

## Atherstone Dental Practice Partnership

# Atherstone Dental Practice Partnership

### Inspection Report

60 Long Street

Atherstone

Warwickshire

CV9 1AU

Tel: 01827 718946

Website: [www.atherstonedentalpractice.com](http://www.atherstonedentalpractice.com)

Date of inspection visit: 2 June 2020

Date of publication: 24/06/2020

### Overall summary

We undertook a follow up desk-based inspection of Atherstone Dental Practice Partnership on 2 June 2020. 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 Atherstone Dental Practice Partnership on 4 March 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 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 Atherstone Dental Practice Partnership 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 (requirement notice only). 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 4 March 2020.

#### **Background**

Atherstone Dental Practice Partnership is in Atherstone, Warwickshire and provides NHS and private dental care and treatment for adults and children.

The practice is situated above a commercial business and is accessed through a street side entrance leading immediately to a flight of stairs to the first floor. The practice informs all new patients wishing to register that they are not wheelchair accessible and they signpost

# Summary of findings

patients that cannot manage the stairs to a nearby practice. Car parking including spaces for blue badge holders are available in local free of charge car parks within a five-minute walk from the practice.

The dental team includes four dentists, one qualified dental nurse, five trainee dental nurses and two receptionists. The team are supported by two practice managers and a head nurse who work across several practices within the group. The practice has three treatment rooms.

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 Atherstone Dental Practice Partnership is one of the practice managers.

The practice is open:

Monday, Tuesday, Wednesday and Fridays from 8.30am to 5.30pm.

Thursdays from 8.30am to 7.30pm.

Saturdays from 9am to 2pm.

## **Our key findings were:**

The provider had made improvements to the management of the service. These included completing a detailed fire risk assessment, updating and training staff in new incident reporting processes, improving infection control processes, improving staff understanding of checking emergency medical equipment and ensuring staff recruitment procedures were followed. The improvements provided a sound footing for the ongoing development of effective governance arrangements at the practice.

# Summary of findings

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

We asked the following question(s).

### **Are services well-led?**

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

**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 4 March 2020 we judged the provider was not providing well led care and was not complying with the relevant regulation. We told the provider to take action as described in our requirement notice. At the inspection on 2 June 2020 we found the practice had made the following improvements to comply with the regulation:

- A detailed fire risk assessment had been completed by an external fire specialist on the 16 April 2020 which highlighted several areas for improvement. The provider had completed all but one these improvements and had plans in place to complete the outstanding action of sourcing fire doors for the upstairs rooms within the building.
- At the time of our initial inspection on 4 March 2020 we found that infection prevention and control processes were not being followed as faulty equipment was being used and had not been reported to managers. The illuminating lights had not been working on the two magnifiers in the decontamination room; replacement magnifiers were ordered during the inspection and the equipment repair reporting process was reinforced with staff. We found one sharps bin in the practice that had been in use for over three months and one sharps bin that had not been labelled. These shortfalls were

discussed with the head nurse who displayed a poster next to the sharps bins to ensure compliance. The out of date sharps bins were removed and disposed of on the day of our initial inspection.

- At the time of our inspection on 4 March 2020 we found that the defibrillator pads for the AED had exceeded their October 2019 expiry date. Replacement pads were ordered during the inspection. We found staff kept records of their checks of medicines and most of the equipment to make sure they were available, within their expiry date, and in working order. The check log was amended to include the defibrillator pads expiry date following the inspection to ensure this was not overlooked in the future.
- Incident reporting processes had been strengthened. Incident reporting training had been rolled out to all staff, new incident forms had been placed in reception for staff to access and an incident reporting policy was being implemented to ensure staff were clear on what types of incidents required reporting to share learning and drive improvement.
- Staff recruitment processes were not in accordance with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 during our inspection on the 4 March 2020. Disclosure and barring service checks had not been completed for six staff members. These checks were completed during the inspection and assurance given that these would be completed during the recruitment process in future.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulation when we inspected on 2 June 2020.