

Maxident Limited

# Maxident – Linden Grove

## Inspection Report

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### Overall summary

We undertook a follow-up focused inspection of Maxident – Linden Grove on 07 June 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 Care Quality Commission (CQC) inspector who was supported by a specialist dental adviser.

We previously undertook a comprehensive inspection of Maxident – Linden Grove on 27 November 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 safe or well led care and was in breach of regulations 12, 17, 18 and 19 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 Maxident – Linden Grove on our website [www.cqc.org.uk](http://www.cqc.org.uk).

As part of this inspection we asked:

- Is it safe?
- 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 (requirement notice only). We then inspect again after a reasonable interval, focusing on the area(s) where improvement was required.

#### **Our findings were:**

##### **Are services safe?**

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

The provider had made improvements in relation to the regulatory breach we found during our previous inspection on 27 November 2018.

##### **Are services well-led?**

We found this practice was not providing well-led care in accordance with the relevant regulations.

The provider had not made sufficient improvements to put right the shortfalls and had not responded to ensure compliance with all the regulatory breaches we found at our inspection on 27 November 2018.

##### **Background**

Maxident – Linden Grove is in Nunhead, in the London Borough of Southwark. The practice provides NHS and private treatment for adults and children.

# Summary of findings

There is level access to the reception area, waiting area and surgery for people who use wheelchairs and those with pushchairs.

The dental team includes a principal dentist, two associate dentists, a qualified dental nurse, and a practice manager who also works as a receptionist. The practice has three treatment rooms, one of which was not in use at the time of this inspection.

The practice is owned by an organisation, and as a condition of registration must have a person registered with the CQC 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. At the time of the inspection the practice did not have a registered manager in post.

During the inspection we spoke with the principal dentist and the practice manager. We checked practice policies and procedures and other records about how the service is managed.

The practice is open from 9am to 5.30pm on Mondays to Fridays.

## Our key findings were:

- The provider ensured medicines and equipment used in the management of medical emergencies were available, monitored regularly and in date. Staff were able to operate the oxygen cylinder competently.
- The provider had installed rectangular collimators on radiography machines.
- The provider had assessed the use of sharp instruments.
- The provider had commenced a cycle of radiography audits and a Disability Access audit.
- The provider ensured interpreting services were available, if needed, for patients who could not speak or understand English.
- The provider had ensured that equipment was suitably serviced and checked for safety.
- The provider had not established thorough recruitment procedures.
- The provider had not established suitable processes to manage risks related to fire safety, infection prevention and control, Legionella and the use of dental dam.
- The provider had not implemented effective systems for stock control.

- The provider had not sought evidence of suitable immunity to a vaccine-preventable disease for a member of staff.
- The provider had not ensured that all staff received key training.
- The provider did not demonstrate an understanding of regulations and their responsibilities relating to amalgam use and the Reporting of Injuries, Diseases and Dangerous Occurrences regulations 2013.
- Senior staff were not aware of systems that could be used to report safety incidents externally to the relevant organisations, and they were not aware of notifications they would need to make to the Care Quality Commission.
- There was a lack of an effective process for seeking the views of patients about the quality of the service.

We identified regulations the provider was not meeting. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure 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 their duties.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed, and ensure specified information is available regarding each person employed.

## Full details of the regulations the provider was not meeting are at the end of this report.

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

- Review the practice's protocols for the use of dental dam for root canal treatment taking into account guidelines issued by the British Endodontic Society.
- Review the processes and systems in place for seeking and learning from patient feedback with a view to monitoring and improving the quality of the service.
- Review staff awareness and understanding of their responsibilities relating to external reporting and notification systems.

# 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?

We found that this practice was providing safe care and was complying with the relevant regulations.

The provider could make improvements, however, to ensure their protocols for using dental dam for root canal treatments took into account guidelines issued by the British Endodontic Society. They could also make improvements to provide staff with information regarding responsibilities relating to external reporting and notification systems.

No action



### Are services well-led?

We found that this practice was not providing well-led care and was not complying with the relevant regulations.

We are considering our enforcement actions in relation to the regulatory breaches identified. We will report further when any enforcement action is concluded.

The provider had made some improvements to improve safety for service users. They had ensured medicines and equipment used in the management of medical emergencies were available, monitored regularly and in date. Staff were able to operate the oxygen cylinder competently.

Shortly after our inspection the practice wrote to us with evidence of further work that had been completed to improve patient safety. This information has been considered and will be reviewed when we carry out our follow up visit.

They had installed rectangular collimators on radiography machines, assessed the use of sharp instruments, commenced a cycle of radiography audits and a Disability Access audit and ensured that equipment was suitably serviced and checked for safety.

However, the provider had not made sufficient improvements to comply with the relevant regulations.

The provider was not suitably managing risks related to infection prevention and control and Legionella, stock control,

The provider had not ensured that all clinical staff were suitably immunised and that they had received key training.

The provider had not implemented effective recruitment processes.

The provider had not implemented an effective process for seeking feedback from patients about the quality of the service

Staff did not demonstrate an understanding of the concept or requirements relating to the Reporting of Injuries, Diseases and Dangerous Occurrences regulations 2013, or regulations relating to the use and disposal of amalgam.

Enforcement action



# Are services safe?

## Our findings

At our previous inspection on 27 November 2018 we judged that the practice was not providing safe care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notices.

During this inspection on 07 June 2019 we found the practice had made the following improvements to comply with the regulations:

- Medicines and equipment used in the management of medical emergencies were available in line with national guidance. The provider had acquired a first aid kit that was in date.
- The availability and suitability of medicines and equipment was monitored regularly.
- There was evidence of safety checks and servicing of the boiler and electrical equipment.
- A senior staff member was able to operate the oxygen cylinder competently.
- Staff used rectangular collimators on radiography equipment.

- The provider had implemented a system for receiving and sharing national safety alerts.
- The provider ensured that referrals were suitably monitored.
- The practice ensured that clinical staff were registered with the relevant professional bodies and had indemnity insurance in place.

These improvements made showed the provider had taken action to comply with the regulations when we inspected the practice on 07 June 2019.

The provider could further strengthen arrangements by reviewing their protocols for the use of dental dam for root canal treatment, taking into account guidelines issued by the British Endodontic Society. They could also make improvements to provide staff with information regarding responsibilities relating to external reporting and notification systems; senior staff were not aware of systems that could be used to report safety incidents externally to the relevant organisations, and they were not aware of notifications they would need to make to the Care Quality Commission.

# Are services well-led?

## Our findings

At our previous inspection on 27 November 2018 we judged that the practice was not providing well led care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notices.

During this inspection on 07 June 2019 we found the practice had made some improvements. They had assessed the needs of patients with a disability and ensured that staff had indemnity insurance and were registered with the relevant professional body. They ensured interpreting services were available, if needed, for patients who could not speak or understand English.

However, they had not made other improvements to comply with the regulations. The provider had not suitably assessed, monitored or managed some risks:

- The provider had undertaken their own fire risk assessment but did not demonstrate a clear understanding of the requirements relating to fire safety training and smoke detectors.
- The Legionella risk assessment completed by the provider was not fit for purpose as it did not suitably cover all relevant risks.
- The provider had commenced a cycle of radiography audits, but they required improvement. They had not graded the radiographs taken to identify whether the practice was following guidance for quality.
- Infection prevention and control procedures were not in line with the relevant guidance in areas. There was evidence some instruments had not been cleaned effectively, and some instruments had not been stored suitably. The infection prevention and control audit was not reflective of the practice's processes in areas. Pouches containing cleaned instruments were not dated to indicate when they had been pouched and how long they could be stored for.
- Some dental restoration materials had passed their use-by date and had not been disposed of.

- The temperature of the fridge containing Glucagon was not monitored to ensure it was maintained at the optimum range (there was no thermometer available for this purpose).
- The provider had not obtained assurance of suitable immunity against vaccine-preventable diseases (Hepatitis B) for a dental nurse and a dentist.
- The principal dentist did not demonstrate an understanding of the concept or requirements relating to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013, and regulations relating to the use and disposal of amalgam.
- There was a lack of evidence of training in safeguarding people and infection prevention and control for some staff members.
- The provider had not made sufficient improvements to their recruitment procedures. There was a lack of evidence of inductions for recently recruited staff, assurance of suitable conduct in previous employment for a staff member, and professional qualifications for two dentists. They had not undertaken criminal background checks for some staff or carried out risk assessments to mitigate any risks.

The provider could make further improvements by implementing an effective system for seeking and learning from patient feedback with a view to monitoring and improving the quality of the service. Staff told us they had not been successful at obtaining feedback from patients through their NHS Friends and Family Test (the FFT is a national programme to allow patients to provide feedback on NHS services they have used) due to a reluctance from the patients.

We noted there was no kit available for cleaning accidental mercury spillages, the provider told us they would ensure this was available.

We also noted the provider had equipment for the provision of conscious sedation. The provider told us they did not provide any dental treatments under conscious sedation and assured us they would remove the decommissioned equipment.

## Enforcement actions

### 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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>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</b></p> <p><b>How the regulation was not being met</b></p> <p>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 improve the quality and safety of the services being provided.</p> <p><b>In particular:</b></p> <ul style="list-style-type: none"><li>• There was a lack of audits of the quality of radiographs taken by the dental clinicians.</li></ul> <p>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.</p> <p><b>In particular:</b></p> <ul style="list-style-type: none"><li>• There was a lack of suitable assessment of risks related to fire safety and Legionella.</li><li>• The registered person had not established suitable processes for the prevention and control of infections.</li><li>• Glucagon had not been stored appropriately.</li><li>• There was a lack of a suitable stock rotation system.</li></ul>

This section is primarily information for the provider

## Enforcement actions

- The registered person had not sought assurance of suitable immunity to vaccine-preventable diseases for some staff.

**There was additional evidence of poor governance:**

- The principal dentist did not demonstrate an understanding of the concept or requirements relating to the Reporting of Injuries, Diseases and Dangerous Occurrences regulations 2013, and regulations relating to the use and disposal of amalgam.

### **Regulation 17 (1)**

### Regulated activity

Diagnostic and screening procedures  
Surgical procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

#### **How the regulation was not being met**

The registered person had failed to ensure that persons employed in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform.

In particular, there was a lack of evidence of:

- Induction for staff recruited since the last inspection.
- Training in safeguarding children and vulnerable adults, infection prevention and control, and medical emergencies for some staff.

### **Regulation 18 (2)**

### Regulated activity

Diagnostic and screening procedures  
Surgical procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

## Enforcement actions

### How the regulation was not being met

The registered person had not established or operated effective recruitment procedures. They had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed.

In particular, there was a lack of evidence of:

- Assurance regarding a member's right to work in the United Kingdom for a member of staff.
- Criminal background checks, assurance of suitable conduct in previous employment, and professional qualification for some staff.

### 19 (1)(2)(3)