

Mr Lap Man Anthony Cheung

# Cross Pit Lane Dental Surgery

## Inspection report

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### Overall summary

We undertook a follow up focused inspection of Cross Pit Lane Dental Surgery on 18 December 2023. 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 had remote access to a specialist dental advisor.

We had previously undertaken a comprehensive inspection of Cross Pit Lane Dental Surgery on 2 October 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 Cross Pit Lane Dental Surgery 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 area 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 2 October 2023.

## Background

Cross Pit Lane Dental Surgery is in Rainford, St Helens and provides private dental care and treatment for adults and children.

Access to the practice is via a small porch which has a step up to it, and then into the main front door. It may not be suitable therefore, for people who use wheelchairs and those with pushchairs. Car parking spaces are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 1 dentist, 2 dental nurses, one of whom deals with practice management, 1 dental hygienist, and a receptionist. The practice has 2 treatment rooms.

During the inspection we spoke with the principal dentist. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open from 9am to 5pm Monday to Friday.

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

- Take action to ensure clinicians take into account the guidance provided by the College of General Dentistry when completing dental care records.
- Maintain an effective system of audit, for prescribing of antibiotic medicines, X-ray quality and reporting and completion of dental treatment records, taking into account all relevant guidance.

# 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 the inspection on 18 December 2023, we found the practice had made the following improvements to comply with the regulation:

- Systems and processes were now in place to facilitate good governance and sustain this over time, when embedded.
- Processes to manage risks of Legionella were in place and being followed, in line with a risk assessment.
- Management of clinical waste was in accordance with recognised guidance. A new contract for the removal and disposal of clinical waste was in place and this included the removal of Gypsum waste.
- The management and oversight of radiographic equipment was now in line with requirements. The provider had registered with the Health and Safety Executive, as a user of radiographic equipment, as required. The practice now had access to a radiation protection adviser and the contact details of this person were included in local rules for each radiograph at the surgery.
- Systems and processes to ensure the correct maintenance of equipment was now in place, this included the servicing of air conditioning units at the practice.
- The provider had reviewed information posters displayed at the practice. We saw sepsis awareness posters were displayed at the practice, to act as a prompt to staff when dealing with patients at reception or on the phone.
- The provider had reviewed staffing arrangements during working hours. This meant that there was no regular occurrence of lone working for any of the staff. A risk assessment on lone working was available for use, should the situation arise again.
- There had been some improvement in the completion of patient treatment records. We discussed how further improvements could be made.
- A system of audit for clinical records was now in place, for example, in relation to prescribing of antibiotics. A full audit had yet to be carried out, both on quality of clinical records and antibiotic prescribing, but the audit tools for both were now available to the principal dentist.
- The practice now had access to alerts and updates from the Medicines and Health care Products Regulatory Agency (MHRA). These came into the practice by email and could be accessed by nurses as well as the principal dentist.
- The provider had supplied a suggestions box in the waiting area, for patients to submit feedback and any suggestions for improvement to the service. This was prominently placed near the entrance to the practice.

The improvements made by the provider address all areas of the breach identified in our inspection of October 2023.