

Leigh Dental Practice Limited

Leigh Dental Practice

Inspection report

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Overall summary

We carried out this announced focused inspection on 11 July 2022 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 adviser.

To get to the heart of patients' experiences of care and treatment, we usually ask five key questions, however due to the ongoing COVID-19 pandemic and to reduce time spent on site, only the following three questions were asked:

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

These questions form the framework for the areas we look at during the inspection.

Our findings were:

- The dental clinic was visibly 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 help them manage risk to patients and staff.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff provided preventive care and supported patients to ensure better oral health.
- There was effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked as a team.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children. However, improvements were needed to ensure that all members of staff received safeguarding training that was relevant and at the suitable level for their role.

Summary of findings

- Improvements were needed to ensure that all recruitment checks had been carried out, including satisfactory evidence of conduct in previous employment.

Background

Leigh Dental Practice is in Enfield Town, in the London Borough of Enfield and provides NHS and private dental care and treatment for adults and children.

Car parking spaces, including dedicated parking for people with disabilities, are available on site.

The dental team includes a principal dentist, four associate dentists, one qualified dental nurse, two trainee dental nurses, one dental hygienist, one clinical dental technician, two receptionists and the practice manager. The practice has three treatment rooms.

During the inspection we spoke with the principal dentist and the qualified dental nurse. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Saturday 9am to 5.30pm

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

- Ensure that all members of staff, including trainee dental nurses, receive safeguarding training that is relevant and at a suitable level for their role.
- Improve the practice`s recruitment policy and procedures to ensure that the necessary recruitment checks are carried out.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	No action	✓
Are services effective?	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. However, improvements were needed to ensure that all members of staff received safeguarding training that was relevant and at a suitable level for their role. We noted that the trainee dental nurse had no record of previous safeguarding training. Following the inspection, the principal dentist informed us that the trainee dental nurse would be booked on a safeguarding course at a level relevant to her role.

The practice had infection control procedures which reflected published guidance. The practice had introduced additional procedures in relation to COVID-19 in accordance with published guidance. Improvements could be made to ensure that the venetian blinds in surgery 1 were removed or replaced with a more easily cleansable alternative and the installation of additional ventilation was considered in the decontamination room. The new owner had recently taken over the practice and they told us that they were in the process of refurbishing the practice and these changes will be 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.

We saw the practice was visibly clean and there was an effective cleaning schedule to ensure the practice was kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These broadly reflected the relevant legislation. However, improvements were needed to ensure that all recruitment checks had been carried out, including evidence of satisfactory conduct in previous employment.

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

The practice ensured equipment was safe to use and maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations. We noticed that the last gas safety service was carried out on 19 April 2021 and the annual service was three months overdue. The principal dentist told us that the delay was caused by the ongoing refurbishment work and the annual gas safety service was scheduled for the coming months.

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

The practice had arrangements to ensure the safety of the X-ray equipment and we saw 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. This included sharps safety, sepsis awareness and lone working.

Emergency equipment and medicines were available and checked in accordance with national guidance

Are services safe?

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 with airway management for staff providing treatment to patients under sedation was also completed.

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health. Improvements could be made to ensure that the material safety data sheets were available for staff in case of an incident while using hazardous materials.

Information to deliver safe care and treatment

Dental care records we saw were complete, legible, were 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. On the day of inspection, we observed that Midazolam (a controlled drug used for conscious sedation) and Fentanyl (a reversal drug used for the same procedure) were not stored in a lockable cabinet. The principal dentist made immediate arrangements to ensure that these were locked away and stored securely in line with the relevant guidance to ensure that only authorised personnel had access to these drugs.

. The provider had recently taken over the service and had not yet completed an antimicrobial audit; however, they told us that it was in their plan to complete within the next two months.

Track record on safety, and lessons learned and improvements

The practice had implemented systems for reviewing and investigating 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.

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.

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.

Staff 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 dental care records in line with recognised guidance.

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

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits six-monthly following current guidance and legislation.

Effective staffing

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

Newly appointed staff had an informal induction programme. Improvements could be made to ensure records were available to demonstrate that this was carried out. 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 dentists confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide.

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

There was strong leadership and emphasis on continually striving to improve.

Systems and processes were embedded, and staff worked together in such a way that the inspection did not highlight any 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.

Culture

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

Staff discussed their training needs during one to one meetings and during clinical supervision. The principal dentist told us they planned to carry out annual appraisal with staff.

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals.

Governance and management

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

The practice had a system of clinical governance in place 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 these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

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

The practice gathered feedback from staff 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.

Continuous improvement and innovation

The practice had systems and processes for learning, continuous improvement and innovation.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of disability access, radiographs, record cards and infection prevention and control.

Staff kept records of the results of these audits and the resulting action plans and improvements.