

Ms. Maria Moradi

# Wood Street Dental Practice

## Inspection Report

176 Wood Street  
Walthamstow  
London  
E17 3HX  
Tel: 020 8509 0055  
Website: NA

Date of inspection visit: 8 November 2017  
Date of publication: 01/12/2017

### Overall summary

We carried out this announced inspection on 8 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**

Wood Street Dental Practice is located in Walthamstow, in the London Borough of Waltham Forest. 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 leased premises. The practice has three treatment rooms. The practice is conveniently located close to public transport links.

# Summary of findings

The dental team includes the principal dentist and associate dentist, one qualified dental nurse, one trainee dental nurse 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 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 principal dentist and the associate dentist, both dental nurses 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 5pm on Mondays to Thursdays and between 9am and 1pm on 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 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 knew how to deal with emergencies. Some items of life-saving equipment and medicines as per current national guidelines were however 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. 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.

## 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 arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies, such as Public Health England (PHE).
- 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 systems for checking and monitoring electrical 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.
- Review the practice's protocols for recording in the patients' dental care records or elsewhere the reason for taking the X-ray and quality of the X-ray ensuring compliance with the Ionising Radiation (Medical Exposure) Regulations (IRMER) 2000.

# Summary of findings

- 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.

# 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 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. Improvements were also 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 exceptional, thorough 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



# Summary of findings

## 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 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 relaxed, 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.

No action



## 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 clearly defined management structure, but the lack of robust risk assessment and management systems affected the day to day management of the practice. The practice had limited arrangements to ensure the smooth running of the service.

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.

Requirements notice



# Summary of findings

The practice did not monitor clinical areas of their working effectively to help them improve and learn. Improvements were needed to ensure that infection control and radiography audits were carried out in line with national guidance

# 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 knew unclear about their role in the process.

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)

The practice had some safeguarding policies and procedures with information about identifying, reporting and dealing with suspected abuse. Improvements were needed to ensure that these were up to date and in line with current guidance and legislation.

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. 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 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. Improvements could be made to ensure it was reviewed since it had not been updated since 2011.

### Medical emergencies

All staff at the practice had completed training in emergency resuscitation and basic life support on 30 October 2017. The previous training had been completed in 2015. Improvements were needed to ensure that staff knew what emergency medicines and equipment should be available and their use in line with recognised guidance. We found that the battery for the Automated External Defibrillator (AED) had been incorrectly inserted so that it was not charging.

Improvements were needed to ensure that emergency equipment and medicines were available as described in recognised guidance. A number of medicines and equipment items were unavailable including Glucagon, dispersible Aspirin, self-inflating bag with reservoir (adult and child), adhesive paediatric AED pads, syringes and needles.

These items were noted as absent following the training event on 30 October 2017 and had been ordered on 6 November 2017. Following discussion with the principal dentist they arranged for the order to be delivered urgently and we were provided with evidence that they were delivered and available for use the following day.

### 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 three members of staff. These showed the practice followed their recruitment procedure and maintained accurate and up to

# Are services safe?

date records. All required checks including evidence of identity, skills and qualifications and employment references, where appropriate; and interviews were carried out.

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

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

There were arrangements to protect patients and staff from exposure to substances which may be hazardous to health such as cleaning and other materials. A risk assessment was in place and detailed information was available in relation to chemical and other substances used at the practice. Staff had access to information on how to deal with accidental exposure to harmful substances and materials. We noted that cleaning materials and other substances were stored securely and accessible to relevant staff.

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

Risks associated with the premises and equipment were not reviewed or assessed regularly. There was no fire safety risk assessment in place and limited procedures for dealing with an outbreak of fire and the safe evacuation of people from the building. Fire safety equipment was serviced in line with current guidance and legislation, however there were limited checks carried out on fire exits, alarms systems and fire extinguishers and there was no fire safety log maintained.

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. A health and safety risk assessment had been recently undertaken by an external company which identified a number of areas for improvement including assessing and minimising risks in relation to fire safety, equipment and electrical installations.

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. The principal dentist confirmed that the last infection control audit had been carried out in 2012.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems. A Legionella risk assessment was in place and there were procedures for flushing and disinfecting dental waterlines and monitoring hot and cold water temperatures to minimise these 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**

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 chair units.



# 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 and monitoring the quality of radiographs were in line with current radiation regulations.

Records were not available to demonstrate that the X-ray equipment was serviced in line with the manufacturer's recommendations.

Dental records showed that the dentists did not record the justification, grade or report on the dental radiographs they took.

Radiography audits were not carried out in line with current guidance and legislation to monitor the quality of dental radiographs. There were no audits available and the principal dentist confirmed that no audits had been carried out in recent years.

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 practice kept dental care records containing information about the patients' current dental needs, past treatment and medical histories. The content and detail contained within these records varied and some records did not demonstrate that the dentists recorded the necessary information.

### 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

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.

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 two completed appraisals.

### Working with other services

The dentists 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

# Are services effective?

(for example, treatment is effective)

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 policies in place to assist staff to understand and fulfil their roles in this area.

Patients commented positively that staff were friendly, kind and welcoming. 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 understanding and calming, helping them to feel relaxed 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 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. 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 dentists 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 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 and routine treatments.

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 systems in place to review the needs of patients. The practice was located on the ground floor and had disabled access toilet facilities available.

Staff working at the practice spoke a number of languages including Danish, Swedish, Kurdish, Lithuanian and Portuguese.

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

### Access to the service

The practice displayed its opening hours in the premises.

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 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 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 were told that the practice received no complaints within the previous 12 months.

# 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 clear about the management arrangements

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 kept under review so that they were accurate, up to date and reflected current guidance and legislation.

The majority of the practice policies had not been reviewed or updated for a number of years.

There were some systems for assessing risks within the practice. Improvements were needed to ensure that risks were suitably identified and mitigated.

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 dental radiography and infection prevention and control were not carried out in line with current legislation and guidance.

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.

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

### **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. We reviewed the results of the most recent surveys and these showed that 100% of patients who participated were either 'extremely likely' or 'likely' to recommend the dental practice to their family and friends.

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 HSCA (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><b>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.</b></p> <p>In particular:</p> <ul style="list-style-type: none"><li>• Audits were not carried 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>

## Requirement notices

In particular:

- There was lack of arrangements for dealing with medical emergencies to ensure that the recommended medicines and equipment were available to staff.
- There was a lack of arrangements for assessing and managing risks in relation to fire, equipment and electrical installations.
- There was a lack of systems for ensuring that staff were suitably trained and supported in relation to their roles and responsibilities, in particular in relation to safeguarding adults and children, radiography and dealing with medical emergencies.

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