

# Care (Lancashire) Limited

# Lowton Dental Centre

## Inspection Report

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### Overall summary

We carried out a follow-up inspection at Lowton Dental Centre on 1 December 2017.

We had undertaken an announced comprehensive inspection of this service on the 27 July 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 Lowton Dental Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We revisited Lowton Dental Centre as part of this review and checked whether they now met the legal requirements. We carried out this announced inspection on 1 December 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.

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 had remote access to 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**

Lowton Dental Centre is in Lowton, Cheshire and provides NHS and private treatment to adults and children. The practice is also contracted to provide NHS orthodontic treatment.

A portable ramp is available for people who use wheelchairs and pushchairs. Car parking spaces, including for patients with disabled badges, are available near the practice.

The dental team includes three dentists, four dental nurses (three of which are trainees), a dental hygienist, two dental hygiene therapists, an orthodontic therapist and a receptionist. The practice has five treatment rooms.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager.

# Summary of findings

Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Lowton Dental Centre was the principal dentist.

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

The practice is open:

Monday 9.00 - 13.00 14.00 - 17.45

Tuesday 9.00 - 13.00 14.00 - 17.45

Wednesday 9.00 - 13.00 14.00 - 17.45

Thursday 9.00 - 13.00 14.00 - 19.30

Friday 8.00 - 13.00

## **Our key findings were:**

- An effective system was now in place for staff to report incidents and significant events.
- A system for the control of Legionella was now in place.
- Policies, procedures and the systems to help them manage risk had been reviewed.
- Dental care records were now stored securely.
- Improvements had been made to the practice's quality assurance processes.
- The practice had reviewed their procedures for closed-circuit television (CCTV).

# 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.

A dental clinical governance compliance package was in use to help them to meet the required standards. Policies and procedures were in place to support the management of the service.

The practice had an effective system to assess, monitor and mitigate the various risks arising from undertaking of the regulated activities.

There was a clearly defined management structure and staff felt supported and appreciated.

The practice team kept complete patient dental care records which were, clearly written or typed. Dental care records were stored securely.

Systems were in place to audit clinical and non-clinical areas of their work.

The practice used patient surveys and verbal comments to obtain staff and patients' views about the service.

On the day of the inspection the provider was open to feedback and provided evidence to confirm that action had been taken in relation to the leadership and governance of the practice.

**No action**





# Are services well-led?

## Our findings

### Governance arrangements

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. A dental clinical governance compliance package was in use to help them to meet the required standards. This had enabled them to implement a structured system of governance and review practice policies and procedures. Staff knew the management arrangements and their roles and responsibilities.

We looked at the new policies, procedures and risk assessments that were in place. These were made available to staff and had been discussed at meetings. The practice had acted on the recommendations of the legionella risk assessment and carried out monthly water temperature checks and water quality testing.

A policy and procedure was in place to support staff to report incidents. We saw evidence that previous sharps incidents had been followed up appropriately. A new process of scheduled themed meetings was in place to ensure any future incidents are discussed with staff to share learning and prevent re-occurrence. The practice manager carried out regular health and safety risk assessments and visual inspections of the premises.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. Dental care records were stored securely.

### Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong.

The practice held regular meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information. The practice manager discussed concerns at staff meetings and it was clear the practice worked as a team.

### Learning and improvement

After the inspection in July, the practice had been open to feedback and took immediate actions to address the concerns raised during the inspection and send evidence to confirm that action had been taken. They demonstrated a commitment to continuing the work and engagement with staff and external organisations to make further improvements.

Improvements had been made to the quality assurance processes to encourage learning and continuous improvement. We reviewed audits of dental care records, X-rays, and orthodontics. The practice had started a new audit cycle and the principal dentist gave assurance that the results, clinician's reflections and learning points, action plans and improvements would be documented.

The principal dentist and practice manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The dental nurses had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff told us they completed highly recommended training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so. The provider had encouraged and supported staff to complete additional training to expand the skill mix in the practice and staff confirmed this. For example, staff had received additional training in radiography, oral health education and orthodontic therapy.

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

The practice used patient surveys and verbal comments to obtain staff and patients' views about the service. Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used.