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# Woodlane Dental Practice

## Inspection Report

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## Overall summary

We carried out this announced inspection on 22 November 2017 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 provider 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.

We told the NHS England area team that we were inspecting the practice. They did not provide any information.

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

### 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

Woodlane Dental Practice is located in Dagenham, in the London Borough of Barking and Dagenham. The practice provides NHS and private dental treatments to patients of all ages.

The practice is located on the ground floor of a purpose adapted premises. The practice has one treatment room. The practice is conveniently located close to public transport links.

# Summary of findings

The dental team includes the principal dentist and one associate dentist, three trainee dental nurses and a receptionist.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

We received feedback from 13 patients via CQC comment cards. This information gave us a positive view of the practice.

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

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

## Our key findings were:

- The practice was clean and well maintained.
- The practice had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.
- The practice had limited arrangements to report, investigate, respond and learn from accidents, incidents and significant events.
- There were limited arrangements to protect patients and staff from accidental exposure to substances which may be hazardous to health such as cleaning and other materials.
- The practice had safeguarding processes and procedures. However staff had not undertaken training and staff were unclear about their responsibilities for safeguarding adults and children.

- The practice had infection control procedures which reflected published guidance. However there were limited systems for quality assurance of these procedures in line with published guidance.
- Staff did not know how to deal with emergencies or the proper use and storage of some emergency equipment.
- The practice had some systems to help them assess and manage risk. However these were not always consistent or in line with current guidance and legislation.

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 the duties.

## 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 sharps procedures and ensure the practice is in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Review the practice's audit protocols to ensure infection control audits are undertaken at regular intervals and where applicable learning points are documented and shared with all relevant staff.
- Review the systems for checking and monitoring equipment taking into account current national guidance and ensure that all equipment is well maintained.
- Review the protocols and procedures for use of X-ray equipment taking into account Guidance Notes for Dental Practitioners on the Safe Use of X-ray Equipment.

# Summary of findings

- Review staff awareness of the requirements of the Mental Capacity Act (MCA) 2005 and ensure all staff are aware of their responsibilities under the Act as it relates to their role.

# 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.

The dentists were qualified for their roles and the practice completed essential recruitment checks.

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

Improvements were needed to ensure that staff completed training in safeguarding and knew how to report concerns.

The practice had some arrangements in place for dealing with medical and other emergencies. Improvements were needed to ensure that all staff were aware of their roles and responsibilities and how to use emergency equipment and medicines and that equipment was stored and maintained in line with the manufacturer's instructions.

Improvements were needed to ensure that infection control audits were carried out in line with national guidance.

Improvements were needed to ensure that equipment was properly maintained in line with the manufacturer's instructions.

No action



### **Are services effective?**

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as very good. The dentists discussed treatment with patients so they could clearly understand and give informed consent. Patients said that their treatment was explained clearly.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals. There were arrangements to follow up on urgent and non-urgent referrals.

Improvements were needed so as to ensure staff undertook training relevant to their roles and responsibilities and that there were effective systems to help the practice monitor staff training.

No action



### **Are services caring?**

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

We received feedback about the practice from 13 patients who were positive about the service the practice provided. They told us staff were attentive, respectful and caring. They said that they were given detailed explanations about dental treatment.

Patients commented that all staff made them feel at ease and relaxed, especially when they were anxious about visiting the dentist.

No action



# Summary of findings

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

## **Are services responsive to people's needs?**

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs and had made reasonable adjustments to the premises to support patients.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

**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 Requirements Notice section at the end of this report).

There was a defined management structure, but the lack of robust risk assessment and management systems affected the day to day management of the practice.

Improvements were required to ensure the smooth running of the service. Policies and procedures were not understood or adhered to by staff.

There were limited arrangements for staff training and appraisal and for monitoring staff training.

The practice did not monitor clinical areas of their working effectively to help them improve and learn.

**Requirements notice**



# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had limited arrangements to report, investigate, respond and learn from accidents, incidents and significant events. Staff were unclear about their role in the process, what types of incidents should be reported and how to do this.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). The principal dentist told us that these were reviewed and acted on where appropriate. The practice had a system to alert national agencies of patient safety incidents involving medical devices, medicines and materials used in the dental practice.

### Reliable safety systems and processes (including safeguarding)

The practice had some safeguarding policies and procedures with information about identifying, reporting and dealing with suspected abuse. Improvements were needed to ensure that staff were aware of and understood these.

Improvements were needed to ensure that all staff undertook the appropriate level of training in respect of their roles and responsibilities. Staff had not undertaken safeguarding training and some staff were unclear about their responsibilities and how to report if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances.

The practice had a whistleblowing policy. Some staff told us they were unaware of the policy and did not feel confident about raising concerns.

We looked at the practice's arrangements for safe dental care and treatment. Improvements were needed to ensure that risk assessments were carried out and reviewed in line with relevant legislation and guidance.

Staff were aware of their responsibilities in relation to handling and safe disposal of dental instruments where appropriate. They also knew how to report injuries involving dental instruments and the appropriate actions

to take. Improvements were needed to ensure that the safer sharps system in place was used in line with relevant safety laws to minimise injuries involving needles and other dental sharps.

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice had a business continuity plan describing how the practice would deal with events which could disrupt the normal running of the practice.

### Medical emergencies

The practice had policies and procedures in relation to dealing with medical emergencies. Emergency equipment and medicines were available as described in recognised guidance with the exception of child size adhesive defibrillator pads.

All staff at the practice had completed training in emergency resuscitation and basic life support in February 2016. However staff were unaware of their roles and responsibilities in relation to dealing with medical emergencies and the use of medicines and equipment.

Improvements were needed to ensure that staff knew what to do in the event of a medical emergency and how to use emergency medicines and equipment.

We found that the charging battery for the Automated External Defibrillator (AED) had been removed and that this equipment was not routinely charged. The principal dentist was unaware of the importance of maintaining this equipment in accordance with the manufacturer's instructions. Following discussions the charging battery was replaced.

### Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at the records for five members of staff. These showed the practice followed their recruitment procedure and maintained accurate and up to date records. All required checks including evidence of identity, skills and qualifications and employment references, where appropriate; and interviews were carried out.

# Are services safe?

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

## **Monitoring health & safety and responding to risks**

The practice had some health and safety policies and risk assessments in place. There was a fire safety risk assessment in place and fire safety equipment was serviced in line with current guidance and legislation, however there were limited checks carried out on alarms systems and fire extinguishers and there was no fire safety log maintained.

Risks associated with the premises and equipment were not reviewed or assessed regularly.

Improvements were needed to ensure the health and safety arrangements covered the relevant general workplace and specific dental topics and that they were updated as needed to reflect current guidance and legislation.

There were limited arrangements to protect patients and staff from accidental exposure to substances which may be hazardous to health such as cleaning and other materials. There was no risk assessment in place and no information was available in relation to chemical and other substances used at the practice. The principal dentist was unaware of their responsibilities in relation to this.

Improvements were needed in relation to the practice health and safety policies and procedures to ensure that they were reviewed on a regular basis and that they reflected current guidance and legislation. There was no health and safety risk assessment in place and staff had limited knowledge around work place health and safety guidance and legislation.

The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

A dental nurse worked with the dentists when they treated patients.

## **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. Staff had recently completed infection prevention and control training.

The practice had arrangements for cleaning, checking, sterilising and storing instruments in line with HTM01-05. The dental nurses were able to demonstrate that they understood and adhered to these arrangements. The practice records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

Improvements were needed to ensure that infection control audits were carried out in line with current guidance and that any areas for improvement identified were acted on. A recent infection control audit had been carried out in July 2017 and there were some audits dated 2013 and 2014. The principal dentist was unaware that these should be carried out twice a year and there were no action plans or evidence that the findings from the audits had been reviewed.

The practice had some procedures to reduce the possibility of Legionella or other bacteria developing in the water systems and there were procedures for flushing and disinfecting dental waterlines to minimise these risks.

Improvements were needed to ensure that a Legionella risk assessment was in place to identify and minimise risks within the practice.

The practice was clean when we inspected and patients who we spoke and those who completed comment cards confirmed this was usual.

We saw that there were systems in place for the storage and disposal of waste including clinical waste in line with current waste regulations.

## **Equipment and medicines**

We saw some servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations for sterilising equipment. We saw records for Portable Appliance Tests checks, maintenance and servicing the dental radiography equipment.

# Are services safe?

The practice had suitable systems for prescribing and storing medicines. The practice stored prescriptions securely and monitored their use as described in current guidance.

## **Radiography (X-rays)**

Improvements were needed to ensure that the practice arrangements for the safety of the X-ray equipment were in line with current radiation regulations. Records made available to us showed that the most recent maintenance check for the X-ray equipment had been carried out in March 2015. Some recommendations were made at that time including the use of a rectangular collimator and a mechanical and electrical test for the X-ray equipment. The principal dentist could not confirm if these tests had been carried out. We noted that rectangular collimators were not in use.

Dental records showed that the dentists recorded the justification, grade and reported on the dental radiographs they took.

A radiography audit had been carried out in November 2017 after the date that the inspection was announced. This audit had not been reviewed to assess the quality of dental radiographs. There were no previous audits available and the principal dentist confirmed that no previous audits had been carried out in line with current guidance.

Records showed that the dentists completed continuous professional development in respect of dental radiography.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The principal dentist was aware of and using the National Institute for Health and Clinical Excellence (NICE) guidance in relation to dental care and treatment.

Patients were provided with detailed information about their treatment. The principal dentist described their assessment and treatment of patients in line with recognised guidance. These assessments included oral examinations of soft and hard tissues, cancer screening checks and checks for gum disease.

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

### Health promotion & prevention

The practice was providing preventative care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The principal dentist told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children based on an assessment of the risk of tooth decay for each child.

They also told us that where appropriate they discussed smoking, alcohol consumption and diet with patients during appointments.

The practice had a selection of health promotion leaflets displayed within the patient waiting area, which provided advice and instructions to help patients maintain and improve their oral health.

### Staffing

There were arrangements to provide staff new to the practice with a period of induction to assist them in becoming familiar with their job roles and responsibilities and the practice policies and procedures. Newly appointed staff confirmed that they had an induction to help them familiarise themselves with the practice.

We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council.

Improvements were needed to ensure that the trainee dental nurses undertook training relevant to their roles and responsibilities.

There was lack of robust systems in place to review and monitor staff training to ensure that staff understood their roles and responsibilities in relation to areas such as safeguarding and dealing with medical emergencies.

Improvements were needed to ensure that staff undertook annual appraisals. There were no appraisal or performance review records available for staff working at the practice.

### Working with other services

The principal dentist confirmed that they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. There were clear guidelines and procedures in relation to making referrals. These included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by the National Institute for Health and Clinical Excellence (NICE) in 2005 to help make sure patients were seen quickly by a specialist.

The practice had monitoring systems to make sure they were dealt with promptly.

### Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentist told us they gave patients information specific to their treatment. The treatment options, intended benefits and any potential risks were discussed with patients so that they could make informed decisions. We saw that patient's signed consent forms were stored within their dental records. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included some information about the Mental Capacity Act 2005. Improvements were needed to ensure that staff had access to information and understood their responsibilities under the Act when treating adults who may not be able to make informed decisions. The principal dentist was unable to demonstrate awareness of the Act or about Gillick competence and the need to consider this when treating young people under 16.

# Are services caring?

## Our findings

### **Respect, dignity, compassion and empathy**

Staff we spoke with were aware of their responsibility to respect people's diversity and human rights. Patients commented positively that staff were professional and respectful.

Nervous patients said staff listened and helped put them at ease. Patients could choose whether they saw a male or female dentist.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. Staff told us that should patients wish to discuss personal matters that they would be offered a room to do so in private.

There were magazines and information leaflets available in the waiting area.

### **Involvement in decisions about care and treatment**

The practice gave patients clear information to help them make informed choices. Patients confirmed that they did not feel rushed during their appointment and that staff listened to them.

The principal dentist described the conversations they had with patients to satisfy themselves they understood their treatment options

Patients told us staff were kind and understanding when they were in pain, distress or discomfort.

The practice website provided patients with information about the range of treatments available at the practice. These included general dental treatments, treatments for gum disease and private cosmetic procedures such as teeth whitening.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

Patients described high levels of satisfaction with the responsive service provided by the practice.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us via comment cards they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. The practice had considered these and made reasonable adjustments to the facilities provided.

### Promoting equality

The practice had made reasonable adjustments for patients with disabilities. These included step free access via a portable ramp, a hearing induction loop and accessible toilet facilities.

Staff said they could provide information in different formats and languages to meet individual patients' needs if required.

### Access to the service

The practice displayed its opening hours in the premises and on its website.

We confirmed the practice kept waiting times to a minimum. Patients told us that they were seen promptly.

The practice was committed to seeing patients experiencing pain on the same day. The practice website, posters displayed in the waiting area and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed via comment cards that they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

### Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice complaint leaflet explained how to make a complaint. The principal dentist was responsible for dealing with these. Staff told us they would tell the principal dentist about any formal or informal comments or concerns straight away so patients received a quick response.

The principal dentist told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received within the previous 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

# Are services well-led?

## Our findings

### **Governance arrangements**

The principal dentist had responsibility for the management, clinical leadership and the day to day running of the service. Staff were unclear about some of the management arrangements and their roles and responsibilities.

The practice had some policies and procedures to support the management of the service and to protect patients and staff. Improvements were needed to ensure that these were accessible to staff and that they understood and adhered to these.

There were some systems for assessing risks within the practice. Improvements were needed to ensure that there were comprehensive arrangements for assessing and monitoring risks and actions taken on the findings from reviews and risk assessments.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

### **Leadership, openness and transparency**

The principal dentist was aware of the Duty of Candour requirements to be open, honest and to offer an apology to patients if anything went wrong.

Staff told us said that they did not feel confident to raise any issues and were unaware of the systems in place for reporting concerns such as in relation to significant events, safeguarding or whistleblowing.

There were some practice meetings held for communicating information to staff; however these were not used effectively to share relevant information.

### **Learning and improvement**

The practice had limited quality assurance processes to encourage learning and continuous improvement. Audits of various aspects of the service including dental radiography and infection prevention and control were not carried out in line with current legislation and guidance. Where audits, reviews and assessments had been carried out these had not been reviewed to monitor and improve quality and safety within the practice.

Improvements were needed to ensure that there were systems in place to monitor staff training and development. There were no arrangements for monitoring staff appraisal or training. The General Dental Council requires clinical staff to complete continuous professional development.

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

The practice gathered patients' comments to obtain their views about the service. Where provided, comments and suggestions were used to assess patient's satisfaction and to make improvements as needed.

NHS Patients were encouraged to complete the Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used.

This section is primarily information for the provider

# 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<br>Surgical procedures<br>Treatment of disease, disorder or injury | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems and 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</p> <p><b>How the regulation was not being met:</b></p> <p>There were limited systems and processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided.</p> <p>In particular:</p> <ul style="list-style-type: none"><li>• Audits were not carried out in line with current guidance and legislation to ensure the quality of grading, justification and reporting in relation to dental radiographs.</li><li>• Audits were not carried out in line with current guidance and legislation to ensure that infection control procedures were appropriately followed and were effective.</li></ul> <p>There were limited systems or processes that enabled 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>In particular:</p> <ul style="list-style-type: none"><li>• There was a lack of arrangements for dealing with medical emergencies to ensure that the Automated External Defibrillator equipment was maintained in line with the manufacturer's instructions.</li></ul> |

This section is primarily information for the provider

# Requirement notices

- There was lack of arrangements for ensuring that dental X-ray equipment was serviced in line with the manufacturer's instructions and recommendations from external engineer reports acted upon.
- There was lack of arrangements for assessing and managing risks in relation to Legionella and the Control of Substances Hazardous to Health (COSHH).

## 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  
Systems and 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

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

There was a lack of systems for ensuring that staff were suitably trained and supported in relation to their roles and responsibilities.

In particular:

- Staff had not undertaken training in respect of safeguarding children and adults who may be vulnerable and staff were unable to demonstrate that they understood their roles and responsibilities to recognise and report concerns.
- Staff had undertaken theory training in basic life support in 2016. Staff were unable to demonstrate that they understood their roles and responsibilities in relation to dealing with medical emergencies and the use of medicines and equipment.

This section is primarily information for the provider

## Requirement notices

- There were no systems in place for carrying out staff appraisal to review training and development needs.

**Regulation 18 (2) (a)**