ray safety information was available to staff for each surgery.
- Immediate action was taken following the inspection to address the risks identified during the routine testing of the Orthopantomogram (OPG). Additional safeguards had been introduced to ensure risks are identified and addressed promptly in the future. The practice manager confirmed some staff had received additional training in relation to the management of the OPG.
- Following the inspection the whole team had undertaken face to face infection prevention and control refresher training. All protocols were reinforced and additional checks were introduced to ensure staff consistently followed the guidance.
- Risk management protocols relating to the management of dental sharps had been shared and discussed with staff. We discussed with the practice manager additional improvements could be made to the risk assessment to reflect all the mitigating actions in place in the practice.
- Cleaning equipment was now stored appropriately.
- The practice had considered and mitigated the risks to staff when working alone.
- Improvements to the recruitment protocols had been made to ensure Disclosure and Barring Service (DBS) checks or appropriate risk assessments are carried out at the point of recruitment. Additional monitoring checks had also been introduced to ensure improved oversight of the protocols.
- The practice had made improvements to the system for ensuring appropriate checks were carried out for all clinical staff in relation to Hepatitis B. This included logging when staff receive vaccinations to ensure all doses are given at the appropriate intervals.

The practice had also made further improvements:

- We saw the practice had made changes to the auditing protocols to include documented learning points and the resulting improvements can be demonstrated.
- The practice had taken steps to ensure the clinicians consistently took into account the guidance provided by the College of General Dentistry when completing dental care records. This included reviewing any changes to ensure improvements had been made and were maintained.