

Mrs. Carol Leadbetter

Adlington Dental Practice

Inspection Report

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Overall summary

We undertook a follow up desk-based inspection of 17 March 2020. This inspection 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 specialist dental adviser.

We undertook a comprehensive inspection of Adlington Dental Practice on 15 October 2019 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 Adlington Dental Practice 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 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 15 October 2019.

Background

Adlington Dental Practice is in Adlington, Chorley and provides NHS and some private dental treatment to adults and children.

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

The dental team includes three dentists, four dental nurses which includes two trainee dental nurses and one dental hygiene therapist. The practice has two treatment rooms.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

As part of the follow up inspection we received supporting evidence to support improvements made in line with the action plan which was submitted.

The practice is open:

Summary of findings

Monday to Thursday 8.30am – 5.00pm

Friday 8.30am – 4.30pm

Our key findings were:

- Improvements had been made to the process for ensuring emergency medicines are available as described in nationally recognised guidance.
- Improvements had been made to the staff recruitment process to ensure it reflected the relevant legislation.
- The registered provider had delegated roles to members of staff to help support good governance.

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 15 October 2019 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 inspection on 17 March 2020 we found the practice had made the following improvements to comply with the regulation:

- At the inspection on 15 October 2019 we identified that medicines to treat a severe allergic reaction or a seizure were either out of date or were of the incorrect dosage. We were sent evidence to show a new adrenaline autoinjector and additional ampoules had been acquired.
- A new system had been adopted for checking emergency medicines and equipment. An electronic spreadsheet had been implemented and all medicines

and equipment were checked on a weekly basis to ensure they were present and within their expiry date. There was also a calendar in the surgery to support this process.

- Improvements had been made to the recruitment process. The recruitment policy had been reviewed and updated. A recruitment checklist had been implemented to support an effective recruitment procedure. Since the previous inspection no new members of staff had been recruited.
- Since the previous inspection the registered provider had reviewed the roles of staff members. Staff now had individual roles such as practice management and infection control. The registered provider had arranged training for these members of staff to help them develop their skills to support their roles. The registered provider was fully aware that overall responsibility for the service laid with themselves.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulation when we inspected on 17 March 2020.