

Linden Lodge Dental Practice

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Inspection Report

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Overall summary

We carried out an announced follow-up inspection at Linden Lodge Dental Practice on the 25 August 2017. This followed an announced comprehensive inspection on the 19 December 2016 carried out as part of our regulatory functions where breaches of legal requirements were found.

After the comprehensive inspection, the practice wrote to us to say what actions they would take to meet the legal requirements in relation to the breaches.

We revisited Linden Lodge Dental Practice and checked whether they had followed their action plan.

The practice had been served a requirement notice for issues relating to the key question of well led. We reviewed the practice against this key question which they were in breach of. We also reviewed the key question of safe as we had made recommendations and the provider had made improvements in this area. This report covers our findings in these two areas.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Linden Lodge Dental Practice on our website at www.cqc.org.uk.

Background

This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The follow-up inspection was led by a CQC inspector and a specialist dental advisor.

During our inspection visit, we checked that points described in the provider's action plan had been implemented by looking at a range of documents such as risk assessments, audits, policies and staff training records.

Our key findings were:

- Appropriate medicines and life-saving equipment were available. Logs of checks to equipment were being maintained.
- Safeguarding policies and procedures were in place and had relevant contact details for the local authority.
- The practice had systems to help them manage risk. Governance arrangements were in place for effective and smooth running of the practice
- There was effective leadership at the practice and systems were in place to share information and learning amongst the team.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

The practice had appropriate medical emergency equipment and carried out regular checks to them. Appropriate and up to date safeguarding procedures were in place. Systems had been set up to carry out regular risk assessments including general health and safety and COSHH.

No action



Are services well-led?

At our previous inspection we had found that the governance systems at the practice required review. No one was responsible for providing leadership for governance arrangements; training was not structured and audits were not being completed.

At our follow-up inspection we found that action had been taken to ensure that the practice was well-led. Governance systems were in place to ensure that policies and procedures were kept up to date, there was clear leadership and staff were aware of who the different leads were; staff were completing all necessary training and information was shared effectively with staff.

No action



Are services safe?

Our findings

Medical emergencies

The practice had arrangements in place to deal with medical emergencies at the practice. The practice had an automated external defibrillator (AED) Staff had received training in how to use this equipment.

Reliable safety systems and processes (including safeguarding)

The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. Details of the local

authority to report concerns to were available to staff. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns.

Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics. Risk assessments carried out included general premises and a COSHH. The practice had a system in place for the periodic review of risk assessments which was monitored by one of the principal dentists.



Are services well-led?

Our findings

Governance arrangements

At our previous inspection we found that governance arrangements required structure and organisation.

During this inspection we found that the practice had systems in place to monitor risks and take appropriate action if needed. One of the principal dentists was responsible for the day to day management and clinical leadership of the practice. Staff were aware of the management arrangements and individual roles and responsibilities.

There were systems in place to monitor the quality of the service through auditing; servicing of equipment was planned and monitored to ensure that annual checks were diarised. The COSHH file had been updated.

The practice had policies, procedures, risk assessments and information governance arrangements to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements.

Learning and improvement

During this inspection we found that the practice had put in place quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs, hand hygiene, clinical areas and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

There was a programme in place for all staff to receive an annual appraisal and gain opportunities to develop.