Lynn Road Dental Practice Limited

Lynn Road Dental Practice

Inspection report

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Overall summary

We carried out this announced focused inspection on 11 May 2022 under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered practice was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a Care Quality Commission, (CQC), inspector who was supported by a specialist dental adviser.

We usually ask five key questions, however due to the ongoing COVID-19 pandemic and to reduce time spent on site, only the following three questions were asked:

• Is it safe?

• Is it effective?

• Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

- The dental clinic appeared to be visibly clean and well-maintained.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Patients were treated with dignity and respect and staff took care to protect their privacy and personal information.
- Opening hours were good, with late evening and Saturday appointments available.
- Staff felt involved and supported and worked well as a team.
- Staff and patients were asked for feedback about the services provided.
- The dental clinic had appropriate information governance arrangements in place.

Summary of findings

- Recruitment procedures were not effective and appropriate references and disclosure and barring service checks had not been completed for staff.
- Auditing and risk management systems within the practice were not effective in driving improvement.

Background

Lynn Road Dental Practice provides both 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. There are ground floor surgeries and a fully accessible toilet.

Free car parking spaces, including those for people with limited mobility, are available nearby.

The dental team includes five dentists, three hygienists, a practice manager and six dental nurses. The practice has four treatment rooms.

During the inspection we spoke with the practice manager, one dentist, a hygienist, two dental nurses and reception staff. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open on Mondays from 9am to 6pm, Tuesdays from 8.30am to 6.30pm, Wednesdays and Thursdays from 8.30am to 6pm and Fridays from 9am to 5pm. The practice also opens on a Saturday from 9am to 4pm.

We identified regulations the provider was not complying with. They must:

Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. Full details of the regulation the provider was not meeting are at the end of this report.

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

- Implement a system to ensure patient referrals to other dental or health care professionals are centrally monitored to ensure they are received in a timely manner and not lost.

- Take action to ensure all clinicians are adequately supported by a trained member of the dental team when treating patients in a dental setting taking into account the guidance issued by the General Dental Council.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	**No action** ✓
Are services effective?	**No action** ✓
Are services well-led?	**Requirements notice** ✗

Are services safe?

Our findings

We found this practice was providing safe care in accordance with the relevant regulation.

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays).

The practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children. The practice manager was the lead for safeguarding matters and had undertaken additional training for this role.

The practice had infection control procedures which did not always reflect published guidance.

We found several shortfalls in relation to the practice's decontamination procedures. For example, there was no evidence that essential weekly and quarterly checks for the ultrasonic bath had been completed. Although the practice had access to two washer disinfectors, neither were used.

We noted a lot of loose and uncovered items in treatment room drawers which risked aerosol contamination, and local anaesthetic cartridges that had been removed from their sterile packaging. Sharps boxes had not been dated.

Infection control audits were undertaken by the practice manager, but there was no analysis of the results or action plan put in place to drive improvement. The audit had failed to identify some of the shortfalls we noted.

The practice had introduced additional procedures in relation to COVID-19 in accordance with published guidance.

The practice had some procedures to reduce the risk of Legionella or other bacteria developing in water systems, although staff did not complete water quality testing.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

We saw the practice was visibly clean and there was an effective cleaning schedule to ensure the premises were kept clean. Cleaning equipment was stored correctly.

The practice had a recruitment policy and procedure to help them employ suitable staff, but we noted that appropriate Disclosure and Barring Service (DBS) checks had not always been obtained prior to new staff starting their employment at the practice. The practice's recruitment policy did not state that DBS checks had to be completed for all newly recruited staff.

Clinical staff were qualified, registered with the General Dental Council and had professional indemnity cover in place.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available.

Risks to patients

The practice had implemented some systems to assess, monitor and manage risks to patient and staff safety. However, we noted a sharps risk assessment had only been completed just prior to our visit, despite the regulations requiring this since 2013. The assessment lacked detail and had not taken into account several sharps injuries documented in the accident book. Not all dentists used the safest types of needles.

The practice had undertaken a variety of assessments to identify risk within the practice. However, some of these assessments dated back to 2011 and had not been reviewed or updated since to ensure they were still accurate and relevant.

Are services safe?

Emergency equipment and medicines were available, although we noted several missing items including airways, clear masks, self-inflating bags and a spacer for inhaled bronchodilators. There was no bodily fluid spillage kit available, and we found out of date items in the first aid kits. Checks of medical emergency equipment were not undertaken as frequently as recommended in national guidance and had failed to identify the missing items.

Staff undertook regular fire evacuations from the building, and we saw that fire extinguishers had been serviced regularly.

The practice had assessments to minimise the risk that could be caused from substances that were hazardous to health, this did not include safety data sheets for the hazardous materials used by the visiting cleaner.

Safe and appropriate use of medicines

The practice held some medicines on site but labels on dispensed medicines containers did not contain key information about the practice. There was no effective system to identify lost or missing prescriptions. Not all dentists had undertaken audits of their anti-biotic prescribing to ensure they adhered to national guidance.

Track record on safety, and lessons learned and improvements

The practice had not implemented effective systems for reviewing and investigating accidents and incidents that had occurred. Although some incidents had been recorded, there was no evidence to show how learning from them had been shared across the staff team to prevent their recurrence.

The practice had a system for receiving and acting on national patient safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

We found this practice was providing effective care in accordance with the relevant regulations.

Effective needs assessment, care and treatment

The practice had systems to keep dental professionals up to date with current evidence-based practice. The dental care provided was evidence based and focussed on the needs of the patients. The practice kept records of the care given to patients including information about treatment and advice given. However, the quality of information detailed in the notes varied considerably between clinicians. For example, not all clinicians had noted patients' risk of periodontal disease and tooth wear. Radiographs were not always routinely graded and justified and basic periodontal examinations had not been completed for children aged 7 years and older. It was not always clear if treatment options and their alternatives had been discussed with patients.

Dental care records audits had been completed by some of the dentists, but they had been ineffective in identifying the shortfalls we found.

The practice provided dental implants and we saw that their placement was in accordance with national guidance.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health.

Consent to care and treatment

Most staff had a satisfactory understanding of their responsibilities under the Mental Capacity Act 2005 (MCA) and Gillick competence guidance. We saw that patients' consent to treatment had not always been recorded in the dental care records we reviewed.

Effective staffing

Although a busy practice, staff reported they had enough time for their job and did not feel rushed in their work.

Newly appointed staff had a structured induction and clinical staff completed continuing professional development required for their registration with the General Dental Council.

None of the hygienists worked with chairside support as recommended in national guidance, although a basic risk assessment had been completed for this just prior to our visit. The practice manager told us an additional nurse would be employed to help with this in the coming months.

Co-ordinating care and treatment

The dentist confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide. The practice did not have an effective system in place to ensure referrals made to other dental health care providers were monitored and tracked to ensure their timely management.

Are services well-led?

Our findings

We found this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notice section at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

Leadership capacity and capability

The practice manager had overall responsibility for the practice and clinical matters. They were supported by an administrative assistant who took the lead for personnel matters. We identified several issues in relation to the practice's recruitment procedures, infection control procedures, risk assessment and auditing systems which indicated that leadership and oversight of the practice needed to be strengthened.

Culture

Staff stated they felt respected, valued and told us they enjoyed their work. They described both the practice manager and administrator as approachable and supportive of their needs.

Governance and management

The practice had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

The practice was a member of the British Dental Association's good practice scheme to ensure it kept up with the latest polices and guidance.

There was a patient complaints procedure in place and paperwork we viewed in relation to a recent complaint showed it had been dealt with in a timely satisfactory way.

Appropriate and accurate information

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

Staff gathered feedback from patients, the public and external partners and a demonstrated commitment to acting on feedback.

Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Continuous improvement and innovation

The practice had some quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiography, and infection prevention and control. However, not all audits were carried out as frequently as recommended or had clear actions plans in place to drive improvement. The audits had been ineffective in identifying some of the shortfalls we found.

The practice paid for staff's membership to an accredited on-line training provider but did not keep oversight of what training staff had completed. We noted one dentist had not completed the required radiology training within a five-year timescale.

Not all staff received a regular appraisal of their working practices.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014** **Regulation 17 Good governance** Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. How the Regulation was not being met The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular: • Staff recruitment processes were not in accordance with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. DBS checks had not been completed for staff to ensure they were suitable to work with vulnerable adults and children at the point of their employment. • There was no system in place to ensure that medicine container labels contained the required information for patients or to monitor lost or missing prescriptions. • There was no system in place to ensure that nationally recommended audits were completed regularly for all clinicians, that the audits had documented learning points and the resulting improvements could be demonstrated. • There was no system in place for the on-going assessment, supervision and appraisal of all staff.

This section is primarily information for the provider

Requirement notices

The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who might be at risk. In particular:

- The provider had not ensured the availability of equipment in the practice to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.
- The practice's infection control procedures and protocols did not take 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 Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.
- There was no evidence to show how learning from accidents and incidents had been shared across the staff team to prevent their recurrence.
- The practice's sharps procedures were not in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.

There were no systems or processes that enabled the registered person to ensure that accurate, complete and contemporaneous records were being maintained securely in respect of each service user. In particular:

- Patients' dental assessments were not always recorded in accordance with nationally recognised evidence-based guidance.

Regulation 17(1)(2)