

# Mazdak Eyrumlu and Azad Eyrumlu Kennington Dental Care

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 25 August 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

#### **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 providing well-led care in accordance with the relevant regulations and improvements are required.

Kennington Dental Care is located in the London Borough of Lambeth and provides mainly NHS dental services but has a small number of private patients. The demographics of the practice was mixed, serving patients

from a range of social and ethnic backgrounds. The practice is open Monday to Friday with a range of opening times, usually from 8.00am to 5.30pm. The practice facilities include three consultation rooms, reception and waiting area, decontamination room and a staff office. The premises are not wheelchair accessible, however the practice can refer patients to a branch location close by should the need arise.

We received feedback from nine patients. This included speaking with patients on the day of the inspection and also reviewing completed Care Quality Commission comment cards. Patients' feedback was positive and they were happy with staff and the physical environment of the practice.

#### **Our key findings were:**

- Patients' needs were assessed and care was planned in line with current guidance.
- Patients were involved in their care and treatment planning so they could make informed decisions.
- There were effective processes in place to reduce and minimise the risk and spread of infection.
- There were appropriate equipment and access to emergency drugs to enable the practice to respond to medical emergencies. Staff knew where equipment was stored.
- All clinical staff were up to date with their continuing professional development.
- There was appropriate equipment for staff to undertake their duties, and equipment was maintained appropriately.

# Summary of findings

- Appropriate governance arrangements were in place to facilitate the smooth running of the service.

# 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 provider had systems in place to ensure people were safeguarded from abuse. Staff were trained to the appropriate level for child protection and had completed adult safeguarding training. The safeguarding policy was up to date and staff were aware of their responsibilities. Systems were in place for the provider to receive safety alerts from external organisations. Processes were in place for staff to learn from incidents and lessons learnt were discussed amongst staff. The practice undertook risk assessments and there were processes to ensure equipment and materials were well maintained and safe to use. Dental instruments were decontaminated suitably. Medicines and equipment were available in the event of an emergency.

### **Are services effective?**

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

There were suitable systems in place to ensure patients' needs were assessed and care and treatment was delivered in line with published guidance, such as from the National Institute for Health and Care Excellence and The Department of Health (DoH). Patients were given relevant information to assist them in making informed decisions about their treatment.

The practice maintained appropriate dental care records and details were updated regularly. Information relating to health promotion, including smoking cessation and maintaining good oral health was provided to patients

All clinical members of the dental team were meeting their requirements for continuing professional development. All staff were aware of their responsibilities under the Mental Capacity Act (MCA) 2005 and had received recent training.

### **Are services caring?**

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

Feedback from patients indicated that staff were friendly, professional, caring and treated patients with dignity. We received feedback from nine patients which included completed Care Quality Commission (CQC) comment cards and from patients we spoke with on the day of the inspection. Patients were complimentary about staff, describing them as friendly and caring. Patients told us they were involved with their treatment planning and able to make informed decisions and that staff acted in a professional manner and were helpful. They commented that the practice was clean and tidy and they did not have problems with making appointments or contacting the service.

### **Are services responsive to people's needs?**

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

Patients had access to the service which included information available via the practice website. There was a practice leaflet with relevant information for patients. Urgent on the day appointments were available during opening hours. In the event of a dental emergency outside of opening hours details of the '111' out of hours service was available for patients' reference. Where required patients were also referred to the provider's other dental locations.

There were systems in place for patients to provide feedback and if required make a complaint about the service. Information about how to make a complaint was readily available to patients.

# Summary of findings

## **Are services well-led?**

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

Governance arrangements were in place for effective management of the practice. Staff meetings were held frequently and minutes were taken of the meetings. Opportunities existed for staff for their professional development. Audits were being used to improve the practice and staff we spoke with were well-trained, confident in their work and felt well-supported.

# Kennington Dental Care

## Detailed findings

### Background to this inspection

The inspection took place on the 25 August 2015 and was undertaken by a CQC inspector and a dental specialist adviser. Prior to the inspection we reviewed information submitted by the provider and information available on the provider's website and NHS Choices.

We also informed the NHS England area team that we were inspecting the practice; however we did not receive any information of concern from them.

The methods used to carry out this inspection included speaking with one of the dentists, the practice manager, two nurses and patients on the day of the inspection, reviewing CQC comment cards, reviewing documents and observations.

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 therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

Safety and medical alerts were received by the practice manager. This included alerts from Medicines and Healthcare Products Regulatory Agency (MHRA). The practice manager told us that all alerts were passed on to relevant staff as and when appropriate to do so.

The practice had an incidents and accident reporting procedure. All incidents and accidents were reported in the incident and accident books and also sent to the head office for information and monitoring purposes. The practice manager told us that if relevant they were also discussed with staff during team meetings to share learning from the event. They were also posted on the staff communication board for staff to refer to. All staff we spoke with were aware of reporting procedures including who and how to report an incident to. We reviewed the incidents and accidents log and there had been one reported incident over the past 12 months. The incident had been reported in line with the organisation's reporting procedures.

There had not been any RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 2013) incidents, within the past 12 months. The practice manager demonstrated a good understanding of RIDDOR regulations and had the appropriate documents in place to record, if they had such an incident.

### Reliable safety systems and processes (including safeguarding)

The practice manager was the safeguarding lead. The practice had policies and procedures in place for safeguarding adults and children protection. The local authority safeguarding referral reporting flowchart was displayed in the staff room for quick reference for staff. The flowchart included details of the relevant person to contact in the event of needing to report a safeguarding concern. Dentists had completed child protection training up to the appropriate level as had the nurses and administration staff. All staff had also completed adult safeguarding training. All staff we spoke with demonstrated an understanding of safeguarding issues including how to respond to suspected and actual safeguarding incidents.

The practice was following guidance from the British Endodontic Society relating to the use of rubber dam for root canal treatment. [A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth].

New patients were requested to complete medical history forms including existing medical conditions, social history and medication they were taking. Medical histories were updated at each subsequent visit. During the course of our inspection we checked dental care records to confirm the findings and saw that medical histories had been updated appropriately.

### Medical emergencies

The provider had appropriate arrangements to deal with medical emergencies. There were emergency medicines in line with the British National Formulary (BNF) guidance for medical emergencies in dental practice. Staff also had access to emergency equipment on the premises including medical oxygen and an automated external defibrillator (AED) in line with Resuscitation Council Guidance UK guidance and the General Dental Council (GDC) standards for the dental team. [An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm]. We saw records of the daily checks that were carried out to the equipment and drugs to ensure they were not past their expiry and in working order in the event of needing to use them.

All clinical staff had completed recent basic life support training which was repeated annually. All staff were aware of where medical equipment was kept and knew how to use the AED and oxygen.

### Staff recruitment

There was a full complement of the staffing team. The team consisted of two dentists, two dental nurses, receptionist and the practice manager. We saw confirmation of all clinical staff's registration with the General Dental Council (GDC).

The provider had a compliance checklist for all new staff which included confirming professional registration details, proof of address, proof of identification, references (two clinical and two non-clinical), Disclosure and Barring Services (DBS) check and immunisation proof. This

# Are services safe?

checklist was in line with pre-employment checks providers are expected to carry out. We reviewed staff files and saw that all documents on the checklist had been provided for the staff whose files we reviewed.

The provider had procedures in place to carry out and update Disclosure and Barring services checks periodically. DBS checks for practice managers were carried out every six months, checks for dentists were updated every three years and for non-clinical staff they were updated every five years. We saw that DBS checks had been obtained for staff in accordance with the organisation's procedure.

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

There were appropriate arrangements in place to respond to and deal with risks and foreseeable emergencies. This included having a business continuity plan in place and carrying out risk assessments. The business continuity plan covered events such as a power failure and flooding in the premises. There were details of relevant organisations to contact in the event of an emergency.

The provider had a health and safety folder with policies and procedures relating to maintaining health and safety. This included fire safety, waste management systems and code of conduct. There were also a set of risk assessments that were carried out. This included a premises risk assessment carried out on 20 August 2015, and individual staff risk assessments completed for staff on an on-going basis.

A fire risk assessment had been carried out in April 2014 and areas of improvement had been identified. For example the risk assessment had identified that the chemicals that were stored under the stairs were a risk and that there was no premises evacuation plan. We saw evidence that both issues had been actioned. Fire drills were completed approximately every six months and we saw records of a drill carried out in July 2015.

## **Infection control**

The practice had an infection control policy that outlined the procedure for all issues relating to minimising the risk and spread of infections. One of the dental nurses was the infection control lead.

There was a designated decontamination room which had a clear flow from dirty to clean to minimise the risks of cross contamination. One of the dental nurses gave a demonstration of the decontamination process which was

in line with guidance issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05). This included carrying used instruments in a lidded box from the surgery; manually scrubbing; placing in an ultrasonic bath; inspecting under an illuminated magnifying glass to visually check for any remaining contamination (and re-washed if required); placing in the autoclave; pouching and then date stamping, so expiry was clear.

We saw records of all the daily and weekly checks and tests that were carried out on the autoclave to ensure it was working effectively. The checks and tests were in line with guidance recommendations. We also saw records of the tests carried out on the ultrasonic bath including the quarterly ultrasonic activity test, weekly soil and protein residue test.

Staff were immunised against blood borne viruses and we saw evidence of when they had received their vaccinations. The practice had blood spillage and mercury spillage kits. Clinical waste was stored appropriately and there was a contract in place for the safe disposal of clinical waste and sharps instruments.

The surgeries were visibly clean and tidy. The practice was cleaned daily by an external company. Colour coded mops and buckets were evident and a daily cleaning log was completed. Cleaning equipment was stored correctly. There were appropriate stocks of personal protective equipment for both staff and patients such as gloves and disposable aprons. There were enough cleaning materials for the practice. Wall mounted paper hand towels and hand gel was available as were clinical waste bins. The dental nurses cleaned all surfaces and the dental chair in the surgery in-between patients and at the beginning and end of each session of the practice in the mornings/ evenings.

A Legionella risk assessment had been carried out in February 2014 and the results were negative for bacterium [Legionella is a bacterium found in the environment which can contaminate water systems in buildings]. Purified water was used in dental lines and managed with a purifying solution. Dental lines were maintained daily along with the suction and this was logged and records kept in the surgeries.

# Are services safe?

The practice had carried out an infection control audit in May 2015. No issues had been identified. An infection control audit by the provider's local area team was planned for the end of June 2015.

## **Equipment and medicines**

There were appropriate arrangements in place to ensure equipment was maintained. Staff told us regular visual checks were carried out to identify any issues and make sure equipment was working. There were service contracts in place for the maintenance of equipment such as the autoclave and ultrasonic bath. The air compressor and pressure vessel had been inspected in June 2015 and certified as passed. We saw documents confirming that appropriate servicing was taking place annually. The practice had portable appliances and carried out PAT (portable appliance testing) annually. Appliances were last tested in September 2014 and were due for re-test in September 2015.

Medication was stored appropriately in a secure location.

## **Radiography (X-rays)**

The practice had a radiation protection file. The practice manager advised that both dentists were the radiation protection supervisors (RPS) and the practice had an external radiation protection adviser (RPA). They told us they had made this decision to appoint two supervisors following advice from their RPA. All relevant staff had completed radiation training. The radiation protection folder was up to date with records of all X-ray equipment, servicing and maintenance (which was all current) and evidencing regular testing. Local rules were available and displayed for safe reference. X-rays were digital and images were stored on patients notes. Health and Safety Executive (HSE) notification was displayed.

Dentists were carrying out individual audits on an on-going basis. Audits of X-rays were also carried out bi-monthly. We saw records of the audits completed in February and April 2015.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

Patients' needs were assessed and care and treatment was delivered in line with current legislation. This included following the National Institute for Health and Care Excellence (NICE) and the British National Formulary (BNF) guidance.

During the course of our inspection we checked dental care records to confirm the findings. We saw evidence of comprehensive assessments to establish individual patient needs. The assessment included completing a medical history, outlining medical conditions and allergies (which was reviewed at each visit), a social history recording habits such as eating and activity and an extra- and intra-oral examination. The reason for visit was documented and a full clinical assessment was completed. An assessment of the periodontal tissue was taken and recorded using the basic periodontal examination (BPE) tool. The BPE tool is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums.

### Health promotion & prevention

Staff told us that information and advice relating to health promotion and prevention was given to patients during consultations. This included going through teeth brushing techniques and dietary matters. Printed information was available for patients in the waiting area. This included a range of leaflets relating to smoking cessation and oral health care. Patients were given free samples of toothpaste and fluoride was also given, if needed.

### Staffing

Opportunities existed for staff to pursue development opportunities. We saw the weekly provider newsletters that made staff aware of training and development opportunities. For example one of the newsletters circulated outlined courses available for Mental Capacity Act training and Fire safety. Staff were also given the opportunity to attend external conferences and events.

The practice manager kept a record of all staff training that was planned and outstanding. All the clinical staff had current registration with their professional body, the General Dental Council and were all also up to date with their continuing professional development requirements. [The GDC require all dentists to carry out at least 250 hours of CPD every five years and dental nurses must carry out 150 every five years]. We reviewed staff files and saw that staff had completed the appropriate training and had relevant qualifications to enable them to provide treatment and care to patients.

### Working with other services

The provider had arrangements in place for working with other health professionals to ensure quality of care for their patients. For example referrals were made to local hospitals, for sedation and orthodontic practices. There were template letters that had details of the patient including the reason for referral and relevant personal information. The practice had access to a fast track service if the referral was urgent, ensuring that the patient was seen within two weeks. Staff told us copies of the referral letters were always reviewed by a dentist and placed on the patients' notes. We reviewed two referrals that had been made and both had been handled in line with their referral policy.

### Consent to care and treatment

Staff confirmed that consent was given verbally in most instances and this was recorded in the patient's record. We checked dental care records and saw that consent was documented.

Staff whom we spoke with understood the requirements of the Act, including the best interest principle and Gillick competence. All staff had completed recent MCA training. [The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for them]. All staff had completed recent MCA training.

# Are services caring?

## Our findings

### **Respect, dignity, compassion & empathy**

We received feedback from nine patients (this included completed CQC comment cards and patients we spoke with on the day of the inspection). Generally feedback was very positive. Staff were described as helpful, pleasant, and caring. Patients said staff ensured they maintained their privacy during consultations. During our inspection we observed that the door was not always closed and conversations could be overheard in the surgery in the basement. We discussed this with the practice manager and they explained that because of the physical environment this area became quite warm. They explained that the dentist always asked the patients if they wanted the door closed, and would close it if requested. No patients had raised this as an issue through the feedback we received.

We observed staff interaction with patients in the waiting room and saw that staff interacted with patients in a respectful and friendly manner. The reception area was small so it was difficult to maintain privacy, however we saw that reception staff made every effort to ensure they spoke to patients in lowered voices.

Patients' information was held securely electronically and we were told it was backed up off-site. All computers were password protected with individual login requirements.

### **Involvement in decisions about care and treatment**

Staff we spoke with told us they always explained the diagnoses to patients and never carried out treatment if a patient was unsure. We were given examples of how patients were involved in decisions about their care and treatment and the examples were in line with what would be expected. The dental care records we checked also demonstrated that people were involved in planning because it was documented in their clinical notes. For example we saw that the consequences and benefits of treatment were explained and the options available to them for treatment were also outlined.

The patient feedback we received confirmed that patients felt involved in their treatment planning. Patients commented that things were explained well and they were asked if they understood the treatment being offered. Treatment options were discussed with them and they commented that they were given time to think about their options.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

The practice had an appropriate appointments system. The practice is open Monday to Fridays generally from 8.00am-5.00pm or 5.30pm on Tuesdays and Thursdays. In the event of a patient needing an appointment outside of these times, there was a message on the practice telephone answer machine directing patients to call the out of hours '111' service. Alternatively patients could attend one of the provider's other dental locations that operated later opening times till 8pm.

Emergency appointments were available every day and fitted in as add-ons to scheduled appointments. If a patient had an emergency they were asked to come, and would be seen as soon as possible.

The practice manager told us that they had a high number of Spanish speaking patients. To respond to the needs of patients the practice had translated medical history forms into Spanish. They also tried as far as possible to book patients with one of the dentists and dental nurse who spoke Spanish.

### Tackling inequity and promoting equality

The manager told us that the local population was diverse with a mix of patients from various cultures and background. The staff team was diverse as well and staff spoke different languages including Spanish. This diversity in the staffing structure enabled them to reduce inequality for patients accessing the service. Staff also had access to translation services if patients spoke another language that staff did not speak. There was a sign in the reception area making patients aware of the translation service.

There was step free access to the building however all surgeries were only accessible via steps so not accessible to wheelchair users. The practice manager told us they had arrangements in place to refer patients to another surgery close by that was wheelchair accessible.

### Access to the service

There was a practice website with information about the practice, treatments on offer, payment options and contact details. There were general leaflets about the provider and a leaflet tailored specifically for the practice location with details of their opening times and contact details.

Appointments were booked by calling the practice, booking online or in person by attending the practice.

Feedback received from patients indicated that they were happy with the access arrangements. All the patients we spoke with were aware of how to access emergency treatment in the event of need.

Staff and patients told us that appointments generally ran to time. Staff said if the dentist was running behind time they always let patients know.

### Concerns & complaints

The provider had a complaints manual and procedure in place. The manual included receiving, handling and resolving complaints. At the time of our visit there had been two complaints in the past 12 months. We reviewed the complaints and they were both fairly recent so still on-going. However we saw that they were being handled in line with the organisation's policy. Staff we spoke with demonstrated that they were aware of their procedure and explanations of how they would deal with a complaint were in line with their policy.

A leaflet was available to patients outlining how to complain and how complaints were handled.

# Are services well-led?

## Our findings

### **Governance arrangements**

There were a range of policies and procedures to ensure effective governance arrangements were in place. This included health and safety policies, staffing and recruitment policies and an infection control policy. Policies were available to staff electronically on their computers.

Staff we spoke with told us they were well supported and that they received formal supervision. We reviewed staff files and saw notes of staff supervision. Notes demonstrated that staff had access to development opportunities and support needs were discussed.

Dental care records we checked were complete, legible and accurate and stored securely on computers that were password protected.

### **Leadership, openness and transparency**

The practice's statement of purpose reflected that of the organisation and was in the provider information leaflet. Staff spoke proudly of the service and the work they carried out, which was reflective of the vision they were aiming to achieve. Staff we spoke with were confident in approaching the practice manager or dentists if they had concerns.

The practice manager told us that they encouraged staff to be open and transparent and that they led by example and did the same. We were given an example relating to an accident that occurred in the practice. It involved a patient having an allergic reaction to an anaesthetic. The matter was fully investigated and dealt with transparently. The patient affected was given a full apology and letter of explanation outlining the results of the investigation. We saw that the handling of the matter was in line with the duty of candour. The explanations were in line with the expectations under the duty of candour. [Duty of candour is a requirement on a registered person who must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity].

There were systems in place to support communication about the quality of the service. This included having a

communication board where successes were shared with staff and relevant information about the quality of the service were displayed such as results from patient and staff feedback.

### **Management lead through learning and improvement**

Practice meetings were held ad-hoc but frequently. We reviewed the minutes of the meetings held in April and June 2015. We saw that the meetings were used for staff to learn, develop and be updated on practice issues. For example standard agenda items included discussing infection control, weekly bulletins, complaints and staff training. Staff were also updated through a communication board in the staff room. The communication board included information relating to staff successes, reminders about training and general organisation. Weekly newsletters were circulated by the head office which included information such as data protection updates, training opportunities for staff and policy updates. Staff were not receiving annual appraisals however, we saw the plans to carry out appraisals in the future.

Various audits had been carried out as part of on-going improvement and learning. This included an antibiotic prescribing audit in July 2015, appointments audit in July 2015, waiting times audit in May 2015 and record keeping audit in June 2015. We saw that audits were used to identify areas of improvement and develop the practice. For example the appointment audit looked at failed appointments. The audit helped the practice to identify areas where they could improve on attendance; this included introducing telephone confirmation and sending text reminders to patients. The record keeping audit looked at 15 dental care records for each dentist and highlighted weaknesses identified. Actions for improvement included better recording of alcohol intake and improving on completing treatment plans.

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

The practice carried out on-going patient satisfaction surveys. The practice manager told us that they analysed the results every May and November and looked for themes and trends. Results from the satisfaction surveys were reported to their head office on a monthly basis. We saw the emails that had been sent to the head office in July 2015 to confirm this. The practice also collected the NHS Friends and Family test survey and the results from this

## Are services well-led?

survey also fed into patient feedback. Feedback gathered was generally very positive with patients being satisfied with the service they received. The feedback we reviewed did not have any recommendations for improvements from patients. However we saw that the form gave them the opportunity to make comments and suggestions.

Staff told us they were given opportunities to provide feedback and make suggestions for improvements to the service.