

# M D Surgery Limited Moreton Dental

## Inspection Report

Mann Cottage  
Oxford Street  
Moreton in Marsh  
Gloucestershire.  
GL56 0LD

Tel: **01608 650969**

Website: [http://moretondental.com/  
contact-cotswold-dentist](http://moretondental.com/contact-cotswold-dentist)

Date of inspection visit: 9 October 2017

Date of publication: 02/11/2017

### Overall summary

We carried out a focused inspection of Moreton Dental on 9 October 2017.

The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We carried out the inspection to follow up concerns we originally identified during a comprehensive inspection at this practice on 23 January 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

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?

When one or more of the five questions is 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.

At the previous comprehensive inspection we found the registered provider was providing safe, effective, caring and responsive care in accordance with relevant regulations. We judged 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. You can read our report of that inspection by selecting the 'all reports' link for Moreton Dental on our website [www.cqc.org.uk](http://www.cqc.org.uk).

#### **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 to put right the shortfalls and deal with the regulatory breaches we found at our inspection on 23 January 2017.

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

The provider had made sufficient improvements to put right the shortfalls and had dealt with the regulatory breaches we found at our inspection on 23 January 2017.

# 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 improvements to the management of the service. This included employing a part time practice manager to ensure sufficient time available for management and administration.

The practice manager with the principal dentist had established clear roles and responsibilities for all the practice team.

The improvements provided a sound footing for the on going development of effective governance arrangements at the practice.

**No action**



# Are services well-led?

## Our findings

At our inspection on 23 January 2017 we judged it was not providing well led care and told the provider to take action as described in our requirement notice. At the inspection on 9 October 2017 we noted the practice had made the following improvements to meet the requirement notice:

- The provider had ensured the proper and safe management of emergency equipment and medicines. All staff knew where the medical emergency equipment was stored although it was in an unidentified cupboard. The practice manager took immediate action to rectify this and labelled the cupboard. The practice did not have an automated external defibrillator (AED) and relied on the community equipment two minutes away. During a discussion with the provider and practice manager told us they would consider purchasing one for the practice.
- Systems and processes to manage infection prevention and control had been reviewed since the last inspection. We saw the practice met the essential standards of The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health.
- The practice manager had reviewed all risks relating to health, safety and welfare and showed us documentary evidence which demonstrated risks were assessed

monitored and mitigated in accordance with current guidance and legislation. For example we saw that all the risks identified in the legionella risk assessment had been addressed. The practice manager showed us they had completed a practice risk assessment since the last inspection and mitigated risks where possible.

- Since the last inspection a practice manager had been employed and we saw they had implemented systems and processes to monitor and improve the quality and safety of services provided. The practice manager demonstrated they were effectively operated to ensure compliance with good governance in the practice.
- We saw records relating to the management of regulated activities were maintained and stored in accordance with record keeping guidance. The practice manager and staff demonstrated clear records were kept as required for all aspects of the practice. We saw the system for storage was operated effectively to manage records in accordance with legislation.
- The practice manager told us they had reviewed all recruitment records since the last inspection. We reviewed three staff files and saw all required checks had been completed in accordance with legislation prior to staff commencing work in the practice.

These improvements showed the provider had taken action to address the shortfalls we found when we inspected on 23 January 2017.