

Mrs Ala Vitkuniene

# Withington Dental Care

## Inspection report

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### Overall summary

We undertook a follow up focused inspection of Withington Dental Care on 22 March 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 was supported by a specialist dental advisor.

We had previously undertaken a comprehensive inspection of Withington Dental Care on 13 December 2023 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 Withington Dental Care on our website [www.cqc.org.uk](http://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. We then inspect again after a reasonable interval, focusing on the areas 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 December 2023.

## Background

The provider has 1 practice and this report is about Withington Dental Care.

Withington Dental Care is in Withington, Manchester 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. Car parking spaces, including dedicated parking for disabled people, are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 3 dentists, 2 qualified dental nurses, 2 receptionists and a practice manager. The practice has 2 treatment rooms.

During the inspection we spoke with 3 dentists, 2 qualified dental nurses, 1 receptionist and the practice manager. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday to Friday from 9am to 5pm.

There were areas where the provider could make improvements. They should:

- Improve the practice's processes for the control and storage of substances hazardous to health (COSHH) identified by the Control of Substances Hazardous to Health Regulations 2002, to ensure risk assessments are undertaken.

# 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 responsive to people's needs?	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 the inspection on 22 March 2024 we found the practice had made the following improvements to comply with the regulation(s):

The practice had a policy detailing their safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.

The practice had an infection control policy and their procedures reflected published guidance. The practice had completed an infection prevention and control audit. The practice staff were now completing environmental cleaning logs.

A fire safety risk assessment was carried out in line with the legal requirements on 19 December 2023 and all actions had been completed. The management of fire safety was effective. Fire detection systems were in place and tested weekly. Fire extinguishers were in place, serviced annually and visually checked monthly. Staff completed fire safety awareness training.

The radiation protection advisor was now named in the local rules.

The practice had completed a sharps risk assessment and created sharps injury posters which were displayed in the surgeries.

All emergency equipment and medicines were now available and checked in accordance with national guidance.

The practice had risk assessments for most products, to minimise the risk that could be caused from substances that are hazardous to health. We noted some risk assessments did not have accompanying safety data sheets.

Patient care records were now complete, legible, kept securely and now complied with General Data Protection Regulation requirements.

The practice had systems for appropriate and safe handling of medicines. NHS prescription pads were now stored securely. Antimicrobial prescribing audits were carried out.

The practice had created a business continuity plan.

# Are services responsive to people's needs?

## Our findings

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

At the inspection on 22 March 2024 we found the practice had made the following improvements to comply with the regulation(s):

The practice had made reasonable adjustments, including having step free access and a ground floor surgery for patients with access requirements. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

# 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 22 March 2024 we found the practice had made the following improvements to comply with the regulation(s):

There was strong leadership with emphasis on peoples' safety and continually striving to improve. The practice are in the process of identifying a Registered Manager to take over the day to day running of the dental practice.

During the inspection, staff were open to discussion and feedback. Systems and processes were embedded, and staff worked together in such a way that where the inspection highlighted any issues with outstanding COSHH risk assessments, action was taken to address these immediately.

The information and evidence presented during the inspection process was clear and well documented.

Staff had clearer responsibilities, roles and systems of accountability to support good governance and management.

The practice had a governance system which included policies, protocols and procedures that were now accessible to all members of staff and were reviewed on a regular basis.

We saw there were clearer and effective processes for managing risks, issues and performance.

The practice had systems and processes for learning, quality assurance and continuous improvement. These included audits of patient care records, disability access, radiographs, antimicrobial prescribing, and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.