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Lakeside Health Centre

Inspection Report

Surgery 5
Lakeside Health Centre
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Overall summary

We carried out this announced follow-up inspection on 22 October 2018. The inspection was led by a Care Quality Commission (CQC) inspector who was supported by a specialist dental adviser.

At the previous comprehensive inspection on 1 May 2018 we found the registered provider was providing safe, effective, caring and responsive care in accordance with relevant regulations. We judged the practice was not providing well-led care in accordance with 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 Lakeside Health Centre on our website www.cqc.org.uk.

The provider submitted an action plan to tell us what they would do to make improvements. We undertook this inspection on 22 October 2018 to check that they had followed their plan. We reviewed the key questions of well-led.

Our findings were:

Are services well-led?

We found that this practice was providing well-led care in accordance with the relevant regulations. They demonstrated they had addressed the shortfalls and regulatory breach we identified when we previously inspected their practice 1 May 2018. The provider had made improvements with regard to:

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

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services well-led?

We found that this practice was providing well-led care in accordance with the relevant regulations. The provider had made improvements to address shortfalls and regulatory breach we identified during the previous inspection on 1 May 2018.

The provider had improved their systems for monitoring and managing risk. They had suitably considered the needs of patients with visual and hearing impairments, and those with learning disabilities.

The provider monitored clinical and non-clinical areas of their work to help them improve and learn. This included commencing a rolling audit of the use of rubber dam for root canal treatments.

The provider ensured staff completed and updated key training. They kept related documentation and implemented a system to help them monitor training needs.

The provider implemented an effective system for sharing and acting on relevant safety alerts in relation to medicines and equipment.

Staff had received updated training in medical emergencies; we found they were competent in setting up the oxygen for use in emergencies.

The provider had a system in place to ensure all staff had adequate immunity to vaccine-preventable diseases.

All staff we spoke with were clear on the protocols for disposing of teeth containing amalgam restorations.

No action



Are services well-led?

Our findings

At the previous inspection on 1 May 2018, we found the practice was not providing well-led care.

During this follow-up inspection on 22 October 2018 the provider demonstrated they had addressed the regulatory breach we identified at the previous inspection.

We spoke with the principal dentist and two dental nurses.

Continuous improvement and innovation

The provider had arranged for a long-standing dental nurse to provide training for another dental nurse on carrying out infection prevention and control audits. We checked the most recent infection control audit carried out in October 2018 and found it was practice-specific and was an accurate reflection of the practice's infection control procedures.

The provider had implemented an effective process for tracking and monitoring training undertaken and training needs; they had created a training tracker which they told us they reviewed at practice meetings approximately every six weeks.

Governance arrangements

All staff had a clear understanding of national guidance and the practice's arrangements and protocols. The provider had fully assessed and mitigated risks relating to:

- The needs of patients with a disability; the provider had considered the needs of patients who required additional support, such as those with learning difficulties, hearing and visual impairments. They had a suitable risk assessment in place detailing arrangements to ensure patients with such impairments would be appropriately supported to receive dental treatment to meet their needs.
- The use of rubber dam for root canal treatments. The provider had established a policy on the benefits of the use of rubber dam. They had purchased a rubber dam kit and demonstrated they were using it consistently for root canal dental treatments.
- Completion of dental care records with the necessary information regarding the use of rubber dam. The provider had amended their dental care records template to ensure information on the use and non-use of rubber dam would be recorded; we checked a sample

of dental care records which showed they had improved documentation of this information. The provider had commenced a rolling audit between June 2018 and July 2018 on the use and recording of rubber dam, which they told us they planned to use to ensure the correct protocols were being followed.

- Processes to ensure all staff had received or updated key training. The provider showed us evidence that outstanding training for a member of staff on safeguarding vulnerable adults had been completed, and that two members of staff had updated training in infection prevention and control.

They had created and begun using a training spreadsheet to enable them to monitor training staff undertook, and when the training needed to be updated; they told us they would review and update the spreadsheet wherever needed during staff appraisals and practice meetings.

- Processes for sharing safety information with relevant staff and ensuring this information was appropriately acted on. The provider ensured that recent national safety alerts they received were shared appropriately. They had asked relevant staff to read and sign alerts to ensure they were aware of any issues relating to medicines, materials and equipment.
- Assurances regarding adequate immunity of a member of staff to a vaccine-preventable disease. The provider had updated the staff records with information showing they had adequate immunity to Hepatitis B. They had established a system to ensure this information would be checked for new members of staff.
- Clarity over the safe disposal of extracted teeth containing dental amalgam. The provider confirmed teeth containing dental amalgam restorations would be disposed of in a tooth box they had purchased. They had made arrangements for the box to be collected by a waste disposal contractor on an annual basis. All staff we spoke with were aware of these protocols.
- Awareness of staff regarding the use of oxygen cylinder in the event of a medical emergency. The provider had arranged for additional training for all staff on the management of medical emergencies, with a focus on the use of the oxygen cylinder. They told us this would be covered during inductions of all new staff in the future.

Staff had practiced medical emergency scenarios involving fainting and unconsciousness; staff told us

Are services well-led?

they had found these practice sessions helpful. Staff confidently demonstrated how to set up the oxygen cylinder for use in an emergency. The provider had placed in the surgery an illustrated document giving visual guidance to staff on how to place an oxygen mask correctly on the face.

The provider had also made improvements to address other shortfalls. For example, they had amended the use-by date of a medicine Glucagon (used in the management of diabetes in an emergency) in line with its non-refrigerated storage.

We confirmed that an ambulatory bag, and paediatric pads for the Automated Electrical Defibrillator were now in place.

They had reviewed and updated risk assessments related to the use of substances that are hazardous to health.

They had updated Portable Appliance Testing to ensure electrical equipment remained fit for use and in a good condition.

The provider had begun to create an infection control annual statement to provide information for patients on their infection control processes.

Staff confirmed they were not carrying out any manual cleaning of contaminated dental instruments in the treatment room; they had updated their infection prevention and control audit to reflect this.

The work surfaces in the dental surgery had been cleared of dental instruments, documents and light cover shields to keep them protected from aerosol contamination.

Staff had labelled boxes used to transport clean and contaminated dental instruments, to prevent them from being mixed up. Staff used a log book to record validation tests of their washer-disinfector and demonstrated a good understanding of their responsibilities to document actions taken in the event of any inefficacy in the washer-disinfector cycle.

Staff had begun regular testing of their dental water unit lines. They recorded checks of these tests including action they took when the test failed, and they had begun to use a water line disinfectant that was more in line with current guidance. A dental nurse had created a guidance document on the correct preparation of this disinfectant.

Staff had resumed use of a prescription log where they recorded serial numbers of prescription sheets to ensure their use could be monitored.

The provider had implemented a referral tracker to enable them to track outgoing referrals to other providers.

The provider had created a recruitment policy to provide guidance to staff on recruiting suitable staff, in addition to a reference request letter template and reference checklist they showed us shortly after the last inspection in May 2018.

The provider informed us their NHS Choices website had been updated to ensure it contained accurate information.

We found these improvements were embedded and understood by all staff we spoke with, and the provider demonstrated accountability and learning to support good governance and management.