

Little London Dental Care Limited

Little London Dental Care

Inspection Report

31 Little London

Chichester

West Sussex

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Overall summary

We undertook a focused inspection of Little London Dental Care on 14 December 2018. 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 CQC inspector who was supported remotely by a specialist dental adviser.

We had undertaken a comprehensive inspection of Little London Dental Care on 05 and 08 July 2018 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 in accordance with the relevant regulations 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 Little London Dental Care on our website www.cqc.org.uk.

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 inspect again after a reasonable interval, focusing on the areas where improvement was required.

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 had found at our previous inspections on 05 and 08 July 2018.

Background

Little London Dental Care is in Chichester, West Sussex and provides NHS and private treatment to adults and children.

The practice is accessed via several steps and is situated over three floors. Car parking spaces for blue badge holders are available near the practice which is within a short walk of car parks.

The dental team includes three associate dentists, one dental hygienist, one qualified dental nurse, two trainee dental nurses, four receptionists and a practice manager who is also a qualified dental nurse. The practice has four operational 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

Summary of findings

the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. At the time of the inspection the practice manager was applying to be the registered manager and this application was underway.

During the inspection we spoke with the two dentists, two trainee dental nurses, three receptionists and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

- Monday to Friday from 8.30am to 5.30pm
- Saturday from 9am to 1pm (one Saturday a month by appointment only)

Our key findings were:

- The practice was providing care and treatment in a safe way to patients
- The practice had implemented effective systems and processes to ensure good governance which can be sustained in the longer term, in accordance with the fundamental standards of care.
- The practice had implemented systems to ensure that persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.
- The practice had implemented recruitment procedures to ensure that these were operated effectively and that only fit and proper persons were employed.
- The practice had ensured that specified information was available regarding each person employed.
- The practice had reviewed the practice's protocol and staff awareness of their responsibilities in relation to the Duty of Candour to ensure compliance with The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- The practice had reviewed staff awareness of the requirements of the Mental Capacity Act 2005 and ensured that all staff are aware of their responsibilities under the Act as it relates to their role.
- The practice had reviewed staff awareness of Gillick competency and ensured all staff are aware of their responsibilities in relation to this.
- The practice had implemented an effective system to monitor and track referrals to ensure that these are dealt with promptly.

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 practice had made significant improvements to the arrangements in place to ensure the smooth running of the service. Systems were in place to ensure that all risks were identified and actions taken to mitigate the risks were discussed with staff and documented.

Systems were in place to track the training needs of staff. Improvements had been made to ensure that all staff understood their roles and responsibilities. Staff felt empowered, supported and appreciated.

The practice had been proactive in reviewing all areas of their work. Changes had been made within the practice to help them improve and learn.

The improvements provided a sound footing for the ongoing development of effective governance arrangements at the practice.

No action



Are services well-led?

Our findings

At our previous inspections on 05 and 08 July 2018 we judged it was not providing well led care and told the provider to take action as described in our requirement notice. At the inspection on 14 December 2018 we found the practice had made the following improvements to comply with the regulations:

- At our previous inspections on 05 and 08 July 2018 we observed that the premises appeared visibly dirty and poorly maintained, the practice had ineffective infection control procedures which did not reflect published guidance. At the inspection on the 14 December 2018 we saw that significant improvements had been made.
- Clean and dirty zones were clearly designated and marked in the treatment rooms and decontamination room.
- Staff wore the appropriate personal protective equipment such as face masks, eye protection and gloves during the decontamination of dirty dental instruments.
- Heavy duty gloves were changed weekly as per current guidance.
- Staff followed national guidance in the cleaning, sterilising and storage of used dental instruments. Staff used a thermometer to check the temperature of the water and an illuminated magnifying glass to examine washed instruments for any residual contamination.
- Instruments were pouched and dated in accordance with national guidance.
- Validation of decontamination equipment was consistently documented.
- The practice had undergone a complete refurbishment and environmental cleaning was carried out in a thorough and consistent manner.
- All areas of the practice appeared visibly clean.
- Clinical waste was stored securely.
- New staff received a comprehensive and effective induction to prepare them for their role.
- Significant improvements had been made to ensure that trainee staff received effective support and

supervision. A qualified nurse was employed on a full-time basis to oversee the training of the trainee dental nurses who were also given support to complete their dental nursing qualifications.

- All necessary staff had received training in infection prevention and control and reported feeling confident with the procedures and with the level of support received.
- All necessary staff received training in safeguarding of children and vulnerable adults and significant events. The practice held staff meetings to discuss such topics and staff felt confident to ask questions and raise issues. The practice had also developed a learning manual on safeguarding and checklists were visible in all treatment rooms and the staff room.
- Staff appraisals were being completed in a timely manner. Systems in place to monitor staff training were effective.
- Significant improvements had been made to the procedures in place to track the recruitment of staff. All necessary documentation, for example, Disclosure and Barring Service (DBS) checks, references, immunisation status of staff and information on the medical indemnity of clinical staff was available.

The practice had also made further improvements:

- The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.
- All health and safety policies and risk assessments had been updated. The systems for monitoring safety incidents and reviewing when things went wrong were effective. Staff at the practice had a greater understanding of risk and information was shared effectively.
- Staff considered the Gillick competence when treating young people under 16 years of age.
- Systems in place for managing complaints had been updated. Complaints were dealt with promptly and appropriately. Staff were aware of the requirements of the Duty of Candour and behaviours and actions demonstrated were consistent with these.

Are services well-led?

- The practice had held a fire drill since the last inspection and logs of the checks of the fire detection equipment were recorded thoroughly and consistently.
- Improvements had been made to the systems in place to check that the medical emergency equipment and drugs were in date and working order. These checklists were displayed on the front of drug kits and clearly documented.
- Prescription pads were stored securely.
- The practice had introduced a system to track referrals. These were reviewed weekly and those referrals made under the two-week rule were reviewed after three days to make sure they had been received and were acted on promptly.
- Systems for communicating within the practice had been improved. Staff meetings took place regularly. Staff had opportunities to feedback into these and reported that the levels of communication had significantly improved.
- Patient feedback was sought via satisfaction surveys and comments cards. Systems were in place to ensure that these were analysed and reviewed for the purpose of continually evaluating and improving the services.
- The practice had employed a new practice manager who was a qualified dental nurse. The practice manager had the experience, capacity and skills to lead on the delivery of high-quality, sustainable care and was visible and approachable. Staff spoke positively about leadership within the practice.
- The practice was motivated to ensure that required changes in governance were embedded and sustained for the longer term. All staff understood their roles and responsibilities and improvements had been made to the systems of accountability to support the governance and management.
- Staff in the practice welcomed opportunities to improve the running of the practice to ensure regulatory compliance and enhance service delivery; staff were motivated to learn.
- The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff. There was a clear system in place to ensure that these were reviewed and updated in a timely manner.
- Team cohesion had improved. Staff worked to support each other. Staff demonstrated an ethos of compassion and hard work and were motivated to develop the practice.
- Staff stated that they felt respected and supported. Staff had been encouraged to develop their skills and to take on new responsibilities. Staff were encouraged and felt confident to suggest areas for improvement within the practice. These were listened to and acted on.