

530 Bolton Partnership

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Inspection Report

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Overall summary

We carried out a comprehensive inspection of this practice on 17 September 2015. Breaches of legal requirements were found. After the inspection, the practice wrote to us to say what they would do to meet legal requirements in relation to good governance and safeguarding service users from abuse and improper treatment.

We undertook this focused inspection to check that they had followed their plan and to confirm they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 530 Bolton Partnership on our website at www.cqc.org.uk.

Our findings were:

Are services safe?

We found that this practice was providing safe care in accordance with the relevant regulations.

Are services well-led?

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

Background

530 Bolton Partnership (part of Oasis Dental Care) took over the ownership of the practice in December 2014. The

practice provides private and NHS dental treatments to children and adults living in the Bolton area of Greater Manchester. The practice offers a range of dental services including examinations, assessments, individual treatments and dental hygiene. The staff in the practice consists of four dentists, two dental hygienists and six dental nurses. There was also a practice manager, a receptionist and an apprentice dental nurse. The practice opening hours are from 8.00am to 6.00pm Monday to Friday. Appointments are from 8.30am to 5.30pm on a Monday, Thursday and Friday, with extended hours being provided between 5.30pm and 7.00pm on a Tuesday and Wednesday.

The practice manager is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered 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 had completed safeguarding training in relation to children and vulnerable adults.
- Staff appraisals had taken place.

Summary of findings

- Staff were up to date with their continuing professional development and this was being monitored by the practice manager to ensure all mandatory training was completed.

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 safe?

We found that this practice was providing safe care in accordance with the relevant regulations.

Since the last inspection on 18 September 2015 the practice the practice had effective systems and processes in place to ensure that all care and treatment was carried out safely. For example, staff had completed training in the safeguarding of children and vulnerable adults.

No action



Are services well-led?

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

Since the last inspection on 18 September 2015 the practice provided evidence to show that staff had received appraisals where performance, training requirements and behaviours were discussed.

No action



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Detailed findings

Background to this inspection

We undertook a desk based focused inspection of 530 Bolton Partnership on 18 July 2016. This inspection was carried out to check that improvements to meet legal

requirements planned by the practice after our inspection on 17 September 2015 had been made. We inspected the practice against two of the five questions we ask about services: is the service safe and well led. This is because the service had not been meeting some legal requirements.

Are services safe?

Our findings

Reliable safety systems and processes (including safeguarding)

One of the dental nurses was the safeguarding lead in the practice. Safeguarding policies and procedures were in place. Staff had undertaken safeguarding training covering both children and vulnerable adults to the required level.

As part of the inspection we spoke with a member of staff and they were able to describe to us the signs and symptoms of abuse. They also told us of the procedures which they had in place to report any safeguarding concerns. They had a log book on the reception desk which was used to record any concerns any member of staff had. This log book was regularly checked to ensure any concerns were appropriately followed up.

Are services well-led?

Our findings

Learning and improvement

We saw evidence that staff had received appraisals where performance, training requirements and behaviours were discussed. A personal development plan was formulated and the practice provided assistance to achieve this.

These were followed up with mid-year reviews when progress towards their individual aims and objectives were checked and any extra help would be provided in order to achieve their goals.

We saw evidence that staff were up to date with their continuing professional development (CPD) and this was monitored by the practice manager to ensure mandatory training had been completed. We were sent logs of CPD which staff had completed and saw that they were up to date with their CPD in relation to safeguarding, medical emergencies and infection prevention and control.