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# London Road Dental Centre

## Inspection Report

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## Overall summary

We carried out this announced inspection on 19 April 2017 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 provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We told the NHS England area team and Healthwatch that we were inspecting the practice. They did not provide any information which we took into account.

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

### 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.

### Background

London Road Dental Centre is in Croydon and provides NHS and private treatment to patients of all ages.

There is level access for people who use wheelchairs and pushchairs.

The dental team includes five dentists, four trainee dental nurses and four receptionists. The practice has three treatment rooms, two decontamination rooms, two patient waiting rooms and staff rooms.

# Summary of findings

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of inspection we collected 37 CQC comment cards filled in by patients. This information gave us a positive view of the practice. Five of the comment card stated waiting times were sometimes an issue.

During the inspection we spoke with three dentists, three dental nurses and one receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: 9.30am to 6.00pm Monday to Fridays and 9.30am to 1.00pm on Saturdays.

## **Our key findings were:**

- The practice appeared clean and was well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk.
- The practice had safeguarding processes in place however the safeguarding policy required updating. Staff knew their responsibilities for safeguarding adults and children.
- The practice had staff recruitment procedures however they were not always following them when recruiting staff.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs.
- The practice had effective leadership. Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.

# 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 practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

Most staff had received recent training in safeguarding and all staff we spoke with knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the principal dentists told us they completed essential recruitment checks, although documentation on the day of inspection was lacking to support this. The provider sent us documentation shortly after the inspection.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had suitable arrangements for dealing with medical and other emergencies.

No action



### Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as professional, caring and good. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The practice supported staff to complete training relevant to their roles.

No action



### Are services caring?

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

We received feedback about the practice from 37 people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly, caring and treated them with respect. They said that they were given explanations and options for treatment. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

No action



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

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

No action



# Summary of findings

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to telephone interpreter services and had arrangements to help patients with sight or hearing loss.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

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

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

The practice had arrangements for the running of the service. Some of the governance arrangements were ad-hoc and lacked structure. There were systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

Generally the practice team kept complete patient dental care records which were, clearly written or typed and stored securely. Improvements had been identified in this area and the practice had plans in place to improve.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

**No action**



# Are services safe?

## Our findings

### **Reporting, learning and improvement from incidents**

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning. There had not been any incidents in the past 12 months. The principal dentist explained incidents that had happened over the past few years and the handling was in line with our expectations.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff, acted on and stored for future reference. Staff we spoke with demonstrated that they received and understood the alerts.

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

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. The policy required updating to ensure that it fully met staff requirements. For example, definitions of abuse were not clearly outlined and details of who to contact were not up to date. We saw evidence that some staff had received safeguarding training. The principal dentist told us that they would ensure all staff were up to date with training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The practice followed relevant safety laws when using needles and other sharp dental items. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice had a business continuity plan describing how the practice would deal with events which could disrupt the normal running of the practice. Staff gave examples of how they responded to such events which had occurred in the past years.

### **Medical emergencies**

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their weekly checks to make sure these were available, within their expiry date, and in working order.

### **Staff recruitment**

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation however the practice were not following their policy in the recruitment of staff. We looked at four staff recruitment files. The policy referred to interviewing staff and sending a written invitation for staff to attend the interview. We did not see copies of any written invitations on any of the files for staff recruited and the principal dentists confirmed this had not happened. The policy stated that successful candidates would need to provide references and CV with any gaps in work history explained. On the day of inspection, we noted that documentation relating to proof of previous work history and interview records were not available. Three of the six files we looked at had proof of ID. The principal dentist acknowledged that they needed to improve the processes related to recruitment of staff and ensure relevant paperwork was on staff files. After the inspection the provider sent us evidence of the missing documentation.

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

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

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics. We reviewed the most recent health and safety risk assessment carried out in April 2017.

# Are services safe?

Relevant actions were highlighted and action planned. The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

A dental nurse worked with the dentists.

## Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training every year.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

The practice carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. A legionella risk assessment was carried out in December 2016.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed this was usual. Clinical waste was disposed of appropriately and collected by an external company.

## Equipment and medicines

We saw servicing documentation for the equipment used. This included annual servicing of all three autoclaves and fire equipment. Staff carried out checks in line with the manufacturers' recommendations.

The practice stored and kept records of NHS prescriptions as described in current guidance.

## Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice carried out X-ray audits every year following current guidance and legislation.

Clinical staff completed continuous professional development in respect of dental radiography.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

Most dentists kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. A recent audit had picked up that some records were not detailed. This had been highlighted as an area for improvement and actions devised. This included increasing appointment slots to allow for records to be maintained and also dentists attending a record keeping training course.

The dentists assessed patients' treatment needs in line with recognised guidance.

The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management and staff availability and training. They also included patient checks and information such as consent, monitoring during treatment.

### Health promotion & prevention

The practice believed in preventative care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children based on an assessment of the risk of tooth decay for each child.

The dentists told us they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

Posters were displayed in the patient waiting room signposting to health promotion services.

### Staffing

Staff new to the practice had a period of induction. We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council.

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals.

### Working with other services

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide, this included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. The dentists told us that they monitored urgent referrals to make sure they were dealt with promptly.

### Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy did not refer to Gillick competence however the dentists and dental nurses were aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

# Are services caring?

## Our findings

### **Respect, dignity, compassion and empathy**

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

Patients commented positively that staff were friendly, caring and enthusiastic. We saw that staff treated patients respectfully and were kind and friendly towards patients at the reception desk and over the telephone.

Some patients who had completed the comment cards stated that they felt nervous about their dental treatment but had found the staff compassionate and understanding of their needs. Staff told us that patients could choose whether they saw a male or female dentist.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more

privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it.

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

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

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

The practice's website provided patients with information about the range of treatments available at the practice. These included general dentistry and treatments for gum disease and more complex treatment such as implants.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

Patients described high levels of satisfaction with the responsive service provided by the practice.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. For example, patients who chose to see one of the dentists' whose surgery was upstairs were accommodated in the downstairs surgery when they visited.

Staff described an example of a patient who was unsettled whilst in the surgery. The dentist invited their carer to be near the patient to reassure the patient. The dentist told us that as a result of this they made sure this was a standard procedure for all vulnerable patients (i.e. ensuring their carer was visible and close to them during treatment).

Staff told us that they responded to the needs of vulnerable older patients by allotting extra time for them during appointments. This was to ensure they had time to explain their needs and the dentist could take extra care.

### Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included ramp access. Patients with prams and in wheel chairs were accommodated for appointments in the ground floor surgeries. The other two surgeries were on the second floor.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to interpreter/translation services. Staff in the service spoke a range of languages to cater to patients.

### Access to the service

The practice displayed its opening hours in the premises, their information leaflet and on their website.

We confirmed the practice kept waiting times and cancellations to a minimum, although feedback from patients indicated that waiting times was an area for improvement.

The practice was committed to seeing patients experiencing pain on the same day and kept two appointments free for same day appointments (the principal dentist said that if more were required then they would still slot them in). The answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

### Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. The principal dentist was responsible for dealing with these. Staff told us they would tell the principal dentist about any formal or informal comments or concerns straight away so patients received a quick response.

The principal dentist told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these if required. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received over the past twelve months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service. Staff confirmed that complaints and issues were discussed at the monthly team meetings.

# Are services well-led?

## Our findings

### Governance arrangements

The principal dentist had overall responsibility for the management and clinical leadership of the practice and was also responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. Some policies could be improved on and brought up to date to reflect current guidance.

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

### Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong.

Staff told us there was an open, no blame culture at the practice. They said the principal dentists encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the principal dentists were approachable, would listen to their concerns and act appropriately. Staff meetings were used to discuss concerns and it was clear the practice worked as a team and dealt with issues professionally.

The practice held monthly meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information.

### Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, X-rays and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements. We saw the most recent infection control audit completed by NHSE in December 2016. The audit had positive results.

The principal dentist told us they were committed to learning and improvement and valued the contributions made to the team by individual members of staff. Staff we spoke with confirmed they felt they received the right level of and access to training. The staff team had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development. The dentists were up to date with their CPD.

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

The practice used patient surveys to obtain patients' views about the service. We saw that the practice analysed feedback received from patients and used this as a tool for improvement.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used.