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# Wembley Dental Centre

## Inspection report

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### Overall summary

We carried out this announced comprehensive inspection on 3 November 2023 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 practice 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 advisor.

To get to the heart of patients' experiences of care and treatment, we always ask the following 5 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:

- The dental clinic appeared clean and well-maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to manage risks for patients, staff, equipment and the premises.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Improvements were needed to the practice's recruitment procedures to ensure accurate, complete and detailed records were maintained for all staff.

# Summary of findings

- Improvements were needed to the clinician`s knowledge and understanding of evidence-based practice, including guidance published by the National Institute for Health and Care Excellence and the concept of Gillick competence.
- Improvements were needed to ensure patient care records included accurate details of the care and treatment provided.
- Patients were treated with dignity and respect. Staff took care to protect patients` privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- Improvements were needed to ensure the practice adopted an individual risk-based approach to patient recalls to effectively respond to patients` needs.
- Staff felt involved, supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The practice had information governance arrangements.

## Background

Wembley Dental Centre is in Wembley, in the London Borough of Brent and provides NHS and private dental care and treatment for adults and children.

There is step free access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes the principal dentist, 1 associate dentist, 1 foundation training dentist, 2 qualified dental nurses, 1 trainee dental nurse and a practice manager. The practice has 3 treatment rooms.

During the inspection we spoke with the principal dentist, the associate dentist, 1 dental nurse, the receptionist and the practice manager. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday to Friday from 9.00am to 5.30pm.

There were areas where the provider could make improvements. They should:

- Improve the practice's recruitment policy and procedures to ensure accurate, complete and detailed records are maintained for all staff.
- Take action to ensure the clinicians adopt an individual risk-based approach to patient recalls taking into account the National Institute for Health and Care Excellence guidelines.
- Take action to ensure the clinicians carry out patient assessments and ensure they are in compliance with current legislation and take into account relevant nationally recognised evidence-based guidance.
- Take action to ensure the clinicians take into account the guidance provided by the College of General Dentistry when completing dental care records.

# Summary of findings

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

We always ask the following five questions of services.

<b>Are services safe?</b>	<b>No action</b> ✓
<b>Are services effective?</b>	<b>No action</b> ✓
<b>Are services caring?</b>	<b>No action</b> ✓
<b>Are services responsive to people's needs?</b>	<b>No action</b> ✓
<b>Are services well-led?</b>	<b>No action</b> ✓

# Are services safe?

## Our findings

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

### **Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)**

The practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.

The practice had infection control procedures which reflected published guidance.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The practice appeared clean and there was an effective schedule in place to ensure it was kept clean.

The practice had a recruitment policy to help them employ suitable staff, including agency or locum staff. Improvements were needed to the practice's recruitment procedures to ensure it reflected relevant legislation. We looked at 8 staff records. We noted that 3 members of staff did not have the required Disclosure and Barring Service (DBS) checks on record. There was no evidence that the provider had undertaken checks of satisfactory conduct in previous employment for 2 members of staff. Two members of clinical staff did not have evidence of antibody blood tests to indicate their immunity to Hepatitis B. Following the inspection, the provider told us that they had applied for the missing DBS checks and also made arrangements to complete the missing Hepatitis B antibody blood tests.

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

The practice ensured equipment was safe to use, maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations.

A fire safety risk assessment was carried out in line with the legal requirements. We saw evidence that the fire safety equipment was serviced regularly, and fire drills were being carried out. Improvements could be made to the effectiveness of periodic in-house smoke detector tests to ensure expired batteries were identified and replaced promptly. Following the inspection, the provider told us that the battery that was not working on the day of inspection had been replaced.

The practice had some arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available. We noted that the routine survey report dated 5 June 2023 stated that the measured entrance dose for adults and child mandibular molar was found to be greater than the National Diagnostic reference Levels and the practice should consult their Medical Physics Expert (MPE) to determine a suitable reduction in exposure settings. The provider could not demonstrate that they had discussed the finding with their MPE. Following the inspection, the provider told us they had now contacted their Radiation Protection Advisor (RPA), who was also their MPE, for advice.

### **Risks to patients**

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety and sepsis awareness.

Emergency equipment and medicines were available and checked in accordance with national guidance.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year.

# Are services safe?

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health.

## **Information to deliver safe care and treatment**

Patient care records were legible and kept securely and complied with General Data Protection Regulation requirements.

The practice had systems for referring patients with suspected oral cancer under the national 2-week wait arrangements.

## **Safe and appropriate use of medicines**

The practice had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were carried out. Improvements could be made to the quality of the audit to ensure it reflected the most recent relevant guidance published by the College of Dentistry.

## **Track record on safety, and lessons learned and improvements**

The practice had systems to review and investigate incidents and accidents. The practice had a system for receiving and acting on safety alerts.

# Are services effective?

(for example, treatment is effective)

## Our findings

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

### **Effective needs assessment, care and treatment**

The practice had some systems to keep dental professionals up to date with current evidence-based practice. Improvements were needed to the clinician's knowledge and understanding of evidence-based practice, including guidance published by the National Institute for Health and Care Excellence, awareness of consent to treatment for people aged under 16 (Gillick competence) and the management of periodontal patients in line with the guidance published by the British Periodontal Society. Following the inspection, the provider told us that the relevant guidance documents had been shared with clinicians.

### **Helping patients to live healthier lives**

The practice provided preventive care and supported patients to ensure better oral health.

### **Consent to care and treatment**

Staff obtained patients' consent to care and treatment in line with legislation and guidance. They understood their responsibilities under the Mental Capacity Act 2005.

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

### **Monitoring care and treatment**

The practice kept digital patient care records. Improvements were needed to ensure clinicians took into account the guidance provided by the College of General Dentistry when completing dental care records and kept accurate and detailed records, including details of basic periodontal examination (BPE), risk assessments, treatment options discussed and radiographic reports.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients living with dementia or adults and children with a learning disability.

The practice carried out radiography audits 6-monthly following current guidance. However, improvements could be made to the sample size of radiographs included in these audits. In addition, improvements were needed to ensure dentists justified, graded and reported on the radiographs they took.

### **Effective staffing**

Staff had the skills, knowledge and experience to carry out their roles.

Newly appointed staff had a structured induction and clinical staff completed continuing professional development required for their registration with the General Dental Council.

### **Co-ordinating care and treatment**

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The dentists confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide.

# Are services caring?

## Our findings

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

### **Kindness, respect and compassion**

Staff were aware of their responsibility to respect people's diversity and human rights.

Patient we spoke with told us they were satisfied with the care they received.

Staff were compassionate and understanding when patients were in pain, distress or discomfort.

### **Privacy and dignity**

Staff were aware of the importance of privacy and confidentiality.

The practice had installed closed-circuit television to improve security for patients and staff. Relevant policies and protocols were in place.

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

### **Involving people in decisions about care and treatment**

Staff helped patients to be involved in decisions about their care and gave patients clear information to help them make informed choices about their treatment.

The practice's information leaflet provided patients with information about the range of treatments available at the practice.

The dentist explained the methods they used to help patients understand their treatment options. These included for example study models and X-ray images.

# Are services responsive to people's needs?

## Our findings

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

### **Responding to and meeting people's needs**

The practice organised and delivered services to meet patients' needs and preferences.

Staff were clear about the importance of providing emotional support to patients when delivering care.

The practice had made reasonable adjustments, including level access for patients with access requirements. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

### **Timely access to services**

The practice displayed its opening hours and provided information on their patient information leaflet.

Patients could access care and treatment from the practice within an acceptable timescale for their needs. The practice had an appointment system to respond to patients' needs. Patients had enough time during their appointment and did not feel rushed. Improvements were needed to ensure the frequency of appointments was agreed between the dentist and the patient based on a risk assessment, giving due regard to NICE guidelines.

The practice's information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

Patients who needed an urgent appointment were offered one in a timely manner. Patients with the most urgent needs had their care and treatment prioritised.

### **Listening and learning from concerns and complaints**

The practice responded to concerns and complaints appropriately. Staff discussed outcomes to share learning and improve the service.



# Are services well-led?

## Our findings

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

### **Leadership capacity and capability**

The practice staff demonstrated a transparent and open culture in relation to people's safety.

Some systems and processes were embedded, and staff worked together in such a way that when the inspection highlighted any omissions, the majority were noted and acted upon immediately.

The information and evidence presented during the inspection process was clear and well documented.

### **Culture**

We found that the provider had the capacity, values and commitment to deliver high quality services.

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

Staff discussed their training needs during annual appraisals and 1 to 1 meetings. They also discussed learning needs, general wellbeing and aims for future professional development.

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals.

### **Governance and management**

Staff had clear responsibilities, roles and systems of accountability to support good governance and management.

The practice had a governance system which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

We saw there were clear and effective processes for managing risks, issues and performance.

### **Appropriate and accurate information**

Staff acted on appropriate and accurate information.

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

### **Engagement with patients, the public, staff and external partners**

Staff gathered feedback from patients and the public and demonstrated a commitment to acting on feedback.

Feedback from staff was obtained through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on where appropriate.

### **Continuous improvement and innovation**

The practice had some systems and processes for learning, quality assurance, continuous improvement. These included audits of patient care records, disability access, radiographs, antimicrobial prescribing, and infection prevention and control. Improvements could be made to ensure these audits included detailed and meaningful action plans to drive improvements.