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Lea Bridge Road Dental Surgery

Inspection Report

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Overall summary

We carried an unannounced focused follow up inspection on 22 June 2017 at Lea Bridge Road Dental Practice.

We had undertaken an unannounced comprehensive inspection of this service on 22 May 2017 as part of our regulatory functions where breaches of legal requirements were found.

In response to our findings the practice voluntarily closed for a short period so that improvements to the environment could be carried out. After the inspection, the practice wrote to us to say what they would do to meet the legal requirements in relation to the breaches.

We revisited Lea Bridge Road Dental Practice as part of this review and checked whether they had followed their action plan.

We reviewed the practice against two of the five questions we ask about services:

- Is it safe?
- Is it well-led?

This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Lea Bridge Road Dental Practice on our website at www.cqc.org.uk.

Background

This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The follow up inspection was carried out by a CQC inspector who had access to remote advice from a specialist advisor.

During our inspection visit, we checked that points described in the provider's action plan had been

implemented by looking at a range of documents such as risk assessments, policies, procedures and staff training. We also spoke with staff and carried out a tour of the premises.

Our key findings were:

- The practice was clean and well maintained.
- The practice had systems to help them manage risk.
- Equipment was maintained and serviced in line with the manufacturer's instructions.
- The practice had infection control procedures which reflected published guidance and these were adhered and followed by staff.
- The practice had effective leadership.

Summary of findings

- There were management systems to ensure that staff understood and followed the practice policies and procedures.
- Systems were in place to assess, monitor and improve the quality of the service.

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 in accordance with the relevant regulations.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had systems and processes to provide safe care and treatment. Improvements had been made to ensure that these were routinely referred to and adhered to by staff. The practice had improved their procedures to ensure that they used learning from incidents to help them improve.

No action



Are services well-led?

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

The practice had improved the arrangements to ensure the smooth running of the service. The management structure was clearly defined. There was improved leadership and oversight to support staff and ensure that they understood and followed relevant legislation and guidance in relation to their roles and responsibilities for the safe running of the practice.

There were systems in place to identify and manage risks to patients and staff.

The practice had effective systems for monitoring clinical and non-clinical areas of their work to help them improve and learn.

No action



Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

There were actions plans in place which included learning from the issues identified during our previous inspection. These were shared with staff and reviewed to help reduce risks and support improvement.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year.

Emergency medicines and equipment were available as described in recognised guidance.

The practice had made improvements to their systems for checking emergency medicines and equipment to make sure these were available, were within their expiry date, and were in working order. Staff kept records of the checks and a more robust system for monitoring had been implemented.

Monitoring health & safety and responding to risks

The practice had health and safety policies and these covered general workplace and specific dental topics. The practice had made improvements to help ensure that these were understood and followed routinely by staff.

The systems for assessing and managing risks to patients and staff had been reviewed and improvements were implemented. The practice had taken appropriate measures to remove an infestation of vermin and had employed an external company to assess and repair any areas of the premises which may be accessible to potential infestation. There were robust systems in place to assess and monitor risks.

The principal dentist had made arrangements to treat patients at another of their locations nearby while Lea Bridge Road Dental Surgery was closed to make the required improvements.

Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health.

Improvements had been made to ensure that all staff understood and followed these procedures; including the proper procedures for cleaning and sterilising reusable dental instruments and the correct use of personal protective equipment. Additional training was provided and there were arrangements to monitor the infection control procedures on a weekly and monthly basis.

The practice had implemented a system for checking and disposing of all single use dental items.

The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems and improvements had been made to ensure that staff understood and followed these. A recent legionella risk assessment had been carried out and there were arrangements in place to regularly assess and monitor risks.

We saw that cleaning schedules for the premises were available for staff to follow and staff had access to appropriate cleaning equipment to clean clinical and non-clinical areas within the practice. We noted that the premises were clean and uncluttered.

The practice systems had been reviewed and improvements made to ensure that clinical waste including disposable instruments were stored securely in line with relevant guidelines. Sharps boxes clearly and appropriately labelled. Clinical waste was stored securely in locked waste bins.

Equipment and medicines

We checked the servicing documentation for the equipment used at the practice and noted that recent service and maintenance checks been carried out for equipment including sterilising and X-ray equipment in line with the manufacturers' recommendations. Improvements had been made to ensure that regular servicing and maintenance was carried out for all equipment.

Are services safe?

Radiography (X-rays)

The practice made improvements to their arrangements to ensure the safety of the X-ray equipment in line with current radiation regulations. The practice X-ray equipment had undergone a service and maintenance check on 9 June 2017 and there were systems to ensure that periodic service and maintenance checks were carried out.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice had made improvements to ensure that X-ray audits were carried out every year following current guidance and legislation. The results from the most recent audit carried out in June 2017 was shared with staff to support improvement.

Clinical staff completed continuous professional development in respect of dental radiography.

Are services well-led?

Our findings

Governance arrangements

The practice had reviewed the systems for the overall responsibility for the management, clinical leadership and for the day to day running of the service. One of the more senior dental nurses was appointed as the practice lead nurse to support the trainee dental nurses. The practice manager was undertaking training in practice management. The practice was supported by a regional manager and there were clearly defined roles and responsibilities for the management of the practice.

The practice had policies and procedures intended to support the management of the service and to protect patients and staff. Improvements had been made to ensure that all staff understood and followed these policies, particularly in relation to risk management and infection control procedures. Regular training and discussions were carried out and the lead nurse supported trainee dental nurses to help ensure that they understood and followed these procedures.

There arrangements to monitor the quality of the service and make improvements had been reviewed to ensure that risks were regularly monitored and appropriate actions taken to mitigate risks. These improvements included strengthening the systems in place to ensure that the practice premises and equipment was maintained for the safe delivery of treatment and services provided.

Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong. This was demonstrated in the way in which the practice responded to and acted on the concerns identified during the previous inspection.

Staff told us there was an open, no blame culture at the practice. They said they felt confident to raise concerns and issues. They told us that communication, acting on information and sharing learning from incidents had improved.

The practice had increased the frequency of meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Records from these meetings showed that staff were encouraged to contribute and make suggestions for improvement and these were used as part of the overall improvement plan for the practice.

Learning and improvement

The practice had made improvements to the quality assurance processes to encourage learning and continuous improvement. Audits including those in relation to monitoring X-rays and infection prevention and control were reviewed and carried out in line with current guidance. The practice had clear records of the results of these audits and the resulting action plans and improvements.

The principal dentist and the dental team at the practice demonstrated that they had a commitment to learning and improvement. This was demonstrated in the action taken to address the concerns raised during the previous inspection. There were detailed plans in place to ensure that the improvements made would be maintained.