

Mr. Paiam Azari

# Days Lane Dental Practice

## Inspection Report

268-270 Days Lane  
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Date of inspection visit: 20 April 2017

Date of publication: 26/05/2017

### Overall summary

We carried out this announced inspection on 20 April 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.

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**

Days Lane Dental Practice is in Sidcup, Kent, and provides approximately 15% NHS and 85% private treatment to patients of all ages.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces are available on the practice's premises.

The dental team includes three dentists, three dental nurses (one of whom is currently completing dental nursing training), a dental hygienist, a practice manager, and a receptionist who is a qualified dental nurse and sometimes assists with dental nursing. The practice has three treatment rooms.

# Summary of findings

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 22 patients via CQC comment cards and by speaking with patients on the day of the inspection. This information gave us a positive view of the practice.

During the inspection we spoke with two dentists, a dental nurse, a receptionist and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open at the following times:

Monday-Thursday 9.00-13.00 and 14.00-17.30, Fridays 9.00-13.30, and on alternate Saturdays by appointment.

## Our key findings were:

- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice was clean and well maintained.
- 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 had not received any complaints in the last 12 months, but they had an effective complaints process in place.
- The majority of staff felt involved and supported and worked well as a team.
- The practice's infection control procedures did not always reflect published guidance.
- The practice had some systems to help them manage risk, but these were not always managed appropriately.
- The practice had safeguarding processes and staff knew their responsibilities for safeguarding adults and children. Improvements could be made to ensure staff had access to safeguarding policies.

- The practice had staff recruitment procedures in place, though improvements could be made to ensure they were followed suitably.
- Leadership and governance arrangements needed to be improved.
- Systems were not in place to assess, monitor and improve the quality of the service.

We identified regulations the provider was not meeting. They must:

- Ensure systems are in place to assess, monitor and improve the quality of the service such as undertaking regular audits of various aspects of the service and ensuring that where appropriate audits have documented learning points and the resulting improvements can be demonstrated.
- Ensure the practice establishes an effective system to assess, monitor and mitigate the various risks arising from undertaking of the regulated activities.

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

- Review the practice's protocols for the use of rubber dam for root canal treatment taking into account guidelines issued by the British Endodontic Society.
- 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.
- Review the practice protocol and ensure staff are aware of their responsibilities as per the Duty of candour under The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Review the practice's recruitment policy and procedures to ensure accurate, complete and detailed records are maintained for all staff.

After the inspection the provider sent us evidence of actions they were taking to implement the necessary improvements.

Full details of the regulations the provider was not meeting are at the end of this report.

# 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 practice had systems and processes to provide safe care and treatment. Improvements could be made to ensure staff learnt from incidents to help them improve.

Staff received training in safeguarding and knew how to recognise the signs of abuse, though improvements could be made in relation to improving staff's awareness of the practice's protocol for reporting incidents internally.

Staff were qualified for their roles. The practice had a recruitment process in place, but improvements could be made to ensure it was followed suitably in all cases.

The premises and equipment were clean and properly maintained. We observed that the practice had processes for cleaning, sterilising and storing dental instruments and but found these were not always in line with national guidance.

The practice had suitable arrangements for dealing with medical and other emergencies.

After the inspection the provider sent us evidence of actions they were taking to implement the necessary improvements.

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 being attentive, caring, clean, safe and professional. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

No action



### Are services caring?

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

No action



# Summary of findings

We received feedback about the practice from 22 people. Patients made positive comments about all aspects of the service the practice provided. They told us staff were caring, polite and professional. They said that they were given helpful and transparent explanations about dental treatment, and said their dentist listened to them. Patients commented that staff made them feel at ease, especially when they were anxious about visiting the dentist.

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. This included providing facilities for disabled patients and families with children. The practice did not have access to interpreter services, or arrangements to help patients with sight or hearing loss, but staff were aware of how they would support these patients as and when the need arose.

The practice took patients views seriously. They valued compliments from patients and had a system in place for responding to concerns and complaints. The practice had not received any complaints in the last 12 months.

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 clearly defined management structure and staff felt supported and appreciated.

The practice team kept complete patient dental care records which were clearly written or typed and stored securely.

The practice had arrangements to ensure the smooth running of the service, but some of these required improvement.

We found that there were no established systems to ensure that the practice team learned from serious incidents, and discussed the quality and safety of the care and treatment provided.

The practice did not have adequate arrangements for identifying, recording and managing risks through the use of risk assessments such as for the use of the Control Of Substances Hazardous to Health related products or handling of sharp instruments.

Requirements notice



# Summary of findings

Quality improvement measures such as audits on the suitability of X-rays and infection control had been undertaken; however, they hadn't been completed in line with published guidance. Some key policies were not available and others needed to be updated.

After the inspection the provider sent us evidence of actions they were taking to implement the necessary improvements.

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice did not have any policies or effective procedures for reporting, investigating, responding to or learning from accidents, incidents and significant events. Staff did not demonstrate an understanding of what would constitute a significant event. The practice had recorded accidents in a notebook, but they had not recorded actions taken against incidents such as injuries with contaminated instruments. There was a policy in place for managing inoculation injuries but there was no policy in place for managing other workplace related accidents.

We reviewed meeting minutes and found that there was no evidence to demonstrate any discussion of incidents amongst practice staff, to reduce risk and support future learning.

The principal dentist told us they received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) but they could not recall any alerts that they had recently received. There was no evidence to show that relevant alerts were discussed with staff, acted on and stored for future reference.

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

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. They knew about the signs and symptoms of abuse and neglect.

We saw evidence that all staff had received safeguarding training, but improvements could be made in relation to improving staff's awareness of the practice's protocol for reporting incidents internally.

The practice did not have any safeguarding policies in place to provide staff with information about identifying, reporting and dealing with suspected abuse within the practice though they did have protocols in place for reporting concerns to external organisations. The principal dentist ensured us shortly after the inspection that a policy for safeguarding adults and children had been put in place. The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The practice followed relevant safety laws when using needles and other sharp dental items, though they had not conducted a sharps risk assessment.

The dentists did not use rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. The principal dentist told us they attached dental floss to hand files (small instruments used clean and shape the root canal of teeth) in order to prevent them from being accidentally inhaled or swallowed.

The practice had a business continuity plan describing how the practice would deal with events which could disrupt the normal running of the practice. It referred to facilities to be contacted in an emergency but did not include contact details for them, with one exception.

### Medical emergencies

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

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order.

### Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. The policy reflected relevant legislation, though improvements could be made to ensure the policy was followed suitably especially in relation to seeking references for new staff.

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

### Monitoring health & safety and responding to risks

The practice's health and safety policy and risk assessments were up to date and covered general workplace and specific dental topics, but there was no documentation of any actions completed or reviewed since the risk assessments were conducted in November 2016, including for medium risks such as the absence of a fixed

# Are services safe?

electrical inspection safety certificate. The practice had conducted safety checks of electrical equipment and the principal dentist told us they felt that this mitigated the need for the fixed electrical safety certificate.

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

A dental nurse worked with the dentists, and also with the dental hygienist when the latter carried out extended complex treatments.

## Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. The policy was not comprehensive and contained outdated information such as for organisations that no longer existed. The policy did not follow guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health.

Staff completed infection prevention and control training every year.

The practice had some arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05; however, we observed that staff did not follow guidance when manually decontaminating and pouching instruments. The practice did not have a dedicated decontamination room; staff cleaned instruments in the surgeries and sterilised them in a separate room.

We noted that staff were not using personal protective equipment (PPE) such as an apron and face mask while cleaning instruments, and clean sterilised instruments were being pouched in the surgery's 'dirty' zone.

We observed several instruments being manually washed at the same time, instead of individually, and a thermometer was not used to check the temperature of the water. Instruments were manually cleaned in a shallow dish, instead of being submerged to minimise splashing and aerosols, and a disinfectant was not used.

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

After the inspection, the principal dentist told us they had arranged infection control training for all staff in May 2017.

The practice carried out an infection prevention and control audit only once a year instead of every six months in line with current recommendations. The latest audit had not been completed appropriately. For example, it had not identified which items/instruments were for single use only, or that the temperature of water used to manually clean instruments was not being checked with a thermometer. It had also not identified that staff were not using appropriate PPE when cleaning instruments. The audit did identify that contaminated instruments were not being kept moist before manual cleaning. The practice had not produced any action plan for improvements.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. Improvements could be made to ensure that actions from the assessment conducted in November 2016 were taken.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed this was usual.

## Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations.

The practice had suitable systems for prescribing, dispensing and storing medicines.

The practice stored and kept records of NHS prescriptions as described in current guidance.

## Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file. The radiation local rules though needed to be updated with the names of the practice's radiation protection officer and the radiation protection advisor.

We saw evidence that the dentists justified and reported on the X-rays they took.

The practice carried out X-ray audits every year of peri-apical radiographs but the audit did not conform to current guidance. For example, the practice had not analysed the data collected, and had not graded the radiographs.

## Are services safe?

The majority of clinical staff completed continuous professional development in respect of dental radiography;

we did not see evidence of radiation protection training for three dental nurses. Shortly after the inspection, we were sent evidence that two of the nurses had now completed this training.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

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.

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information.

### Health promotion & prevention

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

The dentists 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.

The dentists told us where applicable they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

### Staffing

Staff new to the practice had a period of induction based on a structured induction programme but the principal dentist told us this had not been recorded. We confirmed that clinical staff completed the continuous professional development required for their registration with the General Dental Council, though three dental nurses had not completed radiation protection training. Shortly after the inspection, we were sent evidence that two of the nurses had now completed this training..

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals for staff.

### Working with other services

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by the National Institute for Health and Care Excellence (NICE) in 2005 to help make sure patients were seen quickly by a specialist. The practice monitored urgent referrals 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 dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

The practice's consent policy did not include information about the Mental Capacity Act 2005. Improvements were required to ensure staff had an understanding of their responsibilities under the Act when treating adults who may not be able to make informed decisions. The policy also did not refer to Gillick competence and staff were not aware of 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.

We received feedback from 22 patients who commented positively that staff were caring, polite and professional. We saw that staff treated patients with a friendly demeanour and with respect, and were helpful towards patients at the reception desk and over the telephone.

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 if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

There were magazines and in the waiting areas, and information screens which included information about practice staff and treatments available.

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

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

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

The practice's website provided patients with information about the range of treatments available at the practice. These included general dentistry, treatments for gum disease and more complex treatment such as root canal treatment and extractions.

Each treatment room had a screen so the dentists could show patients photographs and X-ray images when they discussed treatment options.

# 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 or the following day. Patients told us 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. For example, for patients that used a wheelchair the practice used a wheelchair ramp to enable ease of access.

Staff described an example of a very nervous patient to whom they described giving constant reassurance and being friendly and approachable to ease any anxieties. They informed us that they called patients after complex treatments to check on their well-being.

### Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access, and an accessible toilet with hand rails.

Improvements could be made to ensure patients could be provided information in different formats and languages to meet individual patients' needs. Staff told us they had not yet needed interpreter or translation services.

### Access to the service

The practice displayed its opening hours in the premises, their information leaflet and on their website.

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day and ensured that patients were able to receive urgent treatment. The website and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed 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 had not received any verbal or written complaints in the last 12 months, but they had a process in place for managing them. The practice manager and dentist was responsible for dealing with complaints. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager 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 concern; this information was displayed in the waiting areas shortly after the inspection to ensure that patients were kept informed.

# Are services well-led?

## Our findings

### Governance arrangements

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service.

Staff knew the management arrangements, but we found that they were not always aware of their roles and responsibilities. For example, the role of fire marshal had been allocated to all staff, but the staff we spoke with were not aware of this. Some staff also did not demonstrate a good understanding of the Control Of Substances Hazardous to Health (COSHH) Regulations 2002, and the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013.

The practice did not have any practice safeguarding policies. The practice had a range of policies, procedures and risk assessments to support the management of the service and to protect patients and staff which included arrangements to monitor the quality of the service and make improvements. Several policies we checked needed to be reviewed and updated.

There was no evidence to show that actions from the Legionella, health and safety, and fire safety risk assessments had been completed; the principal dentist told us they had completed some actions but had not documented this.

We found that the infection control and radiography audits were not in line with national guidance, and the practice had not graded radiographs in line with current guidance. The practice had not conducted a sharps risk assessment. The practice had conducted infection control audits yearly, instead of every six months as per current guidance.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. Improvements could be made to ensure staff had also completed formal information governance training.

### Leadership, openness and transparency

Staff we spoke with were not aware of the Duty of Candour requirements.

Staff told us there was an open, no blame culture at the practice. They said the practice manager and principal dentist encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the practice manager and principal dentist were approachable, would listen to their concerns and act appropriately. The practice manager discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held meetings every three months where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information. We reviewed a sample of meeting minutes and found that improvements could be made to the structure and content of discussions and their documentation.

### Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, X-rays and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. Employed staff had annual appraisals.

An appraisal was outstanding for a member of staff; the principal dentist told us this was due in April 2017 and was in progress.

They discussed learning needs, general well-being and aims for future professional development.

The General Dental Council requires clinical staff to complete continuous professional development. We saw evidence that the majority of staff had completed key training, including basic life support, Ionising Radiation (Medical Exposure) Regulations 2000, infection control and safeguarding each year. We found, however, that three nurses had not completed radiation protection training (two of them completed this training shortly after the inspection), and no staff had completed Mental Capacity Act (2005) training. Staff told us the practice provided support and encouragement for them to do so.

# Are services well-led?

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

The practice used a comment box, feedback form and comments book to obtain patients' views about the service. They obtained feedback from staff during informal discussions and team meetings. We noted that patients had left positive feedback in the comments book.

Patients were encouraged to complete the NHS Friends and Family Test. This is a national programme to allow patients to provide feedback on NHS services they have used. The most recent results for March 2017 showed that out of 10 respondents, all were extremely likely or likely to recommend the practice.

## 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>The registered person did not have effective systems in place to ensure that the regulated activities at Days Lane 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><b>How the regulation was not being met:</b></p> <p>The provider failed to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activities.</p> <p>This was in relation to:</p> <ul style="list-style-type: none"><li>• policies not being appropriate;</li><li>• staff not always being aware of their responsibilities;</li><li>• audits that had not been conducted in line with current national guidance.</li></ul> <p>The provider failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.</p> <p>This was in relation to:</p> <ul style="list-style-type: none"><li>• the absence of a system for recording and learning from significant events.</li></ul> |

This section is primarily information for the provider

## Requirement notices

- an inadequate system for receiving, disseminating and actioning safety alerts;
- a lack of a comprehensive risk assessment for the control of substances hazardous to health (COSHH);
- the lack of a sharps risk assessment;
- a lack of robust decontamination processes.

### **Regulation 17(1)**