

Rodericks Dental Limited

# Luton House Dental Practice

## Inspection report

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### Overall summary

We carried out this announced comprehensive inspection on 6 September 2022 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 practice 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 always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

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

Our findings were:

- The dental clinic was visibly clean and well-maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Not all appropriate medicines and life-saving equipment were available. Missing items were ordered on the day of inspection.
- The practice had systems to help them manage risk to patients and staff.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which reflected current legislation.

# Summary of findings

- The clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect and staff took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- A practice manager had been newly appointed. Staff confirmed that they had been receiving support from the manager from another local Roderick's practice and from area managers. There was effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The dental clinic had information governance arrangements.

## Background

The provider has 144 practices and this report is about Luton House Dental Practice. Luton House Dental Practice is in Luton 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, including dedicated parking for disabled people, are available near the practice. The practice has made reasonable adjustments to support patients with additional needs.

The dental team includes three dentists, two dental nurses, three receptionists and a practice manager. The practice has four treatment rooms.

During the inspection we spoke with a dental nurse, a receptionist and two compliance managers employed by Rodericks. The newly employed practice manager was also in attendance at this inspection.

We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Sunday from 8am to 8pm.

The practice had taken steps to improve environmental sustainability. For example, staff were encouraged to recycle as much as possible. Lighting in all treatment rooms had motion detectors so automatically turned on when entering the room and turned off when there was nobody in the room. Patient invoices were now sent out by email and the practice were moving to a digital format for all of their staff information including policies and procedures.

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

- Improve the practice's systems for checking and monitoring equipment taking into account relevant guidance and ensure that all equipment is well maintained. In particular ensure information from the data logger is downloaded and logged to demonstrate that the autoclave is working within the required parameters.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Are services safe?</b>	<b>No action</b> ✓
<b>Are services effective?</b>	<b>No action</b> ✓
<b>Are services caring?</b>	<b>No action</b> ✓
<b>Are services responsive to people's needs?</b>	<b>No action</b> ✓
<b>Are services well-led?</b>	<b>No action</b> ✓

# 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)**

The practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children. Training certificates seen for one staff member did not demonstrate that they had completed the full training for the required number of hours regarding safeguarding children and vulnerable adults. Following this inspection, we were forwarded a copy of training certificates demonstrating that this training had recently been completed.

The practice had infection control procedures which reflected published guidance. However, the infection prevention and control audit had not been completed six-monthly in the past. The last audit was completed in May 2022. Lint free cloths were not used during the decontamination process, these were ordered during this inspection. The use of lint free cloths is required to dry instruments without depositing cloth residue or fibres, helping to reduce the risk of contamination. Staff were unable to provide evidence that information from the autoclave data logger had been downloaded recently. The data logger provides evidence that the autoclave is working correctly at the required temperature for the specified length of time. We were shown information from 2020 but nothing since that date. The practice had introduced additional procedures in relation to COVID-19 in accordance with published guidance.

The practice had procedures to reduce the risk of Legionella or other bacteria developing in water systems, in line with a risk assessment completed in April 2022. Hot and cold-water temperatures were being checked and logged as required and these were within the required temperatures.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. Clinical waste was collected on a fortnightly basis and consignment notices and a waste audit were available as required.

We saw the practice was visibly clean and there was an effective cleaning schedule to ensure the practice was kept clean. An external cleaning company provided cleaning services at the practice. The newly employed practice manager confirmed that they would monitor to ensure cleaning was completed and liaise with the cleaning company. Documentation was available to demonstrate cleaning completed.

The practice had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation.

Clinical staff were qualified, registered with the General Dental Council and had professional indemnity cover.

The practice ensured equipment was safe to use and maintained and serviced according to manufacturers' instructions. The extractor fan in the decontamination room was not working on the day of inspection. This was reported to the facilities department and we were assured that this would be repaired as soon as possible. The practice ensured the facilities were maintained in accordance with regulations.

A fire risk assessment was carried out in line with the legal requirements and the management of fire safety was effective.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available.

### **Risks to patients**

# Are services safe?

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety, and lone working. We noted that staff had not completed sepsis training but were told that this was planned. Sepsis awareness posters were on display throughout the practice.

Not all emergency equipment and medicines were available. We saw that the practice had four oxygen cylinders, two of which were out of date. These were removed immediately. The child face mask with reservoir and tubing was missing and the size 0 face mask for self-inflating bag was also missing. Missing items were ordered immediately. Equipment and medicines were checked in accordance with national guidance, although improvements were required to logs to ensure that all required equipment was available as recommended in the resuscitation council guidelines.

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

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health. Material safety data sheets were also available for products in use. A separate file of information regarding the cleaning products was kept with these products for ease of access.

## **Information to deliver safe care and treatment**

Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements. However, there was no evidence of completed forms demonstrating dental examinations/treatment estimates.

The practice had systems for referring patients with suspected oral cancer under the national two-week wait arrangements.

## **Safe and appropriate use of medicines**

The practice had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were carried out.

## **Track record on safety, and lessons learned and improvements**

The practice had implemented systems for reviewing and investigating incidents and accidents. The practice had a system for receiving and acting on 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. This included weekly bulletins to all staff, weekly bulletins to clinicians, regular practice meetings and urgent updates sent by email.

### **Helping patients to live healthier lives**

The practice provided preventive care and supported patients to ensure better oral health.

Staff were aware of and involved with national oral health campaigns and local schemes which supported patients to live healthier lives, for example, local stop smoking services. They directed patients to these schemes when appropriate. Information was on display on patient information boards in the waiting area, for example regarding oral cancer awareness, sugar swaps and national smile month.

### **Consent to care and treatment**

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

Staff understood their responsibilities under the Mental Capacity Act 2005.

We were told that staff 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 detailed dental care records in line with recognised guidance.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits six-monthly. We noted that the sample size used in the audit was smaller than current guidance and legislation suggests. We were assured that the correct sample size would be completed for all future audits.

### **Effective staffing**

Staff had the skills, knowledge and experience to carry out their roles.

Newly appointed staff had a structured induction and clinical staff completed continuing professional development required for their registration with the General Dental Council.

### **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.

# Are services caring?

## Our findings

We found this practice was providing caring services in accordance with the relevant regulations.

### **Kindness, respect and compassion**

Staff were aware of their responsibility to respect people's diversity and human rights.

### **Privacy and dignity**

Staff were aware of the importance of privacy and confidentiality.

The practice had installed closed-circuit television, to improve security for patients and staff. Relevant policies and protocols were in place.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

### **Involving people in decisions about care and treatment**

Staff helped patients to be involved in decisions about their care.

Staff gave patients clear information to help them make informed choices about their treatment.

The practice's website and information leaflet provided patients with information about the range of treatments available at the practice.

# Are services responsive to people's needs?

## Our findings

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

### **Responding to and meeting people's needs**

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

Staff were clear about the importance of emotional support needed by patients when delivering care.

The practice had made reasonable adjustments for patients with disabilities. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

### **Timely access to services**

Patients could access care and treatment from the practice within an acceptable timescale for their needs. The practice is open seven days per week but currently does not have a dentist on the premises on two days each week. The practice is open during this time to assist patients with queries and advice and to book in for treatment and examinations.

The practice had an appointment system to respond to patients' needs. Extended opening hours were provided from 8am to 8pm including Saturdays and Sundays.

### **Listening and learning from concerns and complaints**

The practice responded to concerns and complaints appropriately and discussed outcomes with staff to share learning and improve the service.

# Are services well-led?

## Our findings

We found this practice was providing well-led care in accordance with the relevant regulations.

At the time of inspection, a new practice manager had been employed and was applying for registration with the Care Quality Commission as required as a condition of registration. A registered manager is legally responsible for the management of services for which the practice is registered.

### **Leadership capacity and capability**

The practice demonstrated a transparent and open culture in relation to people's safety.

The practice manager had been employed recently. Staff told us that they had been provided with support from area managers and staff from other head office functions. Staff felt that there was strong leadership and emphasis on continually striving to improve.

Systems and processes were embedded, and staff worked together in such a way that where the inspection identified areas for improvement these were acted on immediately.

The information and evidence presented during the inspection process was clear and well documented.

We saw the practice had effective processes to support and develop staff with additional roles and responsibilities.

### **Culture**

The practice could show how they ensured high-quality sustainable services and demonstrated improvements over time.

Staff stated they felt respected, supported and valued. We were told that it was a friendly, supportive team who all went out of their way to help each other and to meet patient's needs. Staff were proud to work in the practice.

Staff discussed their training needs during annual appraisals and during clinical supervision. They also discussed learning needs, general wellbeing and aims for future professional development. We were told that the new practice manager would be completing appraisal meetings with staff in due course.

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals.

### **Governance and management**

Staff had clear responsibilities roles and systems of accountability to support good governance and management.

The practice had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

We saw there were clear and effective processes for managing risks, issues and performance.

### **Appropriate and accurate information**

Staff acted on appropriate and accurate information.

The practice 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**

Staff gathered feedback from patients, the public and external partners and a demonstrated commitment to acting on feedback. Feedback forms were available in the waiting area for patients to complete.

# Are services well-led?

The practice gathered feedback from staff through meetings, surveys, and informal discussions. Surveys were sent out to staff annually from head office. Feedback from these surveys would be given to each individual team. 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 practice had systems and processes for learning, continuous improvement and innovation. This included sharing of information companywide, weekly bulletins, weekly Chief Clinical Officer communications with clinical staff and learning from accidents, incidents and complaints.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, disability access, and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements. We discussed the record sample size for the radiography audit and were told that a larger sample of records would be audited going forward.