

Dr. Andrew Brown

# Grappenhall Dental Practice

## Inspection Report

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Date of inspection visit: 09/01/2019  
Date of publication: 07/03/2019

### Overall summary

We undertook a follow-up focused inspection of Grappenhall Dental Practice on 9 January 2019. This inspection was carried out to review in detail the actions taken by the 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 Grappenhall Dental Practice on 22 August 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. At a comprehensive inspection we always ask the following five questions to get to the heart of patients' experiences of care and treatment:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive?
- Is it well-led?

We found the 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. You can read our report of that inspection by selecting the 'all reports' link for Grappenhall Dental Practice on our website [www.cqc.org.uk](http://www.cqc.org.uk).

When one or more of the five questions are not met we require the provider to make improvements and send us an action plan. We then inspect again after a reasonable interval, focusing on the areas where improvement was necessary.

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 identified at our inspection on 22 August 2019.

##### **Background**

Grappenhall Dental Practice is near the centre of Grappenhall village. The practice provides private dental care for adults and children.

# Summary of findings

The provider has installed a ramp to facilitate access to the practice for wheelchair users. Car parking is available near the practice.

The dental team includes a principal dentist, three associate dentists, six dental nurses, one of whom is a trainee, and a receptionist. The dental team is supported by a practice manager. The practice has three treatment rooms.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

During the inspection we spoke to the principal dentist, dental nurses, receptionists and the practice manager. We looked at practice policies and procedures, and other records about how the service is managed. We also reviewed the provider's action plan and evidence sent to us to support the action plan.

The practice is open:

Monday, Wednesday, Thursday and Friday 8.00am to 5.00pm.

Tuesday 8.00am to 8.00pm.

## Our key findings were:

- The provider had improved their systems for assessing, monitoring and reducing risk.
- The provider had improved the practice's infection prevention and control systems and processes.
- Staff followed published guidance when carrying out decontamination and sterilisation procedures.
- The provider had improved their staff recruitment procedures.

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

- Review the practice's protocols for monitoring and improving the quality and safety of the service. In particular, ensure the recommended routine tests of the ultrasonic bath's efficiency are carried out, and ensure audits of infection prevention and control are accurate and the results are used to formulate an action plan to identify where improvements can be made.

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

The provider had made improvements to the quality and safety of the service. This included reviewing, updating, and improving the practice's policies and risk assessments and ensuring appropriate safeguards were in place to reduce risk. Further review of the practice's systems for monitoring and improving the quality and safety of the service could be carried out to ensure infection prevention and control audits reflect the practice's circumstances and are used to encourage improvement.

Staff meetings showed that the whole practice team had been involved in the improvements and staff had worked together to implement these.

**No action**



# Are services well-led?

## Our findings

At our comprehensive inspection on 22 August 2018 we judged the provider was not providing well-led care and told the provider to take action as described in our requirement notices. At the inspection on 9 January 2019 we found the provider had made the following improvements to comply with the regulations and ensure care and treatment was provided safely.

The provider had reviewed and improved their assessment of the risks to the health and safety of service users and had acted to reduce these risks.

The dental team were following the Health Technical Memorandum 01 05 guidance more closely:

- the provider had reviewed and updated the practice's infection prevention and control policy,
- staff had received infection prevention and control training,
- staff had reduced decontamination and sterilisation processes to the minimum whilst patients were in the treatment rooms,
- the provider had purchased two new sterilisers. Both were equipped with a means for checking and recording every sterilisation cycle,
- instruments were processed as to the appropriate sterilisation cycle. Staff had received training in this and in the correct use of the new sterilisers,
- records of the routine testing of all the sterilisers were maintained,
- a review of the Legionella risk assessment had been carried out at the practice. The assessment recommended staff should be trained in Legionella awareness. This had taken place,
- staff were clear as to dental unit water line management,
- staff had carried out a new infection prevention and control audit. We observed that some of the detail in the audit did not correlate with what we saw in the practice.
- One of the recommended routine tests of the efficiency of the ultrasonic decontaminating machine was not being carried out. The provider had obtained the testing kit but was not yet carrying out the test.

The provider had carried out risk assessments of the hazardous substances used in the practice.

The provider had arranged for a fixed electrical installation inspection and test to be carried out at the practice.

The provider had improved their systems and processes for assessing, monitoring and improving the quality and safety of the services being provided to ensure these were operating effectively.

- The provider had registered to receive safety alerts from organisations including the Medicines and Healthcare Regulatory Agency.
- The provider had put in place procedures for investigating and recording significant events. Staff understood these. We saw learning from recent events had been shared at staff meetings and improvements put in place.
- The provider had improved their systems for monitoring staff training. Logs had been put in place for the dentists to record their continuing professional development.

The provider had improved their systems and processes for assessing, monitoring and reducing the risks relating to the health, safety and welfare of service users and others who may be at risk. These were now operating effectively.

The provider had reviewed, updated and improved their policies and risk assessments relating to infection prevention and control, fire safety, the control of hazardous substances, and the provision of domiciliary dental care. Appropriate checks were now in place to assist with ensuring risks were monitored, for example, checks to ensure fire detection equipment was functioning.

The provider had also acted on the following:

- They had reviewed and updated the practice's recruitment policy and procedures to ensure accurate, complete and detailed records were maintained for all staff.

These improvements showed the provider had acted to improve the quality and safety of services for patients and to comply with the regulations.