

Mrs. Deborah Cail

# Limes Dental Centre

## Inspection Report

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### Overall summary

We undertook a follow up focused inspection of Limes Dental Centre on 1 July 2019. This inspection was carried out to review in detail 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.

We undertook a comprehensive inspection of Limes Dental Centre on 8 November 2018

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 Limes Dental Centre 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 improvements in relation to the regulatory breach we found at our inspection on 8 November 2018.

#### Background

Limes Dental Centre is in Worsley, Manchester and provides NHS and private treatment for adults and children.

Portable ramps are available for people who use wheelchairs and those with pushchairs. On street parking is available near the practice.

The team is comprised of the practice owner who is also the dentist and a part time dental therapist. The owner's partner provides management, business, administrative and reception support. There is one employed dental nurse/receptionist and the practice employs the services of agency dental nurses. There are two treatment rooms.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

# Summary of findings

During the inspection we spoke with the practice owner and their partner. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday 9am to 1pm and 2pm to 5.30pm

Tuesday 9am to 12.30pm

Wednesday and Thursday 9am to 1pm and 2pm to 6pm

Friday 9am to 1pm.

## **Our key findings were:**

- Emergency medicines and life-saving equipment were in line with guidance. We saw evidence of life support training.
- The systems to help them identify and manage risks had been improved. In particular, radiography, incident reporting, the management of hazardous substances, prescription security and safety alerts.
- The practice safeguarding processes had been updated and made available to staff.
- The provider had thorough recruitment procedures in relation to employed and agency staff.
- Systems were in place to ensure waste was segregated appropriately and gypsum waste disposed of in line with legislation.

# Summary of findings

## The five questions we ask about services and what we found

We asked the following question(s).

**Are services safe?**

**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 8 November 2018 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 1 July 2019 we found the practice had made the following improvements to comply with the regulations.

- An X-ray machine with a faulty control panel was taken out of use.
- Emergency medical equipment was in line with GDC standards and Resuscitation Council UK guidance. We saw evidence that staff were up to date with medical emergency training.
- Risks were assessed and acted on. In particular:
  - There was a system to demonstrate that patient safety alerts were received and acted on.
  - Waste, including gypsum models were segregated and disposed of appropriately.
  - Information was provided to staff to report and document incidents and accidents promptly. There had been no further incidents since the last inspection.

- A system had been introduced to track the use of NHS prescription pads.
- The practice completed checks for employed and agency staff. A new locum dentist was working at the practice. The practice had evidence they had been recruited appropriately, including evidence of indemnity cover and references. Evidence of immunity to hepatitis B was obtained from clinical staff.
- Appropriate safeguarding arrangements were in place to ensure that any concerns were reported in a timely way. Safeguarding information included up to date details of key contact organisations and was made available to staff.

The practice had also made further improvements:

- Hot water temperatures had been reviewed to avoid scalding.
- Safeguarding information included up to date details of key contact organisations and was made available to staff.
- We saw evidence that hazardous substances were risk assessed.

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 1 July 2019.