

Adelphi Dental Care

# Adelphi Dental Centre

## Inspection report

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### Overall summary

We undertook a follow-up focused inspection of Adelphi Dental Centre on 15 March 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 and was supported by a specialist dental advisor.

We had previously undertaken a focussed inspection of Adelphi Dental Centre on 14 June 2022 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 safe, effective, or well-led care and was in breach of regulations 12 and 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 Adelphi Dental Centre 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 areas where improvement was required.

At the follow-up inspection, carried out on 4 October 2022, we found the provider had made a number of improvements, but some areas required further focus, to bring the practice into full compliance with regulations 12 and 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 Adelphi Dental Centre on our website [www.cqc.org.uk](http://www.cqc.org.uk).

The provider sent us a further action plan, and we carried out a final follow-up inspection on 15 March 2023, to make checks that sufficient improvement had been achieved.

As part of this inspection, we asked:

- Is it safe?

# Summary of findings

- Is it effective?
- Is it well-led?

## **Our findings were:**

### **Are services safe?**

We found this practice was providing safe care in accordance with the relevant regulations.

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 4 October 2022.

### **Are services effective?**

We found this practice was providing effective care in accordance with the relevant regulations.

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 4 October 2022.

### **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 breaches we found at our inspection on 4 October 2022.

## **Background**

Adelphi Dental Centre is in Preston, Lancashire and provides NHS and some private dental care and treatment for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces are available at the practice. The practice has made reasonable adjustments to support patients with specific needs.

The dental team includes 2 dentists, 5 dental nurses, 1 dental therapist, a receptionist and a practice manager. The practice has 3 treatment rooms.

During the inspection we spoke with 2 dentists, 2 dental nurses, the dental therapist, and the practice manager. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open Monday, Wednesday, and Thursday from 8.30am to 5.30pm; Tuesday from 8.30am to 7pm; and on Friday from 8.30am to 5pm.

# Summary of findings

## The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	No action	✓
Are services effective?	No action	✓
Are services well-led?	No action	✓

# Are services safe?

## Our findings

We found that this practice was providing safe care and was complying with the relevant regulations.

At the inspection on 15 March 2023, we found the practice had made the following improvements to comply with the regulations:

- Clinicians were prescribing antibiotics in line with recognised guidance. We found prescribers had updated their awareness of prescribing protocols and our review of antibiotic audits conducted, demonstrated that this was being adhered to.
- Review of practice records showed that staff were using appropriate personal protective equipment. We saw that this was being checked on regularly and record keeping supported that this was now embedded in daily practice.

The practice had also made further improvements:

- We saw governance systems in place had been improved, to include servicing of air conditioning units, as part of an updated Legionella risk assessment.

# Are services effective?

(for example, treatment is effective)

## Our findings

We found that this practice was providing effective care and was complying with the relevant regulations.

At the inspection on 15 March 2023, we found the practice had made the following improvements to comply with the regulations:

- Clinical record keeping had improved. Records held now met recognised guidance. We reviewed audit of clinical record keeping. This was much improved and included areas that could be improved on and captured learning points. They audit was set up to have repeat cycles on a regular basis, and the results of audits were shared with practice staff.
- Our review of a selection of clinical records confirmed that patients were receiving dental treatment plans. These covered the risks and benefits of treatment, possible complications and how they could be addressed. The records we reviewed demonstrated clearly that patient consent was checked at each consultation.
- Records of periodontal checks on patients were sufficiently detailed and included appropriate scoring. Again, we saw that any areas of concern were recorded and that patient treatment options were discussed with patients.
- The practice had implemented systems to ensure that recommended topics for continuing professional development (CPD) were being completed by staff and clinicians. Evidence of completed training was held centrally, and overview by the practice manager was maintained by completion of a training matrix, which could be updated on an ongoing basis.

The practice had also made further improvements:

- We saw staff who were undertaking additional duties were offered training to support them in those duties. The practice manager had sourced training courses for nurses to complete, in order to extend their responsibilities in relation to use of radiography equipment.

# 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 15 March 2023, we found the practice had made the following improvements to comply with the regulations:

- Established systems, processes, and procedures to fully support good governance were in place. We saw all staff including clinicians, observed and adhered to these processes. For example, greater oversight of recommended training and continuing professional development, was in place. This enabled the practice manager to prompt staff when they identified training was due.
- There was greater oversight and management of audit. We saw comprehensive audits in place in respect of radiography, antibiotic prescribing and clinical record keeping. All audits had analysis of findings including learning and action points. Audit findings were shared in practice meetings. We saw a number of improvements that had been brought about by the audits being undertaken, for example, in clinical record keeping, in antimicrobial stewardship, and in allocation of time to daily emergency appointments. Repeat cycles were planned for audits, meaning continuous improvement was now more focused.
- The effective use of audit had assisted in driving improvements outside of immediate record keeping, for example, in the checking of patient treatment plans and how treatment could be explained to patients in ways that were easy to understand. We found treatment plans were sufficiently detailed, included risks and benefits of treatment and that consent was revisited at each consultation with the patient. The practice had considered the accessible information standard; this is a standard that seeks to ensure that people who have a disability, impairment or sensory loss are given information they can easily read or understand. The practice now provided educational video clips for patients to watch, to assist in understanding of how some treatment is carried out.
- Staff had changed working routines to better embrace infection control standards, and to document that this was adhered to. Infection control audit had focussed the practice on areas of the building that required refreshing and updating, and as a result of action points made, areas had been repainted and some flooring renewed.

These improvements and the ongoing commitment of the provider demonstrated that regulatory breaches previously identified had been addressed, and that the practice was now compliant with regulations.