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# Woodlane Dental Practice

## Inspection Report

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Date of inspection visit: 3 September 2018  
Date of publication: 25/09/2018

### Overall summary

We undertook a follow up focused inspection of Woodlane Dental Practice on 3 September 2018. This inspection was carried out to review in detail the actions taken by the registered provider to improve the quality of care and to confirm that the practice was now meeting legal requirements.

The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We undertook a comprehensive inspection of Woodlane Dental Practice on 23 November 2017 and a focused inspection on 24 May 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We found the registered provider was not providing well led care in accordance with the relevant regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can read our reports of that inspection by selecting the 'all reports' link for Woodlane dental practice on our website [www.cqc.org.uk](http://www.cqc.org.uk).

As part of this inspection we asked:

- Is it well-led?

#### **Our findings were:**

#### **Are services well-led?**

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

The provider had made improvements in relation to the regulatory breaches we found at our inspections on 23 November 2017 and 24 May 2018.

#### **Background**

Woodlane Dental Practice is in Dagenham in the London Borough of Barking and Dagenham and provides NHS and private treatment to adults and children. 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.

The dental team includes the principal dentist who owns the dental practice, one dentist, two trainee dental nurses and a receptionist. The practice has one treatment room.

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.

During the inspection we spoke with the principal dentist, one trainee dental nurse and the receptionist. 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:**

# Summary of findings

- The practice had arrangements to report, investigate, respond and learn from accidents, incidents and significant events.
- The practice had safeguarding processes and procedures. Staff had undertaken training and staff were clear about their responsibilities for safeguarding adults and children.
- There were arrangements to protect patients and staff from accidental exposure to substances which may be hazardous to health such as cleaning and other materials.
- Staff knew how to deal with emergencies and the proper use and storage of emergency medicines and equipment. There were arrangements to ensure that medicines and equipment were available for use and within their expiry date.
- The practice had systems to help them assess and manage risk. These were in line with current guidance and legislation. Risks associated with the use of dental sharps, substances that may be hazardous to health, fire and infection control and Legionella were assessed and there were arrangements in place to minimise the risks to patients and staff.

# Summary of findings

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

We asked the following question(s).

### **Are services well-led?**

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

The provider had made improvements to the management of the service.

Improvements had been made to the arrangements for the assessment and management of risks to patients and staff.

There were governance systems to ensure that equipment and medicines were available, accessible, regularly checked and fit for use. The arrangements for staff training and appraisal and for monitoring staff training had been reviewed and strengthened.

The practice had made improvements to monitor clinical areas of their working to help them improve and learn.

The improvements provided a sound footing for the ongoing development of effective governance arrangements at the practice.

**No  
action**  


# Are services well-led?

## Our findings

At our previous inspections on 23 November 2017 and 24 May 2018 we judged it was not providing well led care and told the provider to take action as described in our warning notice and requirement notices. At the inspection on 3 September 2018 we found the practice had made the following improvements to comply with the regulations:

- Systems and processes had been established to ensure good governance in accordance with the fundamental standards of care. The leadership arrangements were clearly defined and there were arrangements to monitor the safety and quality of services provided through audits and reviews of clinical and non clinical areas of work.
- Arrangements were in place to ensure that 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. Staff had undertaken training in areas including basic life support, infection control and safeguarding children and adults. Staff had completed performance appraisals from which learning and development needs had been identified and planned for.
- The practice's sharps procedures had been reviewed to ensure compliance with the Health and Safety (Sharp

Instruments in Healthcare) Regulations 2013. Risks associated with the use and disposal of dental sharps were assessed and there were arrangements in place to minimise these.

- The practice's audit protocols had been reviewed to ensure infection control audits were undertaken at regular intervals and where applicable learning points were documented and shared with all relevant staff.
- The practice systems for checking and monitoring equipment had been reviewed to take into account current national guidance and ensure that all equipment is well maintained. There were arrangements in place for checking emergency medicines and equipment to ensure that these were available for use and within their expiry date.
- The protocols and procedures for use of X-ray equipment had been reviewed to take into account Guidance Notes for Dental Practitioners on the Safe Use of X-ray Equipment. Audits were carried out in line with current guidance and legislation to ensure the quality of grading, justification and reporting in relation to dental radiographs. There were arrangements in place to ensure that X-ray equipment was serviced and maintained in line with current guidance.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulations: when we inspected on 3 September 2018.