

Mazdak Eyrumlu and Azad Eyrumlu Walworth Rd Dental Care

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection of this service on 19 June 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 carried out a follow-up inspection on 7 June 2016 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 revisited Walworth Road Dental Care as part of this review.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Walworth Road Dental Care on our website at 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 responsive to people's needs?

At the previous inspection we found patients were not always able to contact the practice by telephone to schedule appointments. Staff told us the practice did not always schedule enough time to undertake an assessment of each patient's needs. They also told us they sometimes felt rushed or under pressure to complete patients' appointments quickly in order to see other patients who were waiting for treatment.

We carried out an inspection on the 7 June 2016 and found action had been taken to ensure patients could contact the practice to make appointments. Staff told us the practice always scheduled enough time to ensure an assessment of patients' needs could be undertaken.

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

Are services well-led?

At our previous inspection we had found that the practice had not established an effective system to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors. They had also not ensured that their audit, risk assessment and governance systems were effective.

We carried out an inspection on the 7 June 2016. Action had been taken to ensure that the practice was well-led because there were now effective system to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors. The providers had now ensured that their audit, risk assessment and governance systems were effective.

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

Walworth Rd Dental Care

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 an inspection of this service on 7 June 2016.

This inspection was carried out to check that improvements to meet legal requirements planned by the

practice after our comprehensive inspection on 19 June 2015 had been made. We reviewed the practice against two of the five questions we ask about services: is the service responsive and well-led?

The inspection was led by a CQC inspector who was accompanied by a dental specialist advisor. During our inspection visit, we checked that the provider's action plan had been implemented by looking at a range of documents such as risk assessments, audits, staff records, maintenance records and policies. We also spoke with staff and carried out a tour of the premises.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice had a system in place to schedule enough time to assess and meet patients' needs. There were 13 staff working on the day of the inspection and we spoke with 10 staff members. Staff told us there was enough time to treat patients, and that patients could generally book an appointment in good time to see a dentist.

We reviewed staff rotas and found that the number of staff members who worked on the reception desk had been increased since the last inspection to reduce the amount of time patients were waiting to be seen.

Concerns & complaints

The practice had effective arrangements in place for handling complaints and concerns. There was a complaints policy, and information for patients about how to complain was available in the reception area. The policy had last been reviewed in 2016. There had been two complaints logged since the last inspection. Both had been logged, acknowledged and responded to in line with the policy. The policy included contact details of two external organisations that patients could contact if they were not happy with the practice's response.

Are services well-led?

Our findings

Governance arrangements

The provider had governance arrangements in place for the effective management of the service. This included having a range of policies and procedures in place including whistleblowing, employment and infection control. There was a management structure in place with identified leads on specific roles such as on infection control and safeguarding. Staff told us they felt supported and were clear about their areas of responsibility. Staff told us meetings were held to discuss issues in the practice and update on things affecting the practice. We saw notes of meetings that confirmed this. For example there was a discussion about approaches to answering the phone at the February 2016 meeting.

The quality audits undertaken at the practice included infection control, dental records and radiography audits.

Leadership, openness and transparency

Staff we spoke with said they felt the practice manager was open and transparent. Staff told us they were comfortable about raising concerns with the practice manager. They felt they were listened to and responded to when they did so. They described the culture encouraged candour, openness and honesty.

Management lead through learning and improvement

The practice manager told us, following concerns about waiting times expressed in the last report, there were

always two member of staff on the reception desk to ensure patients could be seen at reception and phones answered in a timely manner. The staff we spoke with and staff rotas we saw confirmed this.

We saw that the practice audited areas of their practice as part of a system of continuous improvement and learning. This included clinical audits such as infection control and radiography. For example we saw that a washer disinfectant was brought into use following a November 2015 infection control audit that highlighted steps that could be taken for the practice to meet best practice guidance.

Practice seeks and acts on feedback from its patients, the public and staff

The practice had gathered feedback from patients through their own surveys. They had also responded to comments patients made on the NHS choices website. For example there had been 15 comments made on the NHS choices website about the service since the last inspection. The comments were a mix of positive and negative comments, with the majority of comments made in 2016 being positive. The practice manager had responded to all the comments made.

We also reviewed the provider's own feedback forms for the period January to May 2016. The survey asked for feedback on issues such as time spent waiting the phone and the cleanliness of the practice. The majority of patients that responded to the survey were positive about the service they were receiving.