

Bredbury Dental Centre Ltd

# Bredbury Dental Centre

## Inspection report

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### Overall summary

We undertook an off-site follow up inspection of Bredbury Dental Centre on 17 April 2024. This inspection was carried out to review the actions taken 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 advisor.

We had previously undertaken a comprehensive inspection of Bredbury Dental Centre on 31 January 2024 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 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 Bredbury Dental Centre on our website [www.cqc.org.uk](http://www.cqc.org.uk).

When 1 or more of the 5 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 area where improvement was required.

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.

# Summary of findings

The provider had made improvements in relation to the regulatory breach we found at our inspection on 31 January 2024.

## Background

Bredbury Dental Centre is part of A&U Dental, a dental group provider. The practice is in Stockport in Greater Manchester and provides NHS and private dental care and treatment for adults and children.

There is ramp access to the practice for people who use wheelchairs and those with pushchairs. The practice is located close to local transport routes and car parking spaces are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 7 dentists, 1 foundation dentist, 7 dental nurses (including 4 trainees), 2 dental hygiene/therapists, 3 receptionists, 1 receptionist/dental nurse and 1 practice coordinator/dental nurse. There is a newly appointed practice manager who was joining the practice shortly after the inspection. The practice has 8 treatment rooms.

During the inspection we spoke with the group's dental director and integration and clinical manager. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday, Wednesday, Thursday from 8am to 5.30pm

Tuesday from 8am to 7pm

Friday from 8am to 5pm

Saturday from 9am to 2pm (every 2 weeks)

# 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 the inspection on 17 April 2024 we found the practice had made the following improvements to comply with the regulation:

- Systems for managing Legionella had been improved. Staff had carried out additional training and we saw, where risks had been identified, action had been taken.
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- Risk assessments had been reviewed to ensure they reflected the protocols at the practice. Additional training had been introduced to ensure any staff member completing risk assessments has the appropriate skills and knowledge to do so.
- Since the last inspection, there had been a number of accidents and incidents. From the records we were shown, there was evidence these were appropriately recorded, reviewed and used to share learning. The leadership team told us they had reviewed the protocols and introduced monitoring systems to improve oversight.
- A current gas safety certificate was available.
- Closed-circuit television (CCTV) policies and procedures had been reviewed and reflected the current protocols at the practice. In addition, the storage arrangements had been improved.
- Since the last inspection, the General Data Protection Regulation (GDPR) policies and procedures had been adjusted and reflected the current protocols at the practice.
- Improvements to the recruitment protocols had been made to ensure Disclosure and Barring Service (DBS) checks or appropriate risk assessments are carried out at the point of recruitment. Additional monitoring checks had also been introduced to ensure improved oversight of the protocols.