

Leytonstone Dental Centre LLP

Leytonstone Dental Centre

Inspection report

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Overall summary

We carried out this announced inspection on 24 November 2021 under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a Care Quality Commission, (CQC), inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we usually ask five key questions, however due to the ongoing pandemic and to reduce time spent on site, only the following three questions were asked:

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

These questions form the framework for the areas we look at during the inspection.

Our findings were:

Are services safe?

We found this practice was providing safe care in accordance with the relevant regulations.

Are services effective?

We found this practice was providing effective care in accordance with the relevant regulations.

Are services well-led?

Summary of findings

We found this practice was not providing well-led care in accordance with the relevant regulations.

Background

Leytonstone Dental Centre is in the London Borough of Waltham Forest and provides private dental care and treatment for adults and children.

The practice is located close to public transport links and car parking spaces are available near the practice.

The dental team includes three dentists, one dental nurse, a receptionist, a practice manager and a compliance manager. The practice has three treatment rooms.

The practice is owned by a company and as a condition of registration must have a person registered with the CQC 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 Leytonstone Dental Centre is the practice manager.

During the inspection we spoke with the dental nurse, the receptionist and the practice manager and the compliance manager. As there were no dentists available on the day of the inspection we carried out a remote conversation with one of the dentists after the inspection. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Saturday from 10.00am to 5.00pm

Our key findings were:

- The provider had infection control procedures which reflected published guidance.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Staff felt involved and supported and worked as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider had information governance arrangements.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice appeared to be visibly clean and well-maintained
- Staff provided preventive care and supported patients to ensure better oral health. However, improvements were needed to ensure that all important information was suitably recorded within the dental care records.
- The provider had staff recruitment procedures. Improvements were needed to ensure that checks were carried out consistently for all staff at the time of recruitment, and records available.

We identified regulations the provider was not complying with. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

Summary of findings

- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the Faculty of General Dental Practice.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	No action	✓
Are services effective?	No action	✓
Are services well-led?	Requirements notice	✗

Are services safe?

Our findings

We found this practice was providing safe care in accordance with the relevant regulations.

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

Staff had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff had received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The provider had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The provider had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The staff carried out manual cleaning of dental instruments prior to them being sterilised. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. The exception to this was the ultrasonic bath as there was no evidence this was serviced and maintained according to manufacturer's guidance. The provider had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

The practice had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory.

We saw the provider had implemented procedures to reduce the possibility of Legionella or other bacteria developing in the water systems. These were in line with a risk assessment, carried out on 20 November 2021. Records of water testing and dental unit water line management were maintained. Some recommendations had been made in the risk assessment and the provider assured us these would be acted on.

We saw effective cleaning schedules to ensure the practice was kept clean. When we inspected we saw the practice was visibly clean.

The practice manager described the procedures in place in relation to COVID-19. Additional standard operating procedures had been implemented to protect patients and staff from coronavirus. These included social distancing and screening measures which had been implemented. We saw evidence that personal protective equipment was in use. Clinical staff, we spoke with told us they had been fit tested for filtering facepiece masks (FFP); evidence of this was available.

The practice manager told us there were arrangements for fallow time (period of time allocated to allow aerosol to settle following treatments involving the use of aerosol generating procedures or AGPs) and cleaning the treatment room.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. On the day of the inspection, comprehensive records of waste collections were not available and stored according to requirements.

The provider carried out infection prevention and control audits. The latest audit showed the practice was meeting the required standards.

Are services safe?

The provider had a whistleblowing policy. Staff felt confident they could raise concerns without fear of recrimination.

The provider had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We looked at four staff recruitment records and found some of these to be incomplete. Enhanced Disclosure and Barring Services (DBS) checks had not been undertaken, at the time of recruitment, for all members of staff and there was no evidence the risks around this had been considered. Records were also not available for all clinical staff in relation to their vaccination against Hepatitis B and whether the efficacy of the vaccination had been checked.

We observed that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical appliances.

A fire risk assessment was carried out on 11 June 2021 in line with the legal requirements. We saw there were fire extinguishers and fire detection systems throughout the building. The provider had systems in place to monitor the fire detection equipment.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. On the day of the inspection we noted some recommendations, such as the fitting of a rectangular collimator had been made during the recent servicing of the equipment. The compliance manager assured us these would be acted on.

From the dental care records that we were shown, we noted limited evidence that the dentists justified, graded and reported on the radiographs they took in.

The provider carried out radiography audits following current guidance and legislation, however improvements could be made to the auditing process to drive continuous improvement.

Clinical staff told us they completed continuing professional development in respect of dental radiography.

The practice had a cone beam computed tomography (CBCT) X-ray machine. We did not see evidence that all clinical staff, involved in taking this form of X-ray, had received training in the use of it.

Risks to patients

The provider had implemented systems to assess, monitor and manage risks to patient safety.

The provider had current employer's liability insurance and health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed the relevant safety regulation when using needles and other sharp dental items.

Sepsis prompts for staff and information posters were displayed.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year.

Most emergency equipment and medicines were available as described in the Resuscitation Council UK 2021 guidelines, with the exception of the medicine used to treat heart attacks which we found was in the incorrect format. We noted that staff kept records of their checks of these to make sure they were available, within their expiry date, and in working order.

A dental nurse worked with the dentists when they treated patients in line with General Dental Council Standards for the Dental Team.

The provider had risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

Are services safe?

Information to deliver safe care and treatment

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at dental care records with the clinician to confirm our findings and observed that improvements were needed to the level of detail recorded.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist. The introduction of a monitoring process was needed to enable staff to follow up with referrals made and ensure patients were seen in a timely manner.

Safe and appropriate use of medicines

There was a stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required. Improvements were needed to the protocols when dispensing medicines to ensure clinicians consistently recorded the name of the person dispensing the medicine and the practice address in line with current guidelines.

Antimicrobial prescribing audits were carried out as per guidance. The most recent audit carried out on 14 October 2021 indicated the dentists were following current guidelines.

Track record on safety, and lessons learned and improvements

The provider had implemented systems for reviewing and investigating when things went wrong. In the previous 12 months there had been no safety incidents. Staff told us that any safety incidents would be investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again.

The practice manager described the systems in place for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

We found this practice was providing effective care in accordance with the relevant regulations.

Effective needs assessment, care and treatment

The practice had systems to keep dental professionals up to date with current evidence-based practice. We saw clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

Helping patients to live healthier lives

The dentists prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them. The dentist told us, where applicable, they discussed smoking, alcohol consumption and diet with patients during appointments.

The dentist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition. We noted inconsistencies in the recording of this information within the eight dental care records we looked at. For example, patient risk assessments and basic periodontal examination (BPE) scores were not consistently documented.

Consent to care and treatment

Staff obtained consent to care and treatment in line with legislation and guidance.

The dentist described how they gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. However, we saw this was not documented consistently within patients' records.

The practice's consent policy included information about the Mental Capacity Act 2005 (MCA). The team understood their responsibilities under the act when treating adults who might not be able to make informed decisions. Improvements were needed to the process of recording consent within the dental care records. On the day of the inspection we noted there was no record of whether consent had been obtained in six of the eight dental care records we looked at.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

The practice kept dental care records containing information about the patients' current dental needs, past treatment and medical histories. On the day of the inspection we noted a number of the dental care records were illegible. We discussed these concerns with the dentist who confirmed there were challenges when recording information by hand and they felt improvements could be made with the introduction of a computerised system.

The provider should review the practice protocols regarding auditing patient dental care records to check that necessary information is recorded and use the results of these audits and the resulting action plans to drive further improvements.

Effective staffing

Overall we found staff had the skills, knowledge and experience to carry out their roles; however improvements were needed to ensure staff have adequate training when using equipment; in particular, records were not available to assure us all staff operating the CBCT had undergone the required level of training.

Are services effective?

(for example, treatment is effective)

Staff new to the practice had a structured induction programme. Clinical staff carried out training as recommended by the General Dental Council professional standards.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The dentists confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide. We noted that there was no referral monitoring system in place.

Are services well-led?

Our findings

We found this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report).

We will be following up on our concerns to ensure they have been put right by the provider.

Leadership capacity and capability

Leaders were visible and approachable. Staff told us they worked closely with them to make sure they prioritised compassionate and inclusive leadership.

We found the provider had the capacity, values and skills to deliver high-quality, sustainable care. However, the lack of oversight and adherence to published guidance impacted on some aspects of the day to day management of the service.

Culture

The practice had a culture of high-quality sustainable care.

Staff discussed their training needs at an annual appraisal. We saw evidence of completed appraisals in the staff folders we looked at.

Governance and management

The practice manager had overall responsibility for the management and clinical leadership of the practice and was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

Improvements were needed to the monitoring processes to ensure they were effective. The practice did not have adequate systems in place for monitoring areas such as dental care records and staff recruitment and training.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

The provider had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

The provider used patient surveys and encouraged verbal and online comments to obtain staff and patients' views about the service. These comments were collated and reviewed.

The provider gathered feedback from staff through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Continuous improvement and innovation

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, disability access, radiographs and infection prevention and control. Improvements were needed to the auditing process to ensure audits were sufficiently detailed so as to drive continual improvement.

Staff completed 'highly recommended' training as per General Dental Council professional standards. The provider supported and encouraged staff to complete continuing professional development.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <ul style="list-style-type: none">• There was no system to monitor patient referrals to ensure patients were seen in a timely manner. <p>The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to maintain securely such records as are necessary to be kept in relation to the management of the regulated activity or activities. In particular:</p> <ul style="list-style-type: none">• Records relating to waste collections were not available and stored according to requirements. <p>The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to maintain securely such records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activity or activities. In particular:</p> <ul style="list-style-type: none">• All staff operating the CBCT had not undergone the required level of training.• Key recruitment checks were not carried out at the time of recruitment of staff.

This section is primarily information for the provider

Requirement notices

The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to ensure that accurate, complete and contemporaneous records were being maintained securely in respect of each service user. In particular:

- Dental care records were not stored securely.
- There was a lack of consistency and detail in the information recorded in the dental care records.

Regulation 17(1)