The Lodge Practice Ltd

The Lodge Dental

Inspection report

6 North Road
Manchester
M11 4WE
Tel:
www.thelodgedental.co.uk

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Overall summary

We carried out this announced comprehensive inspection on 15 September 2023 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. Most medicines and life-saving equipment were available; however improvements were needed to the monitoring system to ensure all equipment was in working order.
- The practice had ineffective systems to manage risks for patients, staff, equipment and the premises.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which reflected current legislation.
- Clinical staff provided patients' care and treatment in line with current guidelines.

Summary of findings

- 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 were systems in place to drive improvement; however these did not operate effectively.
- 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 Lodge Dental is in Manchester 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. The practice is located close to local transport routes and car parking spaces are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 8 dentists, 1 foundation dentist, 8 dental nurses (of whom 4 were trainees), 1 dental therapist, 1 foundation dental therapist, 1 practice manager, 1 assistant manager, 1 business manager and 2 receptionists. The practice has 5 treatment rooms.

During the inspection we spoke with 1 dentist, 1 dental nurse, the practice manager, assistant manager and business 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

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:

- Improve the audits for prescribing of antibiotic medicines taking into account the guidance provided by the College of General Dentistry and the auditing patient dental care records to check that necessary information is recorded. The practice should also ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated. In addition, the audit of treatment under conscious sedation was not carried out in accordance with guidance.

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?	**Requirements notice** ✗

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 appointed a safeguarding lead to oversee safeguarding awareness and training.

The practice had infection control procedures which reflected published guidance; however we noted there were some areas where this guidance was not being followed. For example there were no lint-free cloths available to dry dental instruments and the ultrasonic bath did not have a lid for use when in operation. The practice had carried out an infection prevention and control audit to ensure standards were maintained; however we found some of the questions had been incorrectly answered and the audit had not highlighted the areas needing improvement we found on the day.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems. A risk assessment was carried out in August 2022 and a number of recommendations had been made; however not all had been actioned. We also noted the temperatures of the hot water were high and posed a scald risk to patients and staff and no action had been taken to mitigate this risk. The practice manager confirmed a new risk assessment would be undertaken to assess any risks following the recent installation of additional surgeries.

The practice had policies and procedures in place to ensure clinical waste was segregated in line with guidance. On the day of the inspection we noted clinical waste was not stored securely.

The practice appeared clean and there was a schedule in place. We noted improvements were needed to the oversight and cleaning equipment storage arrangements to ensure all equipment was available for use and equipment was changed when heavily soiled in accordance with the practice policy.

The practice had a recruitment policy and procedure to help them employ suitable staff, including for agency or locum staff. These reflected the relevant legislation.

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, with the exception of the implant motor. The practice manager confirmed they would check any servicing requirements with the manufacturer. The practice ensured the facilities were maintained in accordance with regulations.

A fire safety risk assessment was carried out, in line with the legal requirements in December 2022, where a number of recommendations had been made. From the records we were shown we noted not all actions had been completed and there was no evidence temporary measures had been introduced to mitigate the risks until such time as the work could be undertaken.

On the whole the practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available. We discussed with the practice manager that the system for ensuring X-ray equipment was serviced and maintained at the appropriate interval could be improved as the Orthopantomogram (OPG) servicing was due in August 2023 and was scheduled to be carried out in October.

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety, including sepsis awareness. Improvements were needed to ensure risk assessments accurately reflected the current protocols at the practice. For example, we could not be assured staff who used traditional needles and syringes had access to protection devices for use when re-sheathing as detailed in the risk assessment.

Are services safe?

Emergency equipment and medicines were available and checked in accordance with national guidance; However, improvements were needed to the monitoring system. On the day of the inspection we noted there was a fault indicated on the Automated External Defibrillator (AED). We raised this with the practice who confirmed they were aware of the fault and had sought to rectify the issue by seeking guidance from the manufacturer and a training representative. We could not be assured this equipment would work in the event of an emergency. The practice sent confirmation immediately after the inspection that the fault had been resolved.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Immediate life support training was also completed by staff providing treatment to patients under sedation.

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

Patient care records were complete, 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 two-week wait arrangements.

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were carried out; however, these audits were not carried out taking into account the guidance provided by the Faculty of General Dental Practice. The practice had introduced a system to ensure NHS prescription pads were kept secure, and a log was in place to monitor and track their use. We discussed with the practice management team that improvements could be made to the monitoring system to ensure all prescriptions could be accounted for.

Track record on safety, and lessons learned and improvements

The practice had systems for recording incidents, accidents and significant events. We looked at the records available and found limited evidence that an accident was appropriately recorded, reported and reviewed to use it as an opportunity for shared learning. We were told action had been taken following accidents and incidents, however, we could not see any record of this. For example, an accident was recorded in January 2023 relating to the hot water; on the day of the inspection, the hot water temperatures were still recorded as high and no measures had been introduced to mitigate or warn service users of the risk.

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 practice offered conscious sedation for patients. The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training. Improvements were needed to ensure the auditing protocols were re-introduced in accordance with The Intercollegiate Advisory Committee for Sedation in Dentistry in the document 'Standards for Conscious Sedation in the Provision of Dental Care 2020' as, from the records we were shown, we noted the last audit was carried out in 2021. We also discussed the benefits of more regular monitoring of patient vital signs during treatment.

We saw the provision of dental implants was in accordance with national guidance.

Helping patients to live healthier live

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

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.

Monitoring care and treatment

The practice kept detailed patient care records in line with recognised guidance.

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.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice carried out 6-monthly radiography audits; however, improvements were needed to ensure the number of records assessed was in accordance with current guidance.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. Dental nurses had undertaken post registration qualifications in oral health education, fluoride application, radiography, impression taking and conscious sedation.

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

Co-ordinating care and treatment

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

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.

On the day of inspection, we saw the practice gathered and reviewed patient feedback. We were told where suggestions were made, these would be reviewed and acted on as appropriate.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

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

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 provided patients with information about the range of treatments available at the practice.

The dentist explained the methods they used to help patients understand their treatment options. These included for example 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 practice had made reasonable adjustments, including a downstairs surgery, wheelchair accessible toilet, hearing induction loop and text relay options for patients with additional needs. 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 on their website and social media page.

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.

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. When the practice was unable to offer an urgent appointment, they worked with partner organisations to support urgent access for patients. 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. Staff discussed outcomes to share learning and improve the service.

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

During the inspection, staff were open to discussion and feedback.

There was a lack of management oversight for some of the practice's systems and processes. And the inspection highlighted a number of issues and omissions. For example; in relation to risk management.

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, practice team meetings and ongoing informal discussions. They also discussed learning needs, general wellbeing and aims for future professional development.

We saw staff carried out continuing professional development. Improvements were needed to the monitoring system to enable the provider to assure themselves that staff's training was up-to-date and undertaken at the required intervals. We were shown an online compliance system had been introduced to aid the monitoring of staff training, however in 2 records we saw, the information available was not an accurate reflection of the training carried out by staff. The practice manager confirmed the system would be reviewed to ensure its accuracy.

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.

However, there were ineffective systems to monitor these and ensure that the practice team followed all practice procedures.

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.

Are services well-led?

Continuous improvement and innovation

The practice had systems and processes for learning, quality assurance and continuous improvement. These included audits of disability access, antimicrobial prescribing, and infection prevention and control. The practice carried out audits of patient care records; however we noted a limited number of records were assessed. We discussed the benefits of increasing the number of records reviewed to identify possible areas for improvement. Staff kept records of the results of these audits. Changes should be made to the auditing process, for example in relation to antimicrobial prescribing, to ensure any improvements needed were identified, reviewed and an action plan put in place. The action plan can then be reviewed, to drive the improvement needed.

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 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: • The infection prevention and control audit was not an accurate reflection of processes in place at the practice. • The radiography audit was not carried out in accordance with current guidance. 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 may be at risk. In particular: • The risks associated with Legionella had not been appropriately mitigated. • The risks to patients and staff from scalding due to hot water had not been mitigated. • The clinical waste was not stored securely. • Cleaning equipment was not available in accordance with the practice policy and the storage arrangements need improvement. • The risks associated with fire had not been appropriately mitigated. • The sharps risk assessment did not accurately reflect the processes at the practice. • Risks identified relating to the fault on the AED were not mitigated.

This section is primarily information for the provider

Requirement notices

- Accidents and incidents were not recorded, investigated and used as learning opportunities.

The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person had maintained securely such records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activity or activities. In particular:

- Continuing professional development training records were not available for all staff members.

Regulation 17(1)