

Mrs. Tasleem Ahmed

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## Inspection report

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### Overall summary

We carried out this announced focused inspection on Mrs Tasleem Ahmed on 27 July 2022 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 adviser.

To get to the heart of patients' experiences of care and treatment, we usually ask five key questions; however, due to the ongoing COVID-19 pandemic and to reduce time spent on site, only the following three questions were asked:

- Is it safe?
- Is it effective?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

- The dental clinic was visibly 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 help them manage risk to patients and staff.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which reflected current legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines.

# Summary of findings

- Staff provided preventive care and supported patients to ensure better oral health.
- There was effective leadership and a culture of continuous improvement.
- Staff felt involved and 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 dental clinic had information governance arrangements.

## Background

Mrs Tasleem Ahmed is a dental practice in the north east London Borough of Redbridge. They provide private dental care and treatment for adults and children.

The practice has two treatment rooms. There is step free access to the practice for people who use wheelchairs and those with pushchairs. There is free car parking available at the rear of the practice and on surrounding streets.

The dental team includes the principal dentist, a visiting specialist in oral surgery, five associate dentists, a locum hygienist, four qualified dental nurses and three receptionist staff. They are also supported by two locum dental nurses to cover absences and staff shortfalls. A visiting doctor is employed to carry out intravenous sedation.

During the inspection we spoke with the principal dentist, the lead dental nurse and one of the receptionists. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open Monday to Friday 9am to 5pm and Saturday 9am to 2pm.

Outside of these hours, patients are advised to contact the emergency mobile or NHS 111 for emergency care and treatment.

There was an area where the provider could make improvements. They should:

- 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 asked the following question(s).

Are services safe?	No action	✓
Are services effective?	No action	✓
Are services well-led?	No action	✓

# 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 introduced additional procedures in relation to COVID-19 in accordance with 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.

We saw the practice was visibly clean and there was an effective cleaning schedule to ensure the practice was kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation.

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

The visiting doctor who undertook intravenous sedation was registered with the General Medical Council and their medical protection covered the delivery of anaesthesia.

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

A fire risk assessment was carried out in line with the legal requirements and the management of fire safety was effective.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available.

### **Risks to patients**

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

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. Immediate Life Support training with airway management for staff providing treatment to patients under sedation was also completed.

The practice had risk assessments to minimise the risk that could be caused from control substances that are hazardous to health (COSHH). Safety data sheets were also accessible to all staff.

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

Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

# Are services safe?

The practice had effective systems for referring and managing patients with suspected oral cancer under the national two-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.

The practice dispensed antimicrobials and we saw that the provider had processes in place to minimise the risk of improper use, accessed by authorised persons only and that they remained in date.

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

The practice had implemented systems for reviewing and investigating 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 systems to keep dental professionals up to date with current evidence-based practice.

The practice offered conscious sedation for patients. The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training. We noted that the practice maintained COSHH records for the nitrous oxide used for inhalation sedation.

We saw the provision of dental implants was in accordance with national guidance.

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

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

Staff supported patients to live healthier lives, for example, they gave diet and oral hygiene advice. They also directed patients to social prescribing schemes when appropriate.

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

Staff obtained patients' consent to care and treatment in line with legislation and guidance.

Staff understood their responsibilities under the Mental Capacity Act 2005.

Staff described and gave examples 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**

Clinical staff kept detailed dental care records in line with recognised guidance. However, we found instances where clinical staff did not always record that they had risk assessed patients' tooth wear status. We raised this with the management team who told us that this omission would be addressed.

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

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits six-monthly following current guidance and legislation.

### **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 effective?

(for example, treatment is effective)

The practice was a referral clinic for dental procedures under sedation and we saw staff monitored and ensured the dentists were aware of all incoming referrals.

# 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 demonstrated a transparent and open culture in relation to people's safety.

There was strong leadership and emphasis on continually striving to improve.

Systems and processes were embedded, and staff worked together in such a way that the inspection did not highlight any issues or omissions.

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

We saw the practice had effective processes to support and develop staff with additional roles and responsibilities.

### **Culture**

The practice could show how they ensured high-quality sustainable services and demonstrated improvements over time.

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 clinical supervision. 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 system of clinical governance in place 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 these in protecting patients' personal information.

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

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

The practice gathered feedback from staff 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.

The provider used patient surveys and encouraged verbal comments to obtain staff and patients' views about the service. For example, we looked at the results of the internal patient feedback survey carried out for the month of December 2021.



# Are services well-led?

It showed that 100% of patients were happy with the standard of care received. Similarly, summarised results obtained for April to June 2022 showed that the 17 respondents were 'extremely likely' to recommend the practice to friends and family if they needed similar care or treatment. We saw that the provider kept records of individual feedback in a folder where prospective patients could review feedback left for individual dentists.

We saw that the practice responded to concerns and complaints appropriately and discussed outcomes with staff to share learning and improve the service.

## **Continuous improvement and innovation**

The practice had systems and processes for learning, continuous improvement and innovation. For example, the provider showed how they had pooled resources with other dental practices to form a support and network group; this included the formation of a locum pool of clinical and non-clinical staff to cover absences.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, disability access, radiographs and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.

There was evidence to demonstrate that clinical staff with special interests in dental implants and endodontics, maintained competency by undertaking training courses, attendance at conferences and networking.