

The Lodge Practice Ltd

The Lodge Dental

Inspection report

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Overall summary

We undertook a follow up focused inspection of The Lodge Dental on 18 December 2023. 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 was supported by a specialist dental advisor.

We had previously undertaken a comprehensive inspection of The Lodge Dental on 15 September 2023 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 The Lodge Dental practice on our website 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.

The provider had made improvements in relation to the regulatory breach we found at our inspection on 15 September 2023.

Summary of findings

Background

The Lodge Dental is in Manchester and provides NHS and private dental care and treatment for adults and children.

There is step free 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 8 dentists, 1 foundation dentist, 8 dental nurses (of whom 4 were trainees), 1 dental therapist, 1 foundation dental therapist, 1 practice manager, 1 assistant manager, 1 business manager and 2 receptionists. The practice has 5 treatment rooms.

During the inspection we spoke with 1 dentist, 2 dental nurses, the practice manager and the business manager. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday to Friday from 9am to 5pm

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 18 December 2023 we found the practice had made the following improvements to comply with the regulation:

- The infection prevention and control audit had been updated and was an accurate reflection of processes in place at the practice.
- Recommendations made in the Legionella risk assessment had been actioned and the management of Legionella was effective.
- Action had been taken to mitigate the risks to patients and staff from scalding due to hot water. We discussed with the practice manager, the importance of ensuring all actions taken are documented and reviewed to ensure they were effective.
- Clinical waste was stored securely.
- Appropriate cleaning equipment was available and stored in accordance with recommendations.
- Action had been taken to ensure recommendations made in the risk assessment had been completed. We discussed with the practice manager, the importance of ensuring all servicing documents are available for review, for example in relation to the emergency lighting.
- The sharps risk assessment had been improved and accurately reflected the processes at the practice.
- Medical emergency equipment and medicines were available as required. The monitoring protocol had been improved to ensure action would be taken in the event of an equipment fault being identified, for example in relation to the automated external defibrillator (AED).
- The practice used the newly implemented online compliance tool to ensure accidents and incidents were recorded, investigated and used as learning opportunities. We saw incidents that had occurred since our last visit were appropriately recorded and reviewed.
- The online monitoring system was being used more consistently to manage staff training and ensure this is undertaken at the required interval. The practice manager confirmed this was a work-in-progress and they had requested evidence of any missing training records from the team.
- The radiography audit had been improved and was scheduled to be carried out every 6 months in accordance with current guidance.

The practice had also made further improvements:

- We saw the practice had carried out an audit of patient care records for 1 clinician and a detailed action plan had been formulated to drive improvement. The practice manager confirmed a plan was in place to carry this out for all clinicians.
- The practice had a new audit tool for reviewing the prescribing of antibiotic medicines that reflected the guidance provided by the College of General Dentistry. They had not yet carried out this audit, however a plan was in place to complete this in the near future.
- The practice had carried out an audit of the use of the reversal agent on patients having treatment under conscious sedation. We discussed with the practice manager the additional guidance available to further improve this audit. They confirmed they would review and expand the audit to reflect the guidance.