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Sharples Dental Practice

Inspection Report

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Overall summary

We undertook a follow up focused inspection of Sharples Dental Practice on 7 November 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 who was supported by a specialist dental adviser.

We undertook a comprehensive inspection of Sharples Dental Practice on 9 January 2019 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 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. A focused follow up inspection was carried out on 27 June 2019. The provider had made some improvements, these were insufficient to put right the shortfalls we found at our inspection on 9 January 2019. You can read our report of that inspection by selecting the 'all reports' link for Sharples Dental Practice on our website www.cqc.org.uk.

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.

The provider had made improvements in relation to the regulatory breaches we found at our inspections on 9 January 2019 and 27 June 2019.

Background

Sharples Dental Practice is in Bolton and provides NHS and private treatment to adults and children.

A portable ramp is provided for people who use wheelchairs and those with pushchairs. On street parking is available near the practice.

The dental team includes three dentists, four dental nurses (one of whom also manages the practice) and a dental hygiene therapist. 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 Care Quality Commission 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 Sharples Dental Practice is one of the partners.

Summary of findings

During the inspection we spoke with one dentist and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday to Friday 8.45am to 12.15pm and 1.45pm to 5.15pm

Our key findings were:

- Emergency medicines and life-saving equipment were in line with Resuscitation Council UK standards.
- Improvements had been made to the treatment environment and processes to audit standards of infection prevention and control.
- The practice had established systems to ensure staff were up to date with highly recommended training and development.
- The provider had implemented thorough staff recruitment procedures.
- Systems were in place to audit dental care records and radiographic quality.
- The provider had effective leadership and culture of continuous improvement.

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 inspections on 9 January 2019 and 27 June 2019 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 warning notice. At the inspection on 7 November 2019 we found the practice had made the following improvements to comply with the regulations:

- The medical emergency equipment had been reviewed and was as described in Resuscitation UK guidance and required by General Dental Council standards. Additional adrenaline was available as required by the practice's medical emergencies policy. Glucagon was stored with the medical emergency equipment. The expiry date had been adjusted in line with the manufacturer's instructions.
- The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place. We looked at a recruitment record for a recently employed member of staff. This showed the provider followed their recruitment procedure. We saw evidence that Disclosure and Barring Service (DBS) checks were carried out for newly employed members of staff. We saw that a recently employed member of staff had received a role-specific induction.

- The practice ensured that processes to audit standards of infection prevention and control were followed correctly. Damaged surfaces had been covered or repaired. There were further plans to renovate the practice.
- A Legionella management plan was in place. The responsible person had completed Legionella awareness training.
- The practice had implemented a system to ensure that staff completed and were up to date with 'highly recommended' training as per General Dental Council professional standards.

The practice had also made further improvements:

- Systems were in place to receive patient safety alerts. We saw evidence that these were reviewed and acted on in a timely way.
- Regular audits of radiography and dental care records were completed. These included ensuring that the dentists consistently documented discussions of risks, benefits and options for treatment, whether patients were informed of the findings of X-rays and whether dental dams, or alternative methods were used to secure endodontic files to protect the patient's airway, in line with guidance from the British Endodontic Society when providing root canal treatment.
- The provider had taken action to register the practice correctly as a partnership.

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 7 November 2019.