

The Laindon Health Centre Dental Practice

Laindon Health Centre

Inspection report

The Laindon Health Centre
Laindon
Basildon
SS15 5TR
Tel: 01268888008

Date of inspection visit: 18 January 2024
Date of publication: 09/02/2024

Overall summary

We carried out this announced comprehensive inspection on 18 January 2024 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 advisor.

To get to the heart of patients' experiences of care and treatment, we always ask the following 5 questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- 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 clean and well-maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were not always available. The practice took immediate action to replace missing items.
- The practice had systems to manage risks for patients, staff, equipment. We found shortfalls in the systems to manage risks within the premises. The practice took immediate action to mitigate these risks.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.

Summary of findings

- The practice had staff recruitment procedures which reflected current legislation.
- Clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect. Staff took care to protect patients' privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system worked efficiently to respond to patients' needs.
- The frequency of appointments was agreed between the dentist and the patient, giving due regard to National Institute of Health and Care Excellence (NICE) guidelines.
- There was effective leadership and a culture of continuous improvement.
- Staff felt involved, supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The practice had information governance arrangements.

Background

The Laindon Health Centre Dental Practice is located in The Laindon NHS Health Centre in Laindon, Basildon, Essex and provides NHS and private dental care and treatment for adults and children.

There is step free access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for disabled people, are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 2 dentists, 2 dental nurses, the practice manager (who was a qualified dental nurse) and 2 receptionists. The practice has 2 treatment rooms.

During the inspection we spoke with 2 dentists, 2 dental nurses, 2 receptionists and the practice manager. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open: Monday to Friday from 9am to 5pm.

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

- Take action to ensure the suitability of the premises and ensure all areas are fit for the purpose for which they are being used. In particular, ensure any risks and actions highlighted in the Legionella risk assessment and electrical installation condition report have been mitigated and the premises are safe for use.
- Take action to ensure the availability of medicines in the practice to manage medical emergencies taking into account the guidelines issued by the British National Formulary and the General Dental Council.
- Improve the practice protocols regarding auditing patient dental care records to check that necessary information is recorded. In addition, implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the College of General Dentistry.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?	No action ✓
Are services effective?	No action ✓
Are services caring?	No action ✓
Are services responsive to people's needs?	No action ✓
Are services well-led?	No action ✓

Are services safe?

Our findings

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

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 had infection control procedures which reflected published guidance, however, some decontamination procedures did not always reflect published guidance. There was scope to strengthen processes for transporting instruments. The practice did not have a thermometer to check and record water temperatures when cleaning instruments; long handled brushes for scrubbing instruments; and non-lint cloths for drying instruments were not available. We discussed these omissions with the practice manager and these were immediately put in place during the inspection.

A legionella risk assessment had been undertaken by the landlord of the health centre and some procedures were in place to reduce the risk of Legionella, or other bacteria, developing in water systems undertaken by the landlord. However, the practice did not have oversight of the risk assessment and any actions required. Water testing and flushing of seldom used outlets were undertaken, but testing of hot and cold water temperatures had never been undertaken by the practice. We noted testing of hot and cold water temperatures had been undertaken by the landlord, but it was unclear which outlets were tested and we noted the hot water temperatures were below those recommended to reduce the risk of legionella, or other bacteria, developing in the water system. We discussed this with the practice manager and were assured immediately following the inspection that the practice had taken action to review their processes and to introduce testing of water temperatures in their area of the building.

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

The practice appeared clean and there was an effective schedule in place to ensure it was kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff, including for agency or locum staff. We noted a completed disclosure and barring service check had not been undertaken for one member of staff. The practice manager confirmed this would be undertaken.

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

The practice ensured equipment was safe to use, maintained and serviced according to manufacturers' instructions. The practice staff told us the facilities were maintained by the landlords of the Health Centre in this case by NHS England. We noted the NHS landlords had commissioned a 5 yearly electrical installation condition report for the Health Centre in 2021 which reported the electrical installations were unsatisfactory. The practice were unable to confirm if any further actions had been taken by the landlords to ensure the facilities were safe for use. We discussed this with practice manager who confirmed they would be seeking reassurances from the landlords.

A fire safety risk assessment was carried out in line with the legal requirements. The management of fire safety was effective.

The practice had arrangements to ensure the safety of the X-ray equipment. Not all the required radiation protection information was available at the time of the inspection as the radiation folder was not available at the practice.

Are services safe?

Information such as the HSE certificate and the contract information for the RPA were not available at the time of the inspection. Following discussion with the provider, these were provided immediately following the inspection. Clinicians were using out of date systems for grading X-rays and audits of these were not carried out. Following the inspection, the practice manager confirmed grading systems would be reviewed and that 6 monthly audits would be put in place.

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety, sepsis awareness and lone working.

Emergency equipment and medicines were mostly available and checked in accordance with national guidance. We found local anaesthetics were stored in treatment room drawers out of the blister pack, there was no adrenaline and fridge temperatures were not checked. An EpiPen (an auto-injector that contains epinephrine, a medication that can help decrease the body's allergic reaction), was in place but there was scope to ensure an additional and adult dose was available. The practice took immediate action to replace missing items and ensure local anaesthetics were stored safely.

The practice shared an automated external defibrillator (AED) within the health centre with the GP surgery. The practice had introduced weekly oversight and logs of their checks of the AED and a risk assessment to review and mitigate the risks of a shared AED.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year.

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health.

Information to deliver safe care and treatment

There was scope to ensure patient care records were complete, we noted details such as tooth wear, oral cancer risk and consent were not always recorded. In addition, the justification for X-rays was not always recorded.

Patient care records were legible, kept securely and complied with General Data Protection Regulation requirements.

The practice had systems for referring patients with suspected oral cancer under the national 2 week wait arrangements.

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines. There was scope to improve the oversight of both private and NHS prescriptions. During the inspection, the practice manager introduced a tracking and log system to improve the practice monitoring of all prescribing and to support the newly introduced antimicrobial prescribing auditing process.

Track record on safety, and lessons learned and improvements

The practice had systems to review and investigate incidents and accidents. The practice had some systems for receiving and acting on safety alerts. However, there were no logs of these to ensure all staff were aware and any required action had been taken. Following the inspection, the practice manager introduced a tracking and log system to improve the practice monitoring of these.

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. This included regular information updates from the Chief Dental Officer. In addition, the practice held daily staff discussions, formalised team practice meetings and weekly clinical and compliance communications.

Helping patients to live healthier lives

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

Oral health and gum disease support was provided by the dentists.

Patient records included details of advice given in relation to diet, oral hygiene instructions and guidance on the effects alcohol consumption on oral health. Staff discussed the effects of smoking on oral health with patients as necessary and directed patients to local stop smoking services when appropriate.

Information leaflets were available to patients as recommended by the dentist or upon request. These were available in a larger font as required.

Consent to care and treatment

Staff obtained patients' consent to care and treatment in line with legislation and guidance. They understood their responsibilities under the Mental Capacity Act 2005.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly. Information regarding dental fees was on display for patients in the waiting area.

Monitoring care and treatment

We found there was a variation in the evidence recorded in dental care records to confirm that professional guidance was always followed. For example, there was a lack consistency in detail regarding risk assessments and treatment planning.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients living with dementia or adults and children with a learning disability.

Not all the dental care records we reviewed evidenced that dentist had justified, graded and reported on the radiographs they took. The dentists were not aware of the current grading system for X-rays.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

Newly appointed staff had a structured induction. Staff said that the induction process gave them all of the information they needed and included shadowing another member of staff, training and familiarising themselves with the practice's policies and procedures. We were told that staff received guidance and support whenever needed.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

Are services effective?

(for example, treatment is effective)

The dentists confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide. There was scope to improve the practice oversight of these referrals. Following the inspection, the practice manager confirmed that logs of all referrals had been introduced.

Are services caring?

Our findings

We found this practice was providing caring services in accordance with the relevant regulations.

Kindness, respect and compassion

Staff were aware of their responsibility to respect people's diversity and human rights.

Patient feedback we reviewed was positive. We looked at practice surveys and online reviews. We observed numerous positive interactions, in person and on the telephone, between staff and patients. Patients commented on specific support and kindness provided by staff during their treatment.

On the day of inspection, we reviewed patient feedback. These reflected a high level of satisfaction with the services of the dental practice.

Staff described to us some of the ways they enabled nervous patients to undergo their treatments.

Patients said staff were compassionate and understanding when they were in pain, distress or discomfort.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality. Staff were discreet in person and on the telephone, we noted signs which advised patients of an alternative area to speak privately should they wish.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and gave patients clear information to help them make informed choices about their treatment.

The practice's website and information leaflet provided patients with information about the range of treatments available at the practice.

The dentists explained the methods they used to help patients understand their treatment options. These included photographs, study models and X-ray images.

Are services responsive to people's needs?

Our findings

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs and preferences.

Staff were clear about the importance of providing emotional support to patients when delivering care. The dentist was informed if a patient was nervous, reception staff said that reassurance was given to anxious patients, and they chatted with them to make them feel at ease.

The practice had made reasonable adjustments, including a lift and rear ramp access for patients with access requirements. An accessible toilet was available in the health centre. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

Timely access to services

The practice displayed its opening hours and provided information in the practice.

Patients could access care and treatment from the practice within an acceptable timescale for their needs. The practice had an appointment system to respond to patients' needs. The frequency of appointments was agreed between the dentist and the patient, giving due regard to NICE guidelines. Patients had enough time during their appointment and did not feel rushed.

The practice's answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

Patients who needed an urgent appointment were offered one in a timely manner; appointment slots were available each day to see patients with a dental emergency. When these were full staff would speak with a dentist to identify the urgency of the appointment. Patients with the most urgent needs had their care and treatment prioritised.

Listening and learning from concerns and complaints

The practice responded to concerns and complaints appropriately. Information about how patients could raise their concerns was available in the waiting area and the staff spoke knowledgeably about how they would deal with a complaint. Staff discussed outcomes to share learning and improve the service.

Are services well-led?

Our findings

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

Leadership capacity and capability

The practice staff demonstrated a transparent and open culture in relation to people's safety.

There was strong leadership with emphasis on people's safety and continually striving to improve.

Systems and processes were mostly embedded, and staff worked together in such a way that where the inspection highlighted minor issues or omissions, these were addressed immediately.

The information and evidence presented during the inspection process was clear and well documented.

We saw the practice had effective processes to support and develop staff with additional roles and responsibilities.

Culture

Staff could show how they ensured high-quality sustainable services and demonstrated improvements over time.

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

Staff discussed their training needs during annual appraisals, 1 to 1 meetings and during clinical supervision. They also discussed learning needs, general wellbeing and aims for future professional development.

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals. The practice manager confirmed staff training in autism and learning disability awareness was scheduled, to improve their understanding of patients living with these conditions.

Governance and management

Staff had clear responsibilities, roles and systems of accountability to support good governance and management.

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

We saw there were clear and effective processes for managing risks, issues and performance.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

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

Engagement with patients, the public, staff and external partners

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

Feedback from staff was obtained through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on where appropriate.

Continuous improvement and innovation

Are services well-led?

The practice had systems and processes for learning, quality assurance and continuous improvement. These included audits of patient care records, radiography, disability access, and infection prevention and control. There was scope to ensure audits of patient dental care records were undertaken for all clinicians and audits of radiography were completed 6 monthly in line with guidance. Staff kept records of the results of these audits and the resulting action plans and improvements.