

Linden Lodge Dental Care Limited

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Inspection Report

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Overall summary

We undertook a focused inspection of Linden Lodge Dental Care on 3 September 2019. 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 by a specialist dental adviser.

We undertook a comprehensive inspection of Linden Lodge Dental Care on 12 February 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 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 Linden Lodge Dental Care on our website www.cqc.org.uk.

As part of this inspection we asked: Remove as appropriate:

- 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 inspect again after a reasonable interval, focusing on the areas 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. They had made sufficient improvements to put right the shortfalls and had responded to the regulatory breach we found at our inspection on 12 February 2019.

Background

Linden Lodge Dental Care is in Clevedon and provides NHS and private treatment to adults and children.

There are steps into the practice with hand rails available for assistance. For people who use wheelchairs, and those with pushchairs, level access is provided by a portable ramp which can be erected for this purpose. Free on road car parking is available near the practice.

Summary of findings

The dental team includes three dentists and a visiting dentist with special interest in orthodontics, four dental nurses one trainee dental nurse, one dental hygienist, a practice manager and one receptionist. The practice has four 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. The registered manager at Linden Lodge Dental Care is the practice manager.

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

The practice is open:

- Monday - Thursday 09:00am – 1.00pm and 2.00pm - 5.30pm
- Friday 09.00am – 1.00pm and 2.00pm - 4.00pm
- Closed at weekends

Our key findings were:

- The practice appeared clean and well maintained.
- 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 reviewed, and improved safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had improved existing, and implemented new, systems to help them manage risk to patients and staff.
- The provider had reviewed and improved staff recruitment procedures to ensure all aspects of the practice policy and were met.
- Staff felt involved, supported, worked well as a team and had been involved in the recent changes to meet the regulatory breach.
- The provider had a registered manager in place who provided effective leadership and a culture of continuous improvement.
- The provider had suitable information governance arrangements.

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

- Take action to ensure where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.
- Improve the practice arrangements for ensuring good governance and leadership are sustained when the practice manager is away.

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 and was complying with the relevant regulation.

At our previous inspection on 12 February 2019 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 inspection on 3 September 2019 we found the practice had made the following improvements to comply with the regulation:

The provider:

- established effective systems and processes to ensure good governance in accordance with the fundamental standards. A registered manager was in place and they provide effective leadership and a culture of continuous improvement. Staff spoken with corroborated this.
- reviewed and amended the practice policies to provide staff with the most recent information and advice to support them in their role. We saw the safeguarding policy had been updated and contained the local contact numbers and a flow chart of the process for reporting any safeguarding concerns. Staff spoken with demonstrated they had an improved understanding of how to apply learning in practice to safeguard children and vulnerable adults and knew where to find relevant information.
- had amended their recruitment procedure to ensure they undertook all required checks prior to staff commencing work in the practice. We looked at three staff recruitment records. These showed the provider had obtained the necessary information and followed their recruitment procedure.
- had obtained an electrical installation wiring safety certificate in line with guidance provided by the Electricity at Work Regulations 1989;
- had obtained fire safety advice from the fire service and implemented changes to comply with the fire safety regulations. For example: they had installed an appropriate fire alarm system and emergency lighting throughout the building. Records seen showed the fire detection equipment and emergency lighting were tested regularly;

- had reviewed and implemented a new risk assessment process for monitoring and mitigating the various risk arising from the undertaking of the regulated activities. We saw the provider had implemented risk assessments for lone working, staff who had not responded to Hepatitis B vaccination, and a health and safety risk assessment for the practice building.
- reviewed the practice system for recording, investigating and reviewing significant events with a view to preventing further occurrences and ensuring improvements were made as a result. We were shown, and staff spoken with corroborated, clear information was available about how, and to whom, to report an accident or incident. There had been no incidents since our last visit to evidence the recording system;
- completed audits of dental care records, radiography and infection control practices. We saw they had assessed the results and formulated an action plan to improve the quality of the service. However, the results and action plans had not always been followed up in a timely manner or shared with the staff team. For example, the action plan and recommendations from the legionella risk assessment had not been fully implemented.
- had completed an antimicrobial prescribing audit and a disability access audit. Following the audit, the provider had installed an emergency call bell in the toilet. The audit demonstrated the provider had recognised potential barriers to access and had made adaptations within the confines of the building;
- reviewed the system and risk assessments for managing substances hazardous to health as identified by the Control of Substances Hazardous to Health Regulations 2002. We saw the provider had suitable risk assessments to minimise the risk which can be caused from substances that are hazardous to health. The file seen contained the most recent data sheets for all products

The practice had also made further improvements:

The provider:

- reviewed the practice infection control procedures and protocols taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and

Are services well-led?

Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance' In particular relating to decontaminating in surgery and showed us plans for a separate decontamination room to meet best practice guidance.

- had introduced protocols regarding the prescribing of antibiotic medicines taking into account the guidance provided by the Faculty of General Dental Practice. An annual antimicrobial prescribing audit had been completed.
- had stopped their provision of domiciliary care and reviewed the need for this provision. They recognised

the health priority locally given the demographic of the area. They have developed new protocols to safely provide this service in accordance with the 2009 guidelines published by British Society for Disability and Oral Health in the document "Guidelines for the Delivery of a Domiciliary Oral Healthcare Service". The documentation seen looked excellent and the practice have been encouraged to roll out the service.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulation when we inspected on 3 September 2019.