

Mr. Omran Abbas

# The Heathway Dental Surgery

## Inspection Report

The Heathway Dental Surgery  
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Dagenham  
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### Overall summary

We carried out this announced inspection on 19 October 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**

The Heathway Dental Surgery 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 first floor of a purpose adapted residential premises. The practice has two treatment rooms. The practice is conveniently located close to public transport links.

# Summary of findings

The dental team includes three associate dentists, two qualified dental nurses and two trainee dental nurses. The dental nurses cover receptionist duties.

The practice is owned by an individual who does not work at the practice. 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 29 patients via CQC comment cards and speaking with patients. This information gave us a positive view of the practice.

During the inspection we spoke the two associate dentists, one dental nurse and two 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 6pm on Mondays to Fridays. Private appointments are available by appointment on Saturdays.

The practice is closed between 1pm and 2pm for lunch.

## Our key findings were:

- The practice was clean and well maintained.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- 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 infection control procedures which reflected published guidance. However there were limited systems for quality assurance of these procedures in line with published guidance.

- Staff knew how to deal with emergencies. However some items of life-saving equipment as per current national guidelines were not available or were past their expiry date. The practice responded immediately to procure these pieces of 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.
- The practice leadership systems were not clear or effective.

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.

## 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 protocols for handling needles and other dental sharps taking into account the European Council Directive 2010/32/EU (the Sharps Directive) and other published guidance.
- 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.
- Review the training, learning and development needs of individual staff members at appropriate intervals and ensure an effective process is established for the on-going assessment, supervision and appraisal of all staff.

Following our inspection of the dental practice we were provided with some updated documents in relation to servicing equipment and some training records. We were also provided with details of the changes which the provider was implementing as a result of our findings.

We will review these changes when we next inspect the practice.

# 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 some systems and processes to provide safe care and treatment.

Staff knew how to recognise the signs of abuse and how to report concerns.

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

Premises were clean and properly maintained. The practice followed some national guidance for cleaning and sterilising dental instruments. Improvements were needed to ensure that dental instruments were stored in line with national guidance.

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

The practice had some arrangements in place for dealing with medical and other emergencies.

Improvements were needed to ensure that all of the equipment and medicines were available in line with national guidelines.

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 efficient and excellent. The dentists discussed treatment with patients so they could clearly understand and give informed consent. Patients said that their treatment was explained and that any questions in relation to treatment were answered.

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 there were effective systems to help them 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 29 patients. Patients were positive about all aspects of the service the practice provided. They told us staff were

No action



# Summary of findings

helpful, supportive and caring. They said that they were given detailed explanations about dental treatment and that questions in relation to their dental care and treatment were answered and they did not feel rushed to make decisions.

Patients commented that all staff made them feel at ease and comfortable, 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.

Improvements were needed so that an accessibility assessment was carried and reviewed regularly so that reasonable adjustments were made to the premises and facilities to meet patients' needs.

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 were some risk assessment and management systems in place, however there was a lack of clearly defined management structures which affected the day to day management of the practice. There were limited systems for monitoring various aspects of the service including the availability and appropriate maintenance of equipment.

Improvements were required to ensure the smooth running of the service. Policies and procedures

were not kept under review to ensure that they were practice specific and that staff understood and adhered to these.

There were limited arrangements for staff 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 policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process. The practice responded to all incidents, accidents and complaints to reduce risk and support learning.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Improvements were needed to ensure that relevant alerts were discussed with staff, acted on and stored for future reference. 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)

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. Information including the contact details for the local safeguarding team was accessible to staff. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. We saw evidence that some staff received safeguarding training. Improvements were needed to ensure that all staff undertook the appropriate level of training in respect of their roles and responsibilities.

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. 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 a safer sharps system was in place, 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

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

Improvements were needed to ensure that emergency equipment was available as described in recognised guidance. We found that the medical oxygen cylinder was past its expiry date. The practice did not have adult and child sized oxygen masks, a pocket mask, the range of recommended guedel airways or an ambu bag. The adult size pads for use with the Automated External Defibrillator (AED) were past their use by date and there were no paediatric pads available. These items were ordered on the day of the inspection and we were provided with evidence that they were delivered and available for use the same day.

The practice had available the range of emergency medicines in line with current guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order. We noted that medicines and equipment were within their expiry date and accessible on the day of the inspection.

### 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. These covered general workplace and specific dental topics. Risks associated with the premises and equipment were not reviewed or assessed regularly. There was a fire safety risk assessment and procedures for dealing with an outbreak of fire and the safe evacuation of people from the building. Fire safety equipment was checked regularly and serviced in line with current guidance and legislation. Regular evacuation procedures were carried out and any learning from these were shared with staff to help identify and minimise risks.

There were some arrangements to protect patients and staff from exposure to substances which may be hazardous to health such as cleaning and other materials. We noted that cleaning materials and other substances were stored securely and accessible to relevant staff. There was no risk assessment in place and information available in relation to chemical and other substances had not been reviewed to ensure that it related to all substances used at the practice.

The practice health and safety policies and procedures were not reviewed on a regular basis many had not been reviewed since 2013. A health and safety risk assessment was in place, which assessed risks associated with the practice premises and equipment. This assessment was not reviewed periodically and updated as required.

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 completed infection prevention and control training every year.

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 some of these arrangements. However we found a number of unpackaged dental instruments in both treatment rooms which were not stored or re-sterilised in line with current guidelines. We also found sterilised packaged dental instruments without an expiry date and some which were past their expiry date. Discussions with some staff revealed that they were unclear about the procedures for storing unpackaged dental instruments or for recording dates on packaged instruments.

Improvements were needed to ensure that cleaning and sterilising instruments was maintained in line with the manufacturers' guidance. The practice records made available to us showed that the last maintenance service check for the sterilising equipment had been carried out in 2013.

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. The practice had carried out an infection prevention and control audit in April 2017. There were some areas for improvement identified; however there was no action plan in place in relation to these. The previous audit was dated 2015.

The practice had some procedures to reduce the possibility of Legionella or other bacteria developing in the water systems. There were procedures for flushing and disinfecting dental waterlines. Improvements were needed to ensure that a Legionella risk assessment was in place to identify and minimise risks.

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**

The practice had suitable systems for handling and storing medicines.

# Are services safe?

Records showed that staff carried out daily checks for sterilising and other equipment. Improvements were needed to ensure that equipment including sterilising and X-ray equipment was serviced and had maintenance checks in line with the manufacturer's recommendations.

Improvements were needed to ensure that prescriptions were stored securely and their use monitored as described in current guidance.

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

We saw evidence that the dentists justified, graded and reported on the radiographs they took and this information was recorded in patient's dental records. Improvements were needed to ensure that the practice arrangements for the safety of the X-ray equipment and monitoring the quality of radiographs were in line with current radiation regulations.

Records made available to us showed that the X-ray equipment was not serviced in line with the manufacturer's recommendations. One of the two pieces of X-ray equipment had a service record dated 2009 and the service record for the second piece of equipment was dated 2011. The practice manager told us that a service and maintenance check was scheduled for 7 November 2017.

Radiography audits were not carried out in line with current guidance and legislation to monitor the quality of dental radiographs. Records showed that the most recent audit had been carried out in 2013.

There were no records available to show that clinical staff 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 dental team were 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 and the dentists carried out regular reviews to monitor treatment for effectiveness and outcomes for patients.

The 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 dental care records, which we viewed were detailed and included a complete record of the patient's oral assessment, diagnosis and proposed treatment.

### 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 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

The practice manager told us that staff new to the practice had 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.

Improvements were needed to ensure that clinical staff completed the continuous professional development

required for their registration with the General Dental Council. There was a lack of robust systems in place to review and monitor staff training to ensure that this was completed and any additional support was provided where needed.

Improvements were needed to ensure that staff undertook annual appraisals. We saw evidence of one completed appraisal. The practice manager told us that they were reviewing the arrangements for staff performance review and appraisal.

### Working with other services

The 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 information about the Mental Capacity Act 2005. The team had access to information and understood their responsibilities under the Act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence and the dentists who we spoke with were aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.



# 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. The practice had a range of policies in place to assist staff to understand and fulfil their roles in this area.

Patients commented positively that staff were friendly and caring. We saw that the receptionist treated patients with respect and was welcoming and helpful towards patients at the reception desk and over the telephone. Patients told us that receptionist and the staff team were helpful and understanding. They said that the whole staff team made patients feel welcome when they visited the practice.

Nervous patients said staff listened and helped put them at ease. A number of patients commented that the dental team were particularly supportive and understanding, helping them to feel comfortable when they visited the practice.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting area was open plan in design and the receptionist and staff

team were mindful when speaking with patients at the reception desk and on the telephone. The receptionist told us that should patients wish to discuss personal matters that they would be offered a room to do so in private.

There were a television 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. A number of patients commented that their dentist explained everything in detail and offered advice so that they could understand and be able to make decisions about their treatment.

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

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

The practice 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 and tooth coloured dental fillings.

# 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. A number of patients commented that they were always able to access appointments for dental emergencies.

Patients told us that the receptionist was helpful and accommodating in arranging appointments that met their needs. They also said that they had enough time during their appointment and did not feel rushed. A number of patients commented that appointments always ran on time and that they were rarely kept waiting beyond their appointment time. We noted that 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 carried out an assessment to review the needs of patients and this was kept under review to help staff assist patients who may require additional support.

### Promoting equality

The practice had some information to guide staff in assisting patients who needed extra support.

The practice was located on the first floor and the facilities were unsuitable to accommodate patients with wheelchairs. Improvements were needed so that an accessibility assessment was carried and reviewed regularly in line with current legislation and guidance to ensure that reasonable adjustments were made to the premises and facilities to meet patients' needs.

Staff working at the practice spoke a number of languages including Arabic, French and Romanian. They told us that they did not have access to interpreter/translation services.

### Access to the service

The practice displayed its opening hours in the premises and in their patient information leaflet.

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 patient information leaflet, 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 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 information leaflet explained how to make a complaint. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns. This information including contact details of these organisations was included in the patient complaints leaflet.

The practice manager was responsible for dealing with these. 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 would invite patients to speak with them in person to discuss these to resolve issues where possible. They told us that the outcomes from any complaints received and learning arising from these would be shared with staff to make improvements where needed.

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

# Are services well-led?

## Our findings

### Governance arrangements

The principal dentist and practice owner, who did not work at the practice, had responsibility for the management and clinical leadership of the practice. One of the associate dentists had very recently taken over the responsibility for the day to day running of the service. Some staff were unclear about the management arrangements such as lead roles and oversight for areas including safeguarding and radiation protection.

The practice had some policies and procedures to support the management of the service and to protect patients and staff. These had been recently introduced and were not bespoke to the practice and some staff were unclear about these procedures, including infection control arrangements.

There were some systems for assessing risks within the practice. These systems could be further strengthened by developing action plans where needed to maintain and improve quality and safety within the practice.

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

### Leadership, openness and transparency

Staff were 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 there was an open, no blame culture at the practice. They said they were encouraged 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 was approachable, would listen to their concerns and act appropriately.

There were limited meetings or other ways of communicating information and some staff were unaware of which members of staff held lead roles for areas such as safeguarding.

### Learning and improvement

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

The dentist and the practice manager who we spoke with showed a commitment to reviewing the systems in place to make improvements.

Staff told us that the practice valued the contributions made to the team by individual members of staff. 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 used a comments and suggestions box to obtain patients' views about the service. Where provided, comments and suggestions were used to assess patient's satisfaction and to make improvements as needed.

The practice was not signed up to participate in the Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used. The practice manager told us that they were considering this as a way to gain patient feedback.

## 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>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> <p>Audits were not carried in line with current guidance and legislation out to ensure the quality of grading, justification and reporting in relation to dental radiographs.</p> <p>Audits were not carried out in line with current guidance and legislation to ensure that infection control procedures were appropriately understood and followed.</p> <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>

This section is primarily information for the provider

## Requirement notices

There was a lack of arrangements for ensuring that equipment was serviced and maintained in line with the manufacturers' recommendations.

There was a lack of systems in place for ensuring that risk assessments including those in relation to Legionella were carried out.

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

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