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Cheshire Dental Centre

Inspection Report

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Overall summary

We undertook a follow-up desk-based, focused inspection of Cheshire Dental Centre on 16 June 2020. The inspection was carried out to review in detail the actions taken by the provider to improve the quality of care, and to confirm whether the practice was now meeting legal requirements.

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

We undertook a comprehensive inspection of Cheshire Dental Centre on 30 January 2020 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?
- Is it well-led?

We found the provider was not providing well-led care and was in breach of regulations 17 and 19 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 Cheshire Dental Centre on our website www.cqc.org.uk

When one or more of the five questions are not met, we require the provider to make improvements and send us an action plan. We then inspect again after a reasonable interval, focusing on the areas in which improvement was necessary.

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.

The provider had made improvements in relation to the regulatory breaches we identified at our inspection on 30 January 2020.

Background

Cheshire Dental Centre is near the centre of Crewe and provides NHS and private dental care for adults and children.

There is level access to the practice for people who use wheelchairs and for people with pushchairs. The provider had installed a ramp to facilitate access to the practice for wheelchairs and pushchairs.

Car parking is available outside the practice.

Summary of findings

The dental team includes three dentists, a dental hygiene therapist, and four dental nurses, one of whom is a trainee. The dental team is supported by a practice manager. The practice has three 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.

As part of this desk-based inspection we reviewed the provider's action plan and evidence sent to us to support the action plan.

The practice is open:

Monday 10.30am to 7.00pm

Tuesday and Thursday 9.00am to 5.30pm

Wednesday 11.00am to 8.00pm

Friday 9.00am to 4.00pm.

Our key findings were:

- The provider had acted to further reduce risks from fire at the practice.
- The practice's recruitment procedures had been improved and checklists were in use to ensure pre-employment checks were carried out and the required information obtained
- The provider had improved their systems to support governance in the practice, including in relation to quality assurance testing for X-ray equipment, investigating and learning from significant events, and monitoring safety alerts.

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 in accordance with the relevant regulations.

At our comprehensive inspection on 30 January 2020 we found the provider was not complying with the relevant regulations. We judged the practice was not providing well-led care. We told the provider to take action as described in our requirement notice and enforcement action.

At the follow-up desk-based inspection on 16 June 2020 we found the provider had made improvements to ensure that they were operating their systems and processes effectively to comply with the requirements of the regulations.

- The provider had booked training for staff in carrying out a monthly quality assurance programme for the Cone Beam Computerised Tomography equipment.
- The provider had a hand-held X-ray unit in use at the practice. The critical examination and acceptance test report for this unit recommended annual quality assurance testing, and monthly dosimetry testing. The provider had arranged for the annual quality assurance testing to be carried out. The hand-held X-ray unit was however currently out of use, but the provider had arranged for it to be repaired. The provider assured us that monthly dosimetry monitoring was ongoing to ensure staff were not receiving radiation doses above the recommended safe limit.
- The provider had improved their system for investigating and learning from significant events. Staff had received training about significant events and their responsibilities in reporting them.
- The provider had subscribed to receive safety alerts from the Medicines and Healthcare Regulatory Agency. Staff were made aware of relevant alerts to ensure appropriate and timely action was taken where necessary.

We found the provider had improved their systems for assessing, monitoring and reducing risks.

- The provider had acted on the recommendations made in the practice's fire risk assessment and ensured the recommended fire safety checks were carried out and recorded. We saw one member of staff had recently completed fire marshal training.

The provider had improved their recruitment procedures to ensure suitable staff are employed at the practice, that the required information is available and stored securely. Staff records contained a checklist to ensure all documentation, including evidence of Disclosure and Barring Service checks, references, employment histories, qualification certificates and professional General Dental Council registration certificates were all stored together.

The provider had also acted on the following:

- Staff were in the process of completing training about the Mental Capacity Act 2005 to ensure they were aware of their responsibilities under the Act.

These improvements showed the provider had acted to improve the quality of services for patients and comply with the regulations.