

## Bamford Dental Practice

# Bamford Dental Practice

## Inspection Report

Bamford Dental Practice  
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### Overall summary

We undertook a follow up desk-based inspection of Bamford Dental Practice on 13 February 2020. This inspection was carried out to review in detail the evidence of the actions taken and sent to us 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 who had remote access to a specialist dental adviser.

We undertook a comprehensive inspection of Bamford Dental Practice on 16 January 2020 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 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 Bamford Dental Practice on our website [www.cqc.org.uk](http://www.cqc.org.uk).

As part of this inspection we asked:

- Is it well-led?

When one or more of the five 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.

### 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 immediate improvements in relation to the regulatory breaches we found at our inspection on 16 January 2020 and sent evidence of documents that were in place but not available on the day of the previous inspection.

#### Background

Bamford Dental Practice is in Rochdale and provides NHS and private dental care and treatment for adults and children. The practice also provides private dental implants, sedation, endodontics, orthodontics and NHS orthodontic care to children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. A large car park is available, including dedicated parking for people with disabilities.

The dental team includes 12 dentists, 19 dental nurses (two of whom are clinical managers), a treatment co-ordinator, five dental hygiene therapists, an orthodontic therapist, six receptionists and a business manager. The practice has 10 treatment rooms.

# Summary of findings

The practice is owned by a partnership and as a condition of registration must have a person registered with the CQC as the registered manager. 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 Bamford Dental Practice is one of the partners.

The practice is open:

Monday, Tuesday and Thursday 9am to 5.30pm

Wednesday and Friday 9am to 5pm

Saturday 9am to 12.30pm (by appointment only)

## **Our key findings were:**

- The provider had effective leadership and a culture of continuous improvement.
- Systems to identify risk were reviewed immediately after the initial inspection in January and systems implemented to manage these.
- The recruitment procedures were reviewed to ensure all essential checks were carried out for new employees and agency staff.
- The practice implemented systems to obtain evidence of staff training and competency appropriate to their role.

# 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 and was complying with the relevant regulations.

At our previous inspection on 16 January 2020 we judged the provider was not providing well-led care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notice. At the inspection on 13 February 2020 we found the practice had made the following improvements to comply with the regulations.

We found the partners had the capacity, values and skills to deliver high-quality, sustainable care. The provider demonstrated a transparent and open culture in relation to people's safety. There was strong leadership and emphasis on continually striving to improve.

Evidence of immediate actions and systems to prevent their reoccurrence was sent to us after the inspection. The provider was also able to provide evidence of areas that had been highlighted by their governance systems before the previous CQC inspection but evidence had not been available until after the inspection.

The partners were open to discussion and feedback during and after the inspection to make improvements where necessary and send evidence of the immediate actions taken:

- Immediate action was taken to seek advice from the practice's radiation protection adviser in regard to recommendations in radiation protection reports for X-ray machines. The evidence provided showed recommendations for the Cone Beam Computed Tomography (CBCT) equipment had been acted on appropriately. The provider carried out additional tests in line with the RPA's recommendations and sent evidence of satisfactory reports.
- Systems were reviewed to ensure all equipment was serviced and validated at the correct interval. The provider was able to demonstrate autoclaves were

routinely serviced and validated appropriately. A washer disinfectant was taken out of use until the service and validation was carried out and a certificate of compliance issued.

- Recommendations from the most recent Legionella risk assessment report were actioned immediately after the inspection. These comprised of recommencing water temperature monitoring and reducing the temperature of hot water to avoid scalding.
- Action was taken immediately after the previous inspection to ensure all clinical staff could provide evidence of immunity to vaccine-preventable diseases. Risk assessments were carried out for individuals waiting for the results of these tests.
- Processes were in place to log NHS prescription numbers. These were adjusted to enable staff to identify fraudulent activity or missing prescriptions.
- The practice had a system to receive patient safety alerts. New systems were implemented to demonstrate that the relevant safety alerts received by the practice were acted on as required.
- After the initial inspection evidence was provided that staff were up to date with training relevant to their role. A process was in place to obtain evidence of up to date training and competency in line with General Dental Council professional standards, including for clinicians who worked at the practice occasionally.

The practice had also made further improvements:

Recruitment systems were reviewed to ensure the provider carried out and retained evidence of essential checks carried out on new staff members and agency staff. Processes were reviewed to ensure staff provided evidence of up to date indemnity when this was renewed.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulations when we inspected on 13 February 2020.