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# Vicarage Lane Dental Care

## Inspection Report

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### Overall summary

We visited Vicarage Lane Dental Care for a follow-up inspection on 5 May 2017.

We had undertaken an announced comprehensive inspection of this service on 14 November 2016 as part of our regulatory functions where a breach of legal requirements was found.

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

We visited the practice to check that they had followed their plan and to confirm that they now met the legal requirements.

We reviewed the practice against one of the five questions we ask about services: is the service well-led? 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 Vicarage Lane Dental Care on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

# 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?**

We carried out an inspection on the 5 May 2017. Action had been taken to ensure that governance arrangements had been improved.

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

Strong and effective clinical and business leadership was evident during our inspection underpinned by an effective governance system that had been improved by the practice.

The practice had arrangements in place for monitoring and improving the services provided for patients.

Staff described an open and transparent culture where they were comfortable raising and discussing concerns with the management team. They were confident in their abilities to address any issues as they arose.

**No action** 

# Vicarage Lane Dental Care

## Detailed findings

### Background to this inspection

This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The practice manager is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. 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.

This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 14 November 2016 had been made. We reviewed the practice against one of the five questions we ask about services: is this service well-led?

The follow up inspection was led by a CQC inspector.

During our inspection visit, we spoke to staff including the practice manager and compliance manager, we checked that points described in the action plan had been implemented by looking at a range of documents such as risk assessments, staff files, policies, procedures and staff training.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

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

These questions therefore formed the framework for the areas we looked at during the inspection.

# Are services well-led?

## Our findings

### **Governance arrangements**

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

The practice manager had returned from maternity leave in January and had since initiated a number of changes to their governance systems and this was ongoing. The practice now had a range of policies and procedures for the smooth running of the service. This included maintaining accurate records and responding to incidents appropriately, the effective checking of expiry dates of emergency medicines, ensuring equipment is appropriately maintained, the monitoring of water temperatures as part of ensuring the quality of the water systems and ensuring that dentists had sufficient time to maintain contemporaneous clinical records in a timely way. We also saw that pre-employment checks had improved, such as obtaining references prior to staff commencing employment with the practice.

### **Leadership, openness and transparency**

Previously staff had reported that relationships between management and staff were strained and this had contributed to the feeling that the practice was not effectively managed.

We found the provider had since made improvements and there were now effective systems in place for staff to report any concerns. The practice manager explained how they would investigate any issues of concern in a timely manner keeping staff informed of the investigation.

The whistleblowing policy had been reviewed and staff were aware of how to refer to it. The compliance manager explained that any concerns raised by staff internally would be monitored through the board of directors in weekly meetings.

Staff we spoke to felt the management structure was open and transparent and the practice was well led since the practice manager had returned back to work. This had improved staff morale and well-being.