

The Lindens Dental Centre

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Inspection report

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Overall summary

We undertook a follow up desk-based review of The Lindens Dental Centre on 4 December 2020. This review was carried out to assess 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 review was led by a CQC inspector who had remote access to a specialist dental adviser.

We undertook a comprehensive inspection of The Lindens Dental Centre on 16 March 2020 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 regulation 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 The Lindens Dental Centre on our website www.cqc.org.uk.

As part of this review we asked:

- Is it well-led?

When one or more of the five questions are not met, we require the service to make improvements and send us an action plan. We then review this information after a reasonable interval, focusing on the area where improvement was required.

Our findings were:

Are services well-led?

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

Summary of findings

The provider had made improvements in relation to the regulatory breach we found at our inspection on 16 March 2020.

Background

The Lindens Dental Centre is in Orpington in the London Borough of Bromley 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 are available at the front the practice for those with limited mobility.

The dental team includes 13 dentists, eight dental nurses, two dental hygienists and four receptionists. The clinical team are supported by two practice managers. The practice has five treatment rooms.

The practice is owned by a partnership 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 managers at The Lindens Dental Centre are the two senior partners.

The practice is open:

Monday to Thursday 9.30am to 6pm

Friday 9.30am to 5pm

Saturday 9.30am to 1pm

Our key findings were:

- The provider had made improvements to systems for the management of risks to patients.
- Improvements had been made to ensure all up-to-date documentation relating to staff was available.
- Systems had been implemented and improvements made to the recording of information in the dental care records.
- Systems were in place to monitor the use-by dates of all dental materials.
- There had been improvements to the systems for referring patients.
- Improvements had been made to systems for the safe management of medicines.
- There were improvements to the systems for the monitoring and sharing of safety alerts.
- A review of the fixed wire installation had been carried out in accordance with requirements.

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

At our previous inspection on 16 March 2020 we judged the provider was not providing well led care and was not complying with the relevant regulation. We told the provider to take action as described in our requirement notice.

At the review on 4 December 2020 we found the practice had made the following improvements to comply with the Regulation 17:

- The practice had established systems to monitor the use-by dates of all dental materials to ensure they were disposed of securely and not used to treat patients.
- Systems were in place to manage medicines safely and to protect patients against avoidable risks. This included the introduction of stock control system of medicines which were held on site. This would ensure that medicines could be accounted for, did not pass their expiry date and ensure enough medicines were available if required.
- A system for receiving safety information such as medicines and safety alerts was implemented shortly after our inspection visit in March 2020. A policy was developed which described how the practice will share relevant alerts and safety information with staff. We saw evidence of this having been discussed and recorded in meeting minutes.
- Immediately after the inspection in March 2020, the practice reviewed and improved its systems to ensure that non-latex dental-dams were available to mitigate the risk to those with a latex allergy.
- Arrangements were in place to ensure servicing and testing of electrical installations/equipment were carried out as required by law. We saw evidence that the fixed wiring electrical installations were checked on the 23 September 2020 and that the relevant certification was obtained.
- Improvements had been made to ensure that staff had access to appropriate and up to date information in relation to products and materials in line with Control of Substances Hazardous to Health (COSHH) Regulations 2002. Risk assessments and product safety data information were available and easily accessible to the staff team. There were arrangements to keep these under review.
- A system had been implemented to record, monitor and follow up on patient referrals to ensure patients were seen in a timely manner.
- A risk assessment relating to the handling and disposal of dental sharps was carried out in December 2020. We reviewed this and found that the assessment considered and had arrangements to minimise risks.
- They had reviewed the systems and processes to ensure that accurate, complete and contemporaneous records were being maintained securely in respect of each service user. They used digital software and templates to help improve the level of detail in patient records and include information relating to options discussed, risks and benefits of treatment and the justification, grade and reporting of X-rays taken. A patient record audit was carried out in September 2020 and included an analysis of results and areas for improvement.
- Shortly after the inspection on 16 March 2020 we received assurances that the rectangular collimators were fitted on the X-ray units as per guidance and legislation.
- The principal dentists had carried out a complete review of all documentation available for staff and implemented systems to monitor and ensure that this was kept up-to-date.
- Staff undertook an update training session in emergency resuscitation and basic life support (BLS) in September 2020 to ensure that staff were confident and competent in using medical emergency equipment and medicines.
- The arrangements for ensuring that clinical and healthcare waste was disposed of appropriately had been reviewed and improved. Measures were implemented to ensure that these take into account the guidelines issued by Health Technical Memorandum 07-01: Safe Management of Healthcare waste.

The practice had also made further improvements:

Are services well-led?

- Audits were undertaken for prescribing of antibiotic medicines taking into account the guidance provided by the Faculty of General Dental Practice.
- Regular audits were carried out to monitor the quality of dental implant surgery.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the Regulation: 17 when we inspected on 4 December 2020.