

# Dr. Gabriele Tschoepe

# Mouthmatters

## Inspection Report

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### Overall summary

We carried out a follow up inspection on 10 November 2017 at Mouthmatters.

On 30 August 2017 we undertook an announced comprehensive inspection of this service as part of our regulatory functions. During this inspection we found a breach of the legal requirements.

A copy of the report from our comprehensive inspection can be found by selecting the 'all reports' link for Mouthmatters on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

After the comprehensive inspection, the practice wrote to us to say what they would do to meet the legal requirements in relation to the breach. This report only covers our findings in relation to those requirements.

We revisited Mouthmatters on 10 November 2017 to confirm whether they had followed their action plan, and to confirm that they now met the legal requirements in the Health and Social Care Act 2008 and associated regulations. We carried out this unannounced inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

We reviewed the practice against one of the five questions we ask about services: is the service well-led?

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

#### **Our findings were:**

#### **Are services well-led?**

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

#### **Background**

Mouthmatters is close to the centre of Chester and provides dental care and treatment to adults and children on a privately funded basis.

There is a small step at the front entrance to the practice. The provider has a portable ramp available to facilitate access to the practice for wheelchair users. The practice has three treatment rooms. Car parking is available nearby.

The dental team includes a principal dentist, a dental hygienist, two dental nurses, one of whom is also the treatment co-ordinator, and a receptionist. The team is supported by an external practice management consultant. Several specialist dentists provide services at the practice when required.

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.

During the inspection we spoke to the principal dentist, one of the dental nurses and the receptionist.

We looked at practice policies, procedures and other records about how the service is managed.

# Summary of findings

The practice is open:

Monday to Friday 8.30am to 5.00pm.

**Our key findings were:**

- The practice now had effective systems in place in relation to recruitment, radiation, infection control, and stock control of medicines and dental materials, including medical emergency medicines.
- The practice had a leadership structure in place. Staff felt involved and worked well as a team.
- The practice operated robust infection control procedures which reflected published guidance.
- The practice had improved their systems in place to help them identify and manage risk. Risks associated with fire, used sharps and Legionella had been reasonably reduced.

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

Since our last inspection on 30 August 2017 the practice provided an action plan explaining the arrangements the practice was putting in place to demonstrate compliance with the regulations.

At the follow-up inspection we found that the practice had improved their systems for monitoring and improving the quality and safety of the service, for example, in relation to recruitment.

Staff had improved the procedures for infection prevention and control and we saw that these were now robust.

We found that the practice had assessed risks associated with dental practices and had improved the measures they had in place to reduce these risks.

There was a management structure in place and staff felt supported. We saw evidence of clear arrangements to ensure good governance and leadership would continue at the practice in the future.

**No action**



# Are services well-led?

## Our findings

### **Governance arrangements**

We reviewed the practice's systems relating to recruitment, radiation, infection control, and stock control of medicines and dental materials, including medical emergency medicines. We found these were now operating effectively. We observed that the practice now had robust procedures in place in relation to infection prevention and control.

We found that the practice had improved their arrangements for assessing, managing and reducing risks. We saw the practice had had a fire risk assessment carried out recently. This identified a number of actions for the practice to carry out. We observed that most of these had been completed, for example, fire drills, and the remainder were in progress.

We saw that the sharps risk assessments had been reviewed and clearly identified risks. Staff described the action the practice had taken to further reduce the risks associated with sharps and with Legionella.

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

We saw evidence of planning to ensure good governance and leadership were maintained in the longer term at the practice.

### **Learning and improvement**

We saw that staff had reviewed patient safety alerts, recalls and rapid response reports and carried out and recorded necessary action.

We saw that the practice had improved processes for ensuring staff were up to date with their recommended training and their continuing professional development.

We found that the principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by all staff.

### **Practice seeks and acts on feedback from its patients, the public and staff**

The practice had a system in place to seek the views of patients about all areas of service delivery through the use of patient surveys and a suggestion box.

Staff provided feedback in meetings, appraisals and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.