

# Leong & Motlagh Dental Practice

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection of this service on 30 April 2015 as part of our regulatory functions, where a breach of legal requirements was found. After the comprehensive inspection, the practice wrote to us to say what they would do to meet the legal requirements in relation to the breach.

We followed up on our inspection of 30 April 2015 to check that they had followed their plan and to confirm that they now met the legal requirements. This report

only covers our findings in relation to those requirements. We have not revisited Leong & Motlagh Dental Practice as part of this review because The Dental Practice was able to demonstrate that they were meeting the standards without the need for a visit.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Leong & Motlagh Dental Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

# 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 well-led?**

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

The focused inspection concentrated on the key question of whether or not the practice was well-led. We found that this practice was now providing well-led care in accordance with the relevant regulations by establishing an effective system to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors. Systems had been set up to seek and act on feedback from patients and staff for the purposes of continually evaluating and improving services

At our previous inspection we found the practice had not carried out an assessment of risks relating to the health, safety and welfare of patients, staff and visitors to the premises. The practice sent us evidence for our review showing that they had undertaken a Health and Safety self-assessment audit, an infection prevention and control audit and had introduced a formal checklist to monitor and check cleaning undertaken in the practice. Furthermore they were intending to identify two members of staff to take responsibility for carrying out regular future inspection and report the findings to the co- principal dentists.

At our previous inspection we also found that the practice did not have a formal process in place to record patient feedback, nor was there a system in place to act upon suggestions received from patients.

The practice sent us evidence for our review showing that they had completed a patient satisfaction audit using a well recognised audit template. The practice was also in the process of setting up a practice website which will set out the process seeking patient feedback. We were also advised that the practice will be repeating the audit on a regular basis to assess patient satisfaction and seek ways to introduce improvements as appropriate.

# Dental Practice

## Detailed findings

### Background to this inspection

This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We carried out a review of this service on 07 January 2016. This review was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 30 April 2015 had been made.

We reviewed the practice against one of the five questions we ask about services: is the service well - led? This is because the service was not previously meeting one of the legal requirements.

At the previous, comprehensive inspection on 30 April 2015 we found that the practice was not well-led because the practice did not have an effective system to assess, monitor

and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors. The practice did not seek and act on feedback from patients and staff for the purposes of continually evaluating and improving services.

The review was led by a CQC inspector who had access to remote advice from a dental specialist advisor.

During our review, we spoke with the co-principal dentists and checked that the provider's action plan had been implemented. We reviewed a range of documents including:

- The infection prevention and control audit undertaken 2015
- The Health and Safety self-assessment audit undertaken 2015
- The template for monitoring and checking cleaning undertaken in the practice
- The patient satisfaction audit undertaken 2015
- Supporting policies
- Staff meeting agendas and minutes

# Are services well-led?

## Our findings

At our previous inspection on 30 April 2015, we found that the practice did not have effective systems in place to assess, monitor and improve the quality and safety of the services provided.

As part of our review on 07 January 2016, the provider sent us evidence for our review showing that they had undertaken a comprehensive Health and Safety Self-assessment Audit in 2015 which covered a range of areas of assessment which they had met, but which had identified the need to undertake an audit of the quality of radiographs. All clinicians had been advised of the need to action on an ongoing basis.

Our findings also identified that there was the need to implement a documented process for identifying, investigating and learning from incidents relating to the safety of patients and staff members. The principal dentists gave us assurance that any incidents arising and learning from these would be shared with staff either immediately depending on the severity of the incident or at the next staff meeting and when any resulting change in practice was introduced. Specifically they made reference to a needle stick injury that had occurred recently and as a result they had introduced safety syringes.

The practice also sent us evidence that they had undertaken an infection prevention and control audit and were intending to identify two members of staff to take responsibility for carrying out regular future inspections and report the findings to the co-principals who would assume overall responsibility for ensuring this is done.

As part of our inspection on 30 April 2015 we also identified the practice did not have effective systems in place to regularly seek and act on feedback from patients and staff for the purposes of continually evaluating and improving the service provided.

The practice sent us evidence for our review showing that they had completed a randomised patient satisfaction audit of 50 patients using a well-recognised audit tool. We were advised that only one complaint had been received in the past. Following the audit, a copy of the complaints procedure was now displayed on the notice board in the waiting room and in reception. The practice now had posters and a suggestion box in the waiting room as well. Staff were encouraged to raise patient awareness of these,

as the findings from the audit demonstrated that just over half the patients who responded did not know about the complaints procedure although this information was contained in the practice leaflet copies of which we were told were displayed at the reception.

The practice also advised they were in the process of setting up a practice website which will outline the process for raising a complaint and actively seek patient feedback. Furthermore the principal dentists advised they will be repeating audit on a regular basis to assess ongoing patient satisfaction and evaluate areas in which to improve service provision.

The practice also assured us that they had undertaken a number of other improvements following our inspection:

The practice had reviewed the practice's protocols and procedures for promoting the maintenance of good oral health giving due regard to guidelines issued by the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention', and ensure accurate and contemporaneous clinical patient records are always maintained.

We were advised the practice had recently introduced an electronic patient record system which supported the recording of accurate and contemporaneous clinical patient notes, ensuring that these records are always maintained and allowed for the recording of any health promotion activity undertaken when applicable, along with the provision of diet sheets and NHS smoking cessation cards for patients as required.

They also advised of their intention to obtain more patient information leaflets for various dental procedures to suit a range of client users.

We were told the electronic patient record system also supported the recording of reasons for taking radiographs, the results and their quality and any new or temporary staff working at the practice would be made aware of the system. We were also advised of their intention to undertake a record keeping audit in the near future which as for all other audits undertaken, would be discussed with the whole practice team, to ensure learning is shared and necessary improvements implemented

The co-principal dentists advised that since our inspection they had both attended a formal training event on the

## Are services well-led?

Mental Capacity Act (MCA) and a copy of the lecture notes had been circulated amongst all the members of staff to ensure they are all aware of their responsibilities in relation to the MCA; this had also been discussed at staff meetings.

As a result of the training the practice now ensured clinicians seek formal consent prior to any dental treatment undertaken and have introduced a consent form for all patients to sign; furthermore they advised they will be getting electronic signature pads for the recently introduced electronic patient record system computer system to facilitate the process.

The principal dentists also advised they were in the process of sourcing safe guarding adults and safe guarding children's and other relevant training for all staff.

In summary, following our review on the 7 January 2016 we were given assurances that the practice had taken action to ensure that the practice was well-led because the practice now had effective systems in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and to seek and act on feedback from patients and staff for the purposes of continually evaluating and improving services.