

The Village Dental Practice

The Grange Dental Centre

Inspection report

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Overall summary

We undertook a follow up focused inspection of The Grange Dental Centre on 2 November 2022. 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 The Grange Dental Centre on 30 March 2022 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 Grange Dental Centre on our website www.cqc.org.uk.

When one 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 30 March 2022.

Summary of findings

Background

The Grange Dental Centre is in Newcastle upon Tyne and provides NHS and private dental care and treatment for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces are available near the practice. The practice is located close to local transport routes. The practice has made reasonable adjustments to support patients with additional needs, for example the availability of a hearing induction loop.

The dental team includes 4 dentists, 1 foundation dentist, 4 dental nurses, 2 trainee dental nurses, 1 dental hygienist, 1 dental therapist and 2 receptionists, 1 receptionist/treatment coordinator and a practice manager. The practice has 4 treatment rooms.

During the inspection we spoke with 1 dentist, the practice manager and the compliance manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Thursday from 9am to 5:30pm

Friday from 9am to 4:30pm

There were areas where the provider could make improvements. They should:

Improve the practice's sharps procedures to ensure the practice is in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.

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 2 November 2022 we found the practice had made the following improvements to comply with the regulation:

- The practice had not carried out treatment under conscious sedation since our last inspection. Improvements had been made to ensure the practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training. Immediate Life Support training with airway management for staff providing treatment to patients under sedation was also completed.
- Records were available to demonstrate the X-ray equipment was serviced and maintained according to manufacturer's guidelines and a system had been introduced to ensure these checks were carried out at the appropriate intervals.
- Information relating to the use of CCTV was available and signage was clearly displayed. We discussed how further improvements could be made to ensure the storage arrangements, as detailed in the policy, were accurately reflected.
- Protocols were in place to ensure important recruitment checks had been carried out, for all members of staff, at the time of recruitment.
- The radiograph audit contained outcomes and where appropriate, action plans. Re-auditing protocols had also been introduced to measure possible improvements.
- We noted improvements had been made to the protocols to review and investigate accidents and incidents and share any learning. We discussed how further improvements could be made to ensure important updates are shared promptly and monitoring tools are kept up-to-date.
- The practice had protocols in place and information displayed for staff in relation to the safe handling of dental sharps. We were shown a sharps risk assessment template had been created and this was due to be undertaken shortly after the inspection. We discussed how improvements could be made to the risk assessment to ensure it considered and mitigated the risks to staff from all forms of dental sharps.