

Dr. Louise Southworth

Dr Louise Southworth - Richmond Terrace

Inspection Report

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Overall summary

We carried out a follow-up inspection at Dr Louise Southworth - Richmond Terrace on 17 October 2017.

We had undertaken an announced comprehensive inspection of this service on the 25 January 2017 as part of our regulatory functions where a breach of legal requirements was found.

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 checked whether they had followed their action plan to confirm that they now met the legal requirements.

We reviewed the practice against one of the five questions we ask about services: are the services well led? You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Dr Louise Southworth - Richmond Terrace on our website at www.cqc.org.uk.

We revisited Dr Louise Southworth - Richmond Terrace as part of this review and checked whether they now met the legal requirements. We carried out this announced inspection on 17 October 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory

functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations.

The inspection was led by a CQC inspector who had remote access to a specialist dental adviser.

• Is it well-led?

This question forms the framework for the areas we look at during the inspection.

Our findings were:

Are services well-led?

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

Background

Dr Louise Southworth - Richmond Terrace is in Blackburn and provides NHS and private treatment to adults and children.

The practice is not accessible for people who use wheelchairs. Car parking spaces are available near the practice.

Summary of findings

The dental team includes three dentists, eight dental nurses, one dental hygienist and two receptionists. The practice has four 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.

During the inspection we spoke with the principal dentist and a dental nurse. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Friday from 8:30am to 5:00pm

Our key findings were:

- Improvements had been made to the processes for reducing the risks associated with fire.
- Improvements had been made to the process for ensuring staff had completed training.
- Staff had completed training in safeguarding and the Mental Capacity Act.
- Records relating to service users were now stored securely.
- The recruitment process had been reviewed and all staff now had a Disclosure and Barring Service (DBS) check. We noted one dentist only had a basic check and the hepatitis B titre levels were not available for another dentist.

There were areas where the provider could make improvements and should:

 Review the practice's recruitment policy and procedures to ensure DBS checks are the correct level.

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.

The practice had made improvements to the recruitment process. We reviewed a selection of staff recruitment files and found the process had generally been followed. We noted one dentist only had a basic DBS check.

Improvements had been made to the practices approach towards risk management. Fire alarm testing and emergency lighting testing had been carried out.

Records relating to service users were now stored securely.

A process had been implemented to ensure staff had completed training. We saw staff had now completed training in safeguarding and the Mental Capacity Act.

Staff had an awareness of the principles of the Mental Capacity Act and Gillick competency.

No action



Are services well-led?

Our findings

Governance arrangements

Since the inspection in January 2017 improvements had been made to the recruitment process. A recruitment policy was now in place and a checklist had been implemented to ensure all recruitment documents were sought prior to a new member of staff starting. We reviewed a selection of staff recruitment files and found the process had generally been followed. We noted one dentist only had a basic DBS check. We discussed this with the principal dentist and dental nurse and we were advised they would apply for an enhanced DBS check and ensure in future the level of DBS check would be relevant to the role of the member of staff.

Improvements had been made to the practice's approach towards risk management. A new fire risk assessment had been carried out and the actions were currently being implemented. We saw the rear fire door was now easy to open and weekly fire alarm tests, emergency lighting tests and fire equipment checks were being carried out. We noted the banisters on the stairs had now been fixed and the creases in the carpet had been addressed. We also noted the access to the second floor had been restricted.

Staff were familiar with the principals of the Mental Capacity Act and Gillick competency.

The practice had reviewed the storage of records relating to service users. All paper dental care records were now stored securely.

Learning and improvement

The dental nurse had implemented a process to ensure all staff had completed appropriate training. We saw staff had now completed training in safeguarding and the principles of the Mental Capacity Act.