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Moss Lane Dental Surgery

Inspection report

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Overall summary

We undertook a follow up desk-based review of Moss Lane Dental Surgery on 9 November 2021. This review 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 CQC inspector who had remote access to a dental specialist advisor.

We undertook a comprehensive inspection of Moss Lane Dental Surgery on 22 June 2021 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 Moss Lane Dental Surgery on our website www.cqc.org.uk.

As part of this inspection we asked:

- 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 or review again after a reasonable interval, focusing on the areas where improvement was required.

Our findings were:

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 22 June 2021.

Summary of findings

Background

Moss Lane Dental Surgery is located in the Orrell Park area of North Liverpool and provides NHS and private dental care and treatment for adults and children.

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

The dental team includes two dentists, two dental nurses, one of whom is a trainee, a dental hygiene therapist, a receptionist and a practice manager. The practice has two treatment rooms.

The practice is owned by a partnership and as a condition of registration must have a person registered with the CQC as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Moss Lane Dental Surgery is the dental hygiene therapist.

As part of this desk-based review, we reviewed the provider's action plan and evidence submitted to us. The practice had identified where there was a shortfall and had actions in place to ensure the practice was providing well-led care in accordance with the relevant regulations.

The practice is open: Tuesday from 9pm to 1pm and from 2pm to 5pm, and on Friday from 9am to 1pm.

Our key findings were:

- Gas and electrical systems had been inspected and certified.
- The security and use of NHS prescriptions were in line with current guidance.
- Systems had been implemented to oversee the completion of staff training.
- Sharps risks had been assessed and safer sharps systems introduced.
- The provider ensured that practice policies were updated with essential information.
- Staff recruitment procedures now reflected current legislation and checks were in place for temporary staff.
- Improvements had been made to the quality of dental care records and the systems to audit these.

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 our previous inspection on 22 June 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 the review on 9 November 2021 we found the practice had made the following improvements to comply with the regulation:

- Systems and processes were now in place to alert the provider to the due date of essential safety checks. Gas and electrical safety inspections had been carried out and certified as satisfactory.
- Processes were now in place to monitor staff training. The provider sent evidence that staff had completed training which was previously identified as overdue. For example, in safeguarding children and vulnerable adults and Mental Capacity Act training.
- The recruitment processes were updated to ensure any future staff are employed in line with the relevant legislation. The provider had carried out retrospective essential checks where these were absent. Evidence had been sought from agencies that essential checks were in place for temporary staff.
- The provider had reviewed and updated policies. For example, essential contact details for the correct organisations were inserted in the practice whistle blowing policy.
- Sharps safety had been reviewed. Single-use dental matrix bands were now in use in line with the sharps policy and health and safety guidance provided to staff.
- The system for management and tracking of NHS prescription sheets had been reviewed and was now in accordance with NHS requirements. A logging system had been introduced to identify any missing prescriptions.
- Improvements had been made to ensure that dental care records were consistently maintained in line with General Dental Council guidelines, and systems were in place to audit the quality of dental care records which were discussed at regular clinical meetings.
- Evidence of regular clinical meetings was sent. These meetings included updating staff on the improvements made since the previous inspection, policies, completing dental care records, consent and infection control processes.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulation when we carried out our review on 9 November 2021.