

Maxident Limited

# Maxident – Linden Grove

## Inspection Report

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### Overall summary

We undertook a focused inspection of Maxident – Linden Grove on 14 January 2020. 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 Care Quality Commission (CQC) inspector who was supported by a second CQC inspector and a specialist dental adviser.

We undertook a focused inspection of Maxident – Linden Grove on 7 June 2019 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 regulations 17, 18 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can read our reports of these inspections by selecting the 'all reports' link for Maxident – Linden Grove dental practice on our website [www.cqc.org.uk](http://www.cqc.org.uk).

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 found at our inspection on 7 June 2019.

#### **Background**

Maxident – Linden Green is in Nunhead, in the London borough of Southwark, and provides NHS and private treatment for adults and children.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces are available near the practice.

The dental team includes two dentists, two trainee dental nurses and one practice manager/ receptionist. The practice has two treatment rooms.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission 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. At the time of inspection there was no registered manager in post as required as a condition of registration. A registered manager is legally responsible for the delivery of services for which the practice is registered.

# Summary of findings

During the inspection we spoke with two dentists, one trainee dental nurse and the practice manager/receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday to Friday 9am to 5.30pm. It is closed for lunch between 1pm and 2pm each day.

## **Our key findings were:**

- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The provider had systems to help them manage risk to patients and staff.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures which reflected current legislation.
- The dentist used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment.
- The practice had implemented a Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) policy and the practice manager/receptionist had undertaken training in this area.
- The staff team were aware of which notifications should be made to CQC.
- The practice had a process for the disposal of amalgam.

# 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 our previous inspection on 7 June 2019 we judged the provider was not providing well led care and was not complying with the relevant regulations. We told the provider to take action as described in the three warning notices served. At the inspection on 14 January 2020 we found the practice had made the following improvements to comply with the regulations:

In relation to the warning notice served regarding Regulation 17, Good governance:

- A fire risk assessment was carried out in line with the legal requirements. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear. The practice manager/receptionist had completed fire marshal training.
- We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations in the assessment had been actioned and records of water testing and dental unit water line management were maintained. The practice had established a process for quarterly monitoring of the dental water lines during the inspection, as this had last been checked in 2018.
- We saw evidence the dentist justified, graded and reported on the radiographs they took. The provider carried out radiography audits every year following current guidance and legislation.
- The provider now had effective 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 had completed infection prevention and control training and received updates as required.
- The provider now had had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance.

- The provider carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards and that action was taken where issues were identified. For example, the practice were now using single use burs.
- The provider had systems for appropriate and safe handling of medicines. For example, a medicine used to manage low blood sugar levels in an emergency was now stored out of the fridge with an expiry date marked at 18 months prior to the manufacturer's expiry date to reflect this. This was in line with current guidance.
- 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.
- The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

In relation to the warning notice served regarding Regulation 18, Staffing:

- We saw staff had received infection control training. Two new members of staff had been recruited since the last inspection and we saw documents which demonstrated that they had both received this training, as had the practice manager/receptionist.
- The staff team knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Two new members of staff had been recruited since the last inspection and we saw documents which demonstrated that they had both received this training, as had the practice manager/receptionist.
- We saw evidence that staff had received safeguarding training. Two new members of staff had been recruited since the last inspection and we saw documents which demonstrated that they had both received this training at level two and the practice manager/receptionist had completed level one.
- Staff new to the practice had completed an induction programme.

In relation to the warning notice served regarding Regulation 19, Fit and proper persons employed:

- The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place

## Are services well-led?

for agency and locum staff. These now reflected the relevant legislation. We looked at the recruitment records for two members of staff employed since the last inspection and for an additional two members of staff and these showed that the practice followed their procedures. For example, Disclosure and Barring Service risk assessments had been carried on for the new employees, and documents seen demonstrated that

new checks had been applied for. References had been received and checks regarding the right to work in the UK had been considered as part of the recruitment process.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulations: 17, 18 and 19 when we inspected on 14 January 2020.