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# Chatsworth House Dental Clinic

## Inspection Report

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### Overall summary

We carried out a follow- up inspection at the Chatsworth House Dental Clinic on the 19 December 2016.

We had undertaken an announced comprehensive inspection of this service on the 9 August 2016 as part of our regulatory functions where breaches of legal requirements were found.

After the comprehensive inspection, the practice wrote to us to say what they would do to meet the legal requirements in relation to each of the breaches. This report only covers our findings in relation to those requirements.

We reviewed the practice against one of the five questions we ask about services: is the service well-led? You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Chatsworth House Dental Clinic on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We revisited the Chatsworth House Dental Clinic as part of this review and checked whether they had followed their action plan and to confirm that they now met the legal requirements.

#### **Our findings were:**

#### **Are services well-led?**

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

#### **Background**

Chatsworth House Dental Clinic, Harrogate, North Yorkshire. It is a NHS and private dental practice which offers private dental payment plans. The practice offers dental treatments including preventative advice and general dentistry.

The practice has three surgeries, one on the ground floor and two on the first floor, a decontamination room, two waiting areas, a reception area and patient toilets. There are staff facilities on the second floor of the premises.

There are three dentists and four dental nurses (two of which are trainees and one who works on reception). The partners who own the practice provide support for human resources, payroll and practice management including risk assessments and health and safety.

The practice is open between the hours of 8am and 6pm Monday to Friday.

The principal dentist is registered with the Care Quality Commission (CQC) as an individual they are 'registered

# Summary of findings

persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

## **Our key findings were:**

- Staff were up to date with their mandatory training and their Continuing Professional Development (CPD) in safeguarding of children, vulnerable adults, mental capacity and infection prevention and control.
- The practice had reviewed their recruitment policy and procedures to ensure they are suitable and the recruitment arrangements are in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

# 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.

Recruitment processes had been reviewed and followed up. The practice had ensured evidence for relevant employment checks and folders had been completed.

All staff had a personal folder to store certificates of and training required. The registered provider was able to review and monitor this more easily to ensure all staff were up to date with mandatory requirements.

The infection prevention and control audit was completed in August 2016. Action plans and learning outcome were in place.

**No action**



# Chatsworth House Dental Clinic

## Detailed findings

### Background to this inspection

We undertook a follow up inspection of Chatsworth House Dental Clinic on the 19 December 2016. This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our inspection

on 9 August 2016 had been made. We inspected the practice against one of the five questions we ask about services: is the service Well led? This is because the service was not meeting some legal requirements.

The inspection was carried out by a CQC inspector.

During the inspection we spoke with the registered provider.

# Are services well-led?

## Our findings

### Governance arrangements

The practice had governance arrangements in place including various policies and procedures for monitoring and improving the services provided for patients. Staff were aware of their roles and responsibilities within the practice.

The practice had a new recruitment policy in place to cover all aspects of recruitment. The policy included obtaining proof of their identity, checking their skills and qualifications, registration with relevant professional bodies and taking up references.

The process had been followed up since our last inspection to ensure all documentation was available.

We saw evidence that all staff members had now been checked by the Disclosure and Barring Service (DBS). The DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

The recruitment files we reviewed showed clinical staff had evidence to support their immunisation status.

Clinical staff that were qualified were registered with the General Dental Council (GDC). There were copies of current registration certificates and all staff could now evidence they had personal indemnity insurance (insurance professionals are required to have in place to cover their working practice).

### Learning and improvement

The registered provider was in the process of amending the X-ray audit to ensure all areas and each clinician could be audited fully to show any areas of improvement, action plans or learning outcomes.

All staff had undertaken training in safeguarding adults and children, mental capacity and infection prevention and control. The staff files were up to date and a log of CPD was in place for each staff member.

The Infection Prevention Society (IPS) self- assessment audit had been completed in August 2016. The practice had a detailed action plan in place to ensure they could improve and implement the changes required.