

Makwana & Patel Dentiques Limited

Cathedral View Dental Practice

Inspection Report

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Overall summary

We carried out a comprehensive inspection at this practice on 15 November 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We found the registered provider was providing safe, effective, caring and responsive care in accordance with relevant regulations.

We judged that the practice was not providing well-led care in accordance with regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the comprehensive inspection, the practice wrote to us to say what they would do to meet legal requirements in relation to the breach.

We undertook this focused inspection on 28 June 2017 to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cathedral View Dental Practice on our website at www.cqc.org.uk.

At a comprehensive inspection we always ask the following five questions to get to the heart of patients' experiences of care and treatment:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Are services well-led?

We found that the provider had taken effective action to deal with the shortfalls we found at our inspection on 15 November 2016. We found that this practice was providing well-led care in accordance with regulation 17.

Background

Cathedral view Dental Practice is a dental practice providing private care for adults and private and NHS care for children. Where private treatment is provided some is under a fee per item basis and some under a dental insurance plan. The practice is situated in a converted residential property with all patient facilities on the ground floor.

The practice has three dental treatment rooms. There is also a reception and waiting area and other rooms used

Summary of findings

by the practice for office facilities and storage. The practice is open from 8.30am to 5pm from Monday to Friday. The practice closes for lunch between 1pm to 2pm.

The practice has three part-time dentists who are able to provide general dental services including endodontic treatment and some cosmetic dentistry. They are supported by two dental nurses, a trainee dental nurse, three part time dental hygienists, a practice manager and receptionist.

The practice owner is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

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 well-led?

The provider had made a range of improvements to the overall governance of the service. This included arrangements regarding purchasing of new equipment, completion of fire risk assessment, updating staff knowledge regarding policy and procedure and strengthening other processes in place.

No action



Are services well-led?

Our findings

Governance arrangements

At our inspection on 15 November 2016 we found shortfalls in the practice's governance procedures. We judged that the practice was not well led and made a requirement notice. At the inspection on 28 June 2017 we noted the practice had made the following improvements to meet the requirement notice:

- The provider told us they had removed old ultrasonic baths which were in use but had not been validated on the day of our comprehensive inspection. The provider told us they undertook manual cleaning of dental items following their removal. The provider had purchased new ultrasonic baths and these were in use in the practice from February 2017. We were provided with documentation relating to their purchase and their arrangements to have the new ultrasonic baths validated in February 2018.
- The provider had carried out a fire risk assessment in February 2017 utilising an external contractor. The provider had acted upon the findings from the assessment. For example, a new fire alarm had been fitted, personal evacuation procedures were implemented for all staff and an evacuation policy was introduced. The provider had also considered the arrangements for patients who were disabled and in attendance at the practice if a fire related emergency occurred. The provider had electrical testing undertaken at its premises and a certificate was issued for a period of five years dated February 2017.
- The provider had reviewed its processes for the reporting of significant events. Our previous comprehensive inspection had identified an accident which had been reported in an accident book but had not been reviewed by management and shared with other staff to ensure subsequent learning could take place. We reviewed various documentation following our inspection which included records of meetings held with staff where significant event reporting procedures were discussed. The practice manager had implemented robust procedures to reduce the risk of the incident recurring. This included weekly checks of the accident book with management sign off.
- Documentation we reviewed also included management discussions with staff regarding their knowledge of policy. For example, meeting minutes recorded in January 2017 showed the sharps protocol was discussed.
- The provider had strengthened its procedures for the review and action of patient safety alerts. We had found that one alert had been missed when we undertook our previous comprehensive inspection. The new procedure implemented included three members of staff deployed to undertake checks on alerts to ensure that they could not be inadvertently missed.
- The provider had secured access to its supplies of emergency medicines. Previously, we had found that members of the public had potential to gain access through the rear of the premises to the medicines which were stored in an unlocked office. Since our inspection, the provider had ensured a lock was put in place on the external door. Staff were still able to gain access to the medicines quickly if an incident occurred as they were able to use an internal door.