

Lighthouse Dental Practice Limited

# Lighthouse Dental Practice

## Inspection report

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### Overall summary

We carried out this announced comprehensive inspection on 17 August 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. Appropriate medicines and life-saving equipment were available.
- The practice had 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 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

Lighthouse Dental Practice is in Southsea, Hampshire and provides private dental care and treatment for adults and children.

Access to the practice is via a flight of steps, therefore is not accessible 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 4 dentists, 4 dental nurses, 3 dental hygienists, a practice manager and 2 receptionists. The practice has 4 treatment rooms.

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

The practice is open: 8:30am – 5pm Monday to Friday. The practice is closed between 1-2pm.

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

- Improve the practice's 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 Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'. In particular, used instruments should be kept moist until decontaminated, water temperatures should be logged daily, infection prevention and control audits should reflect current practice and cleaning schedules should be completed accurately.
- Implement an effective system of checks of medical emergency equipment and medicines taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.
- Improve the practice's processes for the control and storage of substances hazardous to health identified by the Control of Substances Hazardous to Health Regulations 2002, to ensure risk assessments are undertaken and the products are stored securely.
- Improve the practice's recruitment policy and procedures to ensure accurate, complete and detailed records are maintained for all staff.
- Take action to ensure that all clinical staff have adequate immunity for vaccine preventable infectious diseases.

Develop systems to ensure an effective process is established for the on-going assessment, supervision and appraisal of all staff, including the training, learning and development needs of individual staff members at appropriate intervals.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

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

# 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. Following the inspection, improvements were made to ensure that the safeguarding information for staff contained the contact details for local services.

The practice had infection control procedures which reflected published guidance, however we found that instruments were not always being kept moist and nail brushes were in use which was not reflected in the infection prevention and control (IPC) audit. Following the inspection, we have received confirmation that improvements have been actioned and an updated IPC audit has been completed and implemented.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment.

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; however, care is needed to confirm that the cleaning schedule is being filled in accurately. Tasks noted as being monthly or weekly were being signed as completed daily, which didn't reflect actual practice.

The practice had a recruitment policy and procedure to help them employ suitable staff, including for agency or locum staff. Improvements were needed to ensure accurate, complete and detailed records are maintained for all staff, for example we saw that 1 member of staff did not have evidence of a curriculum vitae (CV), satisfactory conduct in previous employment or an induction. We also saw that 2 clinicians did not have evidence of immunity to Hepatitis B or a suitable risk assessment to highlight how related risks would be minimised.

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 ensured the facilities were, on the whole, maintained in accordance with regulations. Some improvements could be made to ensure that the premises safety reports such as the electrical installation condition report are reviewed at the recommended intervals.

A fire safety risk assessment was carried out in line with the legal requirements. The management of fire safety was effective; however, we found that the checks of fire extinguishers were not being completed monthly. The practice confirmed that these have now been restarted and form part of all of the routine fire safety checks which are carried out regularly, taking into account published guidance.

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

### **Risks to patients**

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. Following the inspection, improvements have been made to the sharps safety risk assessment to include clear details on the actions to be taken in the event of an inoculation injury.

# Are services safe?

Emergency equipment and medicines were available and checked in accordance with national guidance. However, improvements are needed to ensure the accuracy of these checks, for example we saw that the paediatric pads for the Automated External Defibrillator (AED) were out of date and had not been removed; an oropharyngeal airway was missing and neither of these points had been identified. Following the inspection received confirmation that these issues had been addressed

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 ineffective risk assessments to minimise the risk that could be caused from substances that are hazardous to health, due to products not being clearly identified and detailed information on how to mitigate associated risks of the products being unavailable. Items such as an aerosol, bleach and surface cleaner were not stored securely. The practice has since updated the risk assessments to include the required detail and taken action to ensure their safe storage.

## **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 2-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.

## **Track record on safety, and lessons learned and improvements**

The practice had systems to review and investigate incidents and accidents. The practice had a system for receiving and acting on 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.

We saw the provision of dental implants 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**

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 radiography audits 6-monthly following current guidance.

### **Effective staffing**

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

Newly appointed staff had a structured induction for most staff; however, we did not see an induction, CV or evidence of conduct in previous employment for 1 member of staff. The clinical staff completed continuing professional development required for their registration with the General Dental Council, but we did not see evidence that personal development plans had been reviewed by the leadership team or evidence of discussions held with the clinicians to review performance.

### **Co-ordinating care and treatment**

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

The dentists 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 spoke with patients who told us the staff were "brilliant" with children.

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.

The practice had installed closed-circuit television, which was not in use and the practice subsequently decided to remove this.

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, X-ray images and an intra-oral camera.

# 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 stair lift for patients with access requirements. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients. Due to the structure and age of the building, it is not possible to make alterations; however, the provider took care to consider options and, where possible, actions have been taken to make improvements.

### **Timely access to services**

The practice displayed its opening hours and provided information on their website and patient information leaflet.

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 website and information leaflet 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 providing well-led care in accordance with the relevant regulations.

### **Leadership capacity and capability**

The practice staff and provider 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 embedded, and staff worked together in such a way that the inspection did not highlight any significant issues or omissions.

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. Staff told us that they had been promoted into leadership roles and there was a culture of supporting and encouraging progression.

### **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 and 1 to 1 meetings. They discussed learning needs, general wellbeing and aims for future professional development. However, clinical supervision hadn't been considered and requires improvement.

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals, but improvements are needed in the oversight of this to ensure completion by all staff. Following the inspection, evidence of completed up to date training in recommended topics was provided.

### **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.

### **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, disability access, radiographs, antimicrobial prescribing, and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.