

# Chipping Manor Dental Practice Limited

# Chipping Manor Dental Practice - Cirencester

## Inspection Report

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### Overall summary

We carried out a focused inspection of Chipping Manor Dental Practice - Cirencester on 20 March 2018.

We carried out the inspection to follow up concerns we originally identified during a comprehensive inspection at this practice on 16 October 2017 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 to people's needs?
- Is it well-led?

When one or more of the five questions is 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 previous comprehensive inspection we found the registered provider was providing safe, effective, caring

and responsive care in accordance with relevant regulations. We judged the practice was not providing well-led care in accordance with 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 Chipping Manor Dental Practice - Cirencester on our website [www.cqc.org.uk](http://www.cqc.org.uk).

#### **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 to put right the shortfalls and deal with the regulatory breach we found at our inspection on 16 October 2017.

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# 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?**

The provider had made improvements to the management of the service. This included making additional staff time available for management and administration and establishing clear roles and responsibilities for all the practice team.

The improvements provided a sound footing for the on going development of effective governance arrangements at the practice.

**No action**



# Are services well-led?

## Our findings

At our inspection on 16 October 2017 we judged it was not providing well led care and told the provider to take action as described in our requirement notice. At the inspection on 20 March 2018 we noted the practice had made the following improvements to meet the requirement notice:

- At this inspection the registered manager and the provider compliance manager told us there had been a full review of systems and processes in the company to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.
- We were shown the newly implemented significant event reporting policy and flow chart. We saw the reporting process in place ensured that senior managers had access to the information in a timely way to support the practice staff. We saw a monthly significant event learning log had been complied by the company and shared with managers for learning and improving practice where required. The practice manager told us they had received training in significant event management since the last inspection.
- Since the last inspection the practice manager had ensured all new and locum staff had completed an

induction before they commenced work in the practice. Documentary evidence seen corroborated this. Staff told us they discussed training needs at an annual appraisal. We saw evidence of completed appraisals. . We spoke with three staff who told us the appraisal had been helpful and the manager approachable and supportive.

- Staff training records seen showed they had been reviewed and were now up to date. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.
- At this inspection we spoke with the trainee nurse who told they had regular meetings and supervision by the nurse trainer which had been helpful and informative. Records seen corroborated these comments. The compliance manager told us the nurse trainer system had been reviewed and a system implemented to ensure the work was monitored and effectively managed.

These improvements showed the provider had taken action to address the shortfalls we found when we inspected on 16 October 2017.