

Linden Lodge Dental Practice

Linden Lodge Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 19 December 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

We found that this practice was providing caring services in accordance with the relevant regulations.

Are services responsive?

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

Are services well-led?

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

Background

Linden Lodge Dental Practice is a NHS dental practice in Croydon. The practice is situated in purpose built premises. The practice is set out over one floor and has two dental treatment rooms, a patient waiting room, a staff room, two offices and a decontamination room. They were also in the process of developing a third surgery.

The practice is open 9.00am to 5.30pm Monday to Fridays and 9.00am to 1.30pm on Saturdays. The practice has two principal dentists, three associate dentists, two dental nurses, one trainee dental nurse, three receptionists and a dental hygienist.

The practice manager is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

Before the inspection we sent Care Quality Commission comment cards to the practice for patients to complete to tell us about their experience of the practice. We received feedback from 18 patients via completed comment cards. Patients provided a positive view of the services the

Summary of findings

practice provides. They commented on the quality of care, the friendliness and professionalism of all staff, the cleanliness of the practice and the overall quality of customer care.

Our key findings were:

- Staff had been trained to handle emergencies and appropriate medicines and some life-saving equipment was readily available. The practice did not have access to a defibrillator.
- The practice appeared clean and well maintained.
- Infection control procedures were adequate; however audits were not being completed periodically.
- The practice had a safeguarding lead. However information relating to safeguarding was out of date and did not have correct contact numbers.
- The practice had a system in place for reporting incidents which the practice used for shared learning.
- Dentists provided dental care in accordance with current professional and National Institute for Health and Care Excellence (NICE) guidelines.
- The service was aware of the needs of the local population and took these into account in how the practice was run.
- Patients could access treatment and urgent and emergency care when required.
- Staff recruitment records included relevant pre recruitment documents such as criminal records checks and proof of ID verification.
- There was lack of a structured approach to learning and development. Staff arranged most training on their own.
- Staff we spoke with felt well supported by the practice owners and were committed to providing a quality service to their patients.
- Feedback from patients gave us a positive picture of a friendly, caring, professional and high quality service.
- Governance arrangements were in place for the smooth running of the practice; however the practice did not have a structured plan in place to carry out risk assessments and assess and mitigate risks arising from undertaking of the regulated activities, have regular staff meetings or a structured approach to staff learning development. There was lack of a structured system in place for carrying out infection control or radiography audits, although we were told the practice audited these areas periodically

We identified regulations that were not being met and the provider must:

- Ensure suitable governance arrangements are in place and an effective system is established to assess, monitor and mitigate the various risks arising from undertaking of the regulated activities.
- Ensure systems are in place to assess, monitor and improve the quality of the service. These could include for example undertaking regular audits of various aspects of the service. Provider should also ensure that where appropriate audits have documented learning points and the resulting improvements can be demonstrated.

There were areas where the provider could make improvements and should:

- Review the practice's policy and the storage of products identified under Control of Substances Hazardous to Health (COSHH) 2002 Regulations to ensure a risk assessment is undertaken and the products are stored securely.
- Review availability of equipment to manage medical emergencies taking into account guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.

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.

Systems were in place for the provider to receive safety alerts from external organisations and they were shared appropriately with staff. Lessons learnt were discussed amongst staff. Suitable pre-employment checks were carried out. There was an appointed safeguarding lead and most staff had completed safeguarding training. Information relating to reporting safeguarding to external agencies was out of date.

Dental instruments were decontaminated suitably. Medicines and equipment were available in the event of an emergency. Staff told us risk assessments were carried out and health and safety was monitored; however there was lack of well-organised documentation to support that this occurred regularly.

No action



Are services effective?

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

There were suitable systems in place to ensure patients' needs were assessed and care and treatment was delivered in line with published guidance. Patients were given relevant information to assist them in making informed decisions about their treatment and consent was obtained appropriately. Staff were aware of their responsibilities under the Mental Capacity Act (MCA) 2005; although refresher training was required for some staff. Referrals were made appropriately.

Staff were up to date with their Continuous Professional Development (CPD) requirements. The practice maintained appropriate dental care records and patient details were updated regularly. Information was available to patients relating to health promotion and maintaining good oral health.

No action



Are services caring?

We found that this practice was providing caring services in accordance with the relevant regulations.

We found that this practice was providing caring services in accordance with the relevant regulations.

We received feedback from 18 patients via completed Care Quality Commission comment cards. Feedback from patients was positive. They described staff as friendly and professional.

Patients stated that they were involved with their treatment planning and were able to make informed decisions. We saw examples of equipment used to make

No action



Summary of findings

the patient experience more comfortable and considerate of patients' needs. Patients referred to staff as being caring, empathetic, and professional and treating them with dignity and respect. They felt involved in their treatment and gave examples of where staff had ensured they understood treatment.

Are services responsive to people's needs?

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

The service was aware of the needs of the local population and took these into account in how the practice was run. Reasonable adjustments were made for patients when necessary. Patients could access appointments and urgent and emergency care was provided when required.

The practice had level access into the building and was wheelchair accessible.

There were systems in place for patients to make a complaint about the service if required.

No action



Are services well-led?

We found that 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 at the end of this report).

The practice held meetings to discuss practice issues and update staff. Staff told us they were happy with the way information was shared with them and arrangements that existed for them to be informed.

Governance arrangements were in place for the smooth running of the practice; however the practice did not have a structured plan in place to carry out risk assessments.

There was no structured system in place for carrying out infection control or radiography audits; although we were told the practice audited these areas periodically.

Policies and other necessary documents were not well organised or easily available.

Requirements notice



Linden Lodge Dental Practice

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. 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.

The inspection was carried out on 19 December 2016 by a CQC inspector who was supported by a specialist dental adviser.

Prior to the inspection, we asked the practice to send us some information that we reviewed. This included the complaints they had received in the last 12 months, their latest statement of purpose, and the details of their staff members including proof of registration with their professional bodies.

During the inspection, we spoke with the three dentists, two dental nurses and reception staff. We reviewed policies, procedures and other documents. We received feedback from 18 patients via comment cards.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice received national patient safety alerts such as those issued by the Medicines and Healthcare Regulatory Authority (MHRA). The principal dentist received the alerts and notified staff of relevant information. We saw evidence that information shared via alerts were shared with staff at team meetings.

Staff demonstrated an awareness of general incident reporting and RIDDOR (The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 2013). The practice had an accident and reporting policy with associated forms to complete in the event of an accident. Staff had signed to confirm they had read and understood the procedure.

The practice reported that there had not been any accidents over the past 12 months. There was an accident book to record accidents if they occurred.

We spoke with the principal dentists about the handling of incidents and the Duty of Candour. The explanation was in line with the duty of candour expectations. [Duty of candour is a requirement under The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 on a registered person who must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity].

Reliable safety systems and processes (including safeguarding)

One of the principal dentists was the safeguarding lead and acted as a point of referral should staff encounter a child or adult safeguarding issue. The practice had an adult safeguarding and child protection policy and procedures; however they were out of date. For example, the contact details in the policy and on the staff notice board were dated 2007. They also made reference to the primary care trust which are now a defunct body. Training records showed that most staff had received safeguarding training for both vulnerable adults and child protection to level two.

Dentists were responsible for the disposal of used sharps and needles. A practice protocol was in place should a needle stick injury occur. The systems and processes we observed were in line with the current EU directive on the use of safer sharps.

The dentists in the practice were following guidance from the British Endodontic Society relating to the use of rubber dam for root canal treatment. [A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured].

Medical histories were reviewed at each subsequent visit and updated if required. During the course of our inspection we checked dental care records to confirm the findings and saw that medical histories had been updated appropriately.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies at the practice. However they did not have an automated external defibrillator (AED) (a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm). The principal dentist explained that they had assessed the risk and because they were directly opposite a general hospital with an accident and emergency unit it had been concluded they could respond appropriately to a medical emergency should the need arise. They gave us an example of an incident that had occurred where a patient had collapsed in the surgery, emergency services had been called and paramedics were on site within minutes.

The practice had access to medical oxygen along with other related items such as manual breathing aids and portable suction in line with the Resuscitation Council UK guidelines. Staff had received training in how to use the equipment.

Are services safe?

The practice had in place emergency medicines as set out in the British National Formulary guidance for dealing with common medical emergencies in a dental practice. The emergency medicines we saw were all within their use by date and stored in a central location known to all staff.

Staff recruitment

There was a full complement of the staffing team. The team consisted of two principal dentists, three associates, two dental nurse, one trainee dental nurse, three receptionists and a hygienist.

All relevant staff had current registration with the General Dental Council the dental professionals' regulatory body. The practice had a recruitment policy that detailed the checks required to be undertaken before a person started work. These checks included for example, proof of identity, a full employment history, evidence of relevant qualifications, adequate medical indemnity cover, immunisation status and references. We reviewed staff files and saw that most staff had been employed for many years. One of the principal dentists told us that all relevant checks at their time of employment had been carried out.

We saw that all staff had received appropriate checks from the Disclosure and Barring Service (DBS). [These are checks to identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable]. In some instances DBS checks had been carried out by the employees' previous employer.

Monitoring health & safety and responding to risks

The principal dentist told us that they were carrying out regular risk assessments in the practice; however they were unable to demonstrate this through proper documentation. The last completed risk assessments we saw had been undertaken in April 2013. This included risk assessments for health and safety (premises), fire and display screen assessments.

There was an external company that carried out servicing and testing of fire equipment. This included testing fire and smoke alarms. We saw records confirming they had last visited in May 2016.

The last Control of Substances Hazardous to Health (COSHH) 2002 Regulations risk assessment was dated 2001. We discussed this with the dentists who were however unsure if a more recent assessment had been carried out or not.

Infection control

The practice had an infection control policy that outlined the procedure for all issues relating to minimising the risk and spread of infections. One of the nurses was the infection control lead.

There was a separate decontamination room with a clear end to end flow of "dirty" to "clean" instruments in line with current guidance. There were three sinks in the decontamination room in line with current guidance. One of the dental nurses gave a demonstration of the decontamination process which was in line with guidance issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05). This included manually cleaning the instruments; inspecting under an illuminated magnifying glass to visually check for any remaining contamination (and re-washed if required); placing in the autoclave; pouching and then date stamping, so expiry date was clear. Staff wore the correct personal protective equipment, such as apron and gloves during the process.

There were two autoclaves. The logs from the autoclaves provided evidence of the daily, weekly and monthly checks and tests that were carried out on the autoclave to ensure it was working effectively.

Staff were immunised against blood borne viruses and we saw evidence of when they had received their vaccinations. The practice had blood spillage and mercury spillage kits. Clinical waste bins were assembled and labelled correctly in the surgery and decontamination room. Clinical waste was stored appropriately in a secure external area until collection by an external company, every month.

There were appropriate stocks of personal protective equipment such as gloves and disposable aprons for both staff and patients. There were enough cleaning materials for the practice. Wall mounted paper hand towels were available.

The surgery was visibly clean and tidy. We were told the dental nurses were responsible for cleaning all surfaces

Are services safe?

and the dental chair in the surgery in-between patients and at the beginning and end of each session of the practice in the mornings/ evenings. We observed all areas of the practice to be clean and tidy on the day of our inspection.

The practice had an external Legionella risk assessment which was carried out in March 2013. [Legionella is a bacterium found in the environment which can contaminate water systems in buildings]. Water temperatures were checked appropriately.

The practice was not carrying out regular infection control audits. We discussed this with the principal dentists and they said they would commence these immediately.

Equipment and medicines

There were two autoclaves and they had been serviced in September and October 2016 respectively. The principal dentists told us that they had an up to date pressure vessel certificate however they could not locate it during the inspection and also could not produce it after the inspection.

There was no record of portable appliance testing (PAT). One of the principal dentists told us that they would arrange for this to be carried out as soon as possible.

Radiography (X-rays)

The practice had a radiation protection file. One of the principal dentists was the radiation protection supervisor (RPS) and the practice had an external radiation protection adviser (RPA).

The radiation protection file evidenced that the equipment was being serviced in line with manufacturer's recommendations. Critical examination testing had been completed in November 2015.

We saw evidence that some dentists had completed Ionising Radiation (Medical Exposure) Regulations (IRMER) 2000 (IRMER) training in line with their CPD requirements. Documentation was not available for the other dentists, although we were assured that they had completed training.

The practice was not carrying out radiography audits.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The principal dentists told us they carried out consultations, assessments and treatment in line with recognised general professional guidelines. They described to us how they carried out their assessment of patients for routine care. This included the patient being asked to complete a medical history questionnaire disclosing any health conditions, medicines being taken and any allergies suffered. This was followed by an examination covering the condition of a patient's teeth, gums and soft tissues. Following the clinical assessment the diagnosis was then discussed with the patient and treatment options explained in detail. A treatment plan which included where applicable the costs involved was then given to the patient.

The majority of dental care records that were seen demonstrated that the findings of the assessment and details of the treatment carried out were recorded appropriately. We saw details of the condition of the gums using the basic periodontal examination (BPE) scores and soft tissues lining the mouth. (The BPE tool is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums). These were carried out where appropriate during a dental health assessment.

Health promotion & prevention

We saw evidence that clinicians in the practice were proactive with giving patients health promotion and prevention advice.

Preventative advice included tooth brushing techniques and dietary advice. Dental care records we observed demonstrated that dentists had given oral health advice to patients. A range of dental hygiene products to maintain healthy teeth and gums were available for patients in the reception area.

Staffing

All clinical staff had current registration with their professional body, the General Dental Council. We saw example of staff working towards their continuing professional development requirements, working through their five year cycle. [The GDC require all dentists to carry out at least 250 hours of CPD every five years and dental nurses must carry out 150 hours every five years]. There were no structured systems in place to track training for the associate dentists so we were unable to see paperwork for all their CPD. We did however see some evidence of training completed by the associate dentists.

Working with other services

The practice had processes in place for effective working with other services. There was a standard template for referrals such as to orthodontists and for oral surgery. Information relating to patients' relevant personal details, reason for referral and medical history was contained in the referral. Copies of all referrals made were kept on the patients' dental care records.

Consent to care and treatment

We spoke with staff about how they implemented the principles of informed consent. The dentists had a very clear understanding of consent issues and also told us they referred to the organisations consent policy.

Most staff demonstrated sufficient knowledge of understanding of Gillick competency and the requirements of the Mental Capacity Act (MCA) 2005, including the best interest principle. . [The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for them].

Dental care records we checked demonstrated that consent was obtained and recorded appropriately.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The treatment rooms all maintained patient privacy and conversations between patients and dentists could not be heard from outside the treatment room.

Before the inspection, we sent Care Quality Commission (CQC) comment cards so patients could tell us about their experience of the practice. We received feedback from 18 patients which included the completed CQC patient comment cards. The feedback provided a positive view of the service the practice provided.

Patients provided positive examples of how they had been treated with dignity and respect. Patients commented that

the service and quality of care they received was excellent. We observed that reception staff were polite and helpful towards patients and that the general atmosphere was welcoming and friendly.

Involvement in decisions about care and treatment

Information relating to costs was also displayed in the patient waiting area and in the practice leaflet.

The patient feedback we received confirmed they felt involved in their treatment planning and received enough information about their treatment. Patients commented that treatment was explained well. They felt involved in decisions about their care and treatment.

Staff explained how they only proceeded with treatment if they were sure the patient understood, indicating they were involved in the decisions about their care.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

All staff (reception staff in particular) had a very good knowledge of the needs of patients. . They gave us various examples of how they responded to patient's needs. This included booking longer appointments for nervous and elderly patients, booking appointment at quieter times for patients with learning disabilities who did not like appointments at busy times. They also accommodated appointments around school times for children.

Two appointment slots were blocked out for each dentist every day to accommodate emergency and non-routine appointments. Any patients who called and reported that they were experiencing dental pain were asked to attend the surgery and would be seen as soon as possible.

Tackling inequity and promoting equality

The local population was diverse with a mix of patients from various cultures and background. The staff team was diverse and staff had access to language line. The staff team were multi lingual spoke various languages including Hindi, Gujarati, Portuguese and Urdu and this accommodated many of their patients.

The practice was set out over one level and the entrance was step free. Patients using pushchairs or wheelchairs could access the building with ease. The doors to the entrance were not automatic but there was a bell for

patients to ring if they experienced difficulty accessing the building (staff would go out and assist the patients). All of the surgeries were wheelchair accessible. Facilities included toilets that were wheelchair accessible.

Access to the service

The practice was open 9.00am to 5.30pm Monday to Fridays and 9.00am to 1.30pm on Saturdays. This information was publicised via a poster in the waiting area and on the practice door.

There was information available to patients making them aware of how to access appointments in an emergency. Details of the 111 and the local out of hours service were advertised in the practice window. There was also a message on the telephone answering machine when the practice was closed informing patients how to access the service.

Concerns & complaints

There had not been any complaints in the past 12 months. We reviewed the complaints policy and spoke with staff about the handling of complaints. They described the action they would take when responding to complaints. This included giving a full explanation to the patient and an apology. The outcomes of complaints were discussed at team meetings, including learning as a result of the complaint.

Patients were made aware of how to complain through a poster displayed in the patient waiting area and the patient information leaflet. Copies of the procedure were available to patients on request.

Are services well-led?

Our findings

Governance arrangements

The governance arrangements lacked structure and organisation. For example the practice struggled to find relevant evidence of staff training, equipment servicing and up to date audits because files were not organised. No-one appeared to have responsibility for the management of governance arrangements and this led to confusion over where records were stored and who was responsible for them. The practice maintained a wide range of policies and procedures. Many of the policies however had not been updated in many years.

Dental care records were stored electronically and in paper format. Computers were password protected and only accessible to authorised staff.

Staff told us that audits completed over the last 12 months included audits on antibiotic prescribing, NICE recall guidelines and quality of crowns and bridges. Some of the audits were not dated but we were told they were completed in September 2016. We reviewed the audits and saw that the aim of the audit was not always clearly outlined and learning outcomes were not documented in the audit. There was not structured system in place for carrying out infection control or radiography audits, although we were told the practice audited these areas periodically. The practice staff were unable to provide documentation related to these audits.

Leadership, openness and transparency

Staff in the practice felt the principal dentists provided good leadership. One of the principal dentists gave us examples of where they had responded with openness and transparency with staff and patients when dealing with complaints and issues.

We discussed the Duty of Candour requirement in place on providers with the principal dentist and they demonstrated

understanding of the requirement. They gave us explanations of how they ensured they were open and transparent with patients and staff. The explanations were in line with the expectations under the duty of candour.

Learning and improvement

The practice held staff meetings approximately every three months to update staff and improve the service. Minutes were not maintained, however staff we spoke with told us that topics discussed included incident reporting, practice developments and staffing issues. Staff confirmed they found the meetings useful. Staff told us informal meetings were held frequently and staff were continually updated on matters regarding the practice.

Dental nurses had appraisals carried out annually. We reviewed appraisals and saw that development and learning were discussed. Reception staff were not currently receiving appraisals however the principal dentist told us that was something they were planning to introduce.

Practice seeks and acts on feedback from its patients, the public and staff

The practice took part in the NHS Friends and family test. We reviewed the results of the past few months and saw that the vast majority of patients said they were 'extremely likely' to recommend the practice to relatives.

The practice told us that they also carried out ad-hoc surveys on specific topics such as waiting times and services offered. This information was used to improve the quality of the service provided.

Other mediums used to obtain feedback were NHS choices and other web based customer feedback services. Patients could provide feedback by text message and the practice responded accordingly.

Staff confirmed that their views were sought and they were encouraged to provide feedback about the service.

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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014</p> <p>Good Governance.</p> <p>The registered person did not have effective systems in place to ensure that the regulated activities at Linden lodge Dental practice were compliant with the requirements of Regulations 4 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>How the regulation was not being met:</p> <p>The provider did not have systems to enable them to</p> <ul style="list-style-type: none">• The provider had not ensured that their audit and governance systems were effective.• The provider did not have systems to enable them to continually monitor risks, and to take appropriate action to mitigate risks, relating to the health, safety and welfare of patients and staff. <p>Regulation 17 (1)</p>