

# Mazdak Eyrumlu and Azad Eyrumlu VAS Dental Care

## Inspection Report

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Date of inspection visit: 18 August 2015  
Date of publication: 15/10/2015

### Overall summary

We carried out an announced comprehensive inspection on 18 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 well-led care in accordance with the relevant regulations and improvements are required.

VAS Dental Care is located in the London Borough of Lewisham 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 Saturday with a range of opening times, including offering evening appointments. The practice facilities include two consultation rooms, reception and waiting area, decontamination room and an administration 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 seven patients. This included speaking with patients on the day of the inspection and also completed CQC 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.

# Summary of findings

- There was appropriate equipment for staff to undertake their duties, and equipment was maintained appropriately.
- Appropriate governance arrangements were in place to facilitate the smooth running of the service.

There were areas where the provider could make improvements and should:

Review staff awareness of the requirements of the Mental Capacity Act (MCA) 2005 and ensure all staff are aware of their responsibilities under the Act as it relates to their role.

# 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 was available to patients relating to health promotion including smoking cessation and maintaining good oral health.

All clinical members of the dental team were meeting their requirements for continuing professional development. Most staff were aware of their responsibilities under the Mental Capacity Act (MCA) 2005; however some did not have a full understanding of the requirements of the Act though knew whom to contact for guidance.

### **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 seven patients which included completed Care Quality Commission (CQC) comment cards and patients we spoke with. 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 accessing 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 make a complaint about the service if required. 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 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.

# VAS Dental Care

## Detailed findings

### Background to this inspection

The inspection took place on the 18 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, a trainee dental nurse, reception staff, practice manager 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 NHS England. 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. The practice manager told us that if relevant they were also discussed with staff during team meetings to share learning from the event. 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 not been any incidents over the past 12 months.

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 paperwork in place to record if they had 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 an automated external defibrillator (AED) in line with Resuscitation Council 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, one nurse, a trainee nurse, receptionist and the practice manager nurses. We saw confirmation of all clinical staff 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 check and immunisation proof. This 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

# Are services safe?

six months, checks for dentists were updated every three years and for non-clinical staffs they were updated every five years. We saw that DBS checks had been obtained for staff in accordance with the organisations procedure.

All clinical staff had the required registration with the General Dental Council (GDC) to carry out their duties. The principal dentist told us that the staff team were very experienced and competent to carry out their duties.

## **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 1 June 2015, and individual staff risk assessments completed in August 2015 for all staff.

A fire risk assessment had been carried out in March 2014. Areas of improvement had been identified. For example the fire alarm was identified as having a defect and an action was set to have it repaired. Fire drills were completed monthly and we saw records of these drills carried out from January to 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 cleaning; 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 checks and tests that were carried out on the autoclave to ensure it was working effectively. There was a problem with the printing of results of the checks in the weeks before our inspection; however we were able to see confirmation of the checks carried out in the two weeks before our inspection. 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 annually 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. 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 March 2015 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. Taps were flushed daily in line with recommendations.

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. There were service contracts in place for the maintenance of equipment such as the

# Are services safe?

autoclave and ultrasonic bath. The air compressor and pressure vessel had been inspected on the 18 August 2015 and certified as passed. We saw documents confirming that appropriate servicing was taking place annually. The autoclave was serviced in August 2015. The practice had portable appliances and carried out PAT (portable appliance testing) annually. Appliances were last tested in March 2015 and due for re-test in 2016.

Medication was stored appropriately in a secure location.

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

One of the dentists was the radiation protection supervisor (RPS). All relevant staff had completed radiation training. The practice had an external radiation protection adviser (RPA). The practice had records in their radiation protection file demonstrating maintenance of x-ray equipment.

Dentists were carrying out individual audits on an on-going basis; however they were not completing any annual or six monthly audits. We discussed this with the practice manager and they assured us that this had been picked up and identified and they were in the process of setting up a programme of annual audits of radiographs.



# 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.

### 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 in March made staff aware of information governance toolkit training that should be completed.

The practice manager kept a matrix of all staff training that was planned and outstanding. Calendar reminders were in the practice manager's diary to ensure refresher training was booked. 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 and orthodontic practices. There were template letters that had details of the patient including the reason for referral and relevant personal information.

### Consent to care and treatment

Staff confirmed that consent was given verbally in most instances and this was recorded in the patient's record. Additional consent forms were required for treatments such as teeth whitening and bleaching treatments. 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 though they had not received formal training in the Mental Capacity Act (MCA) 2005 [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]. However some staff felt that training would be beneficial to consolidate learning as they were uncertain of all the steps to assess capacity.

# Are services caring?

## Our findings

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

We received feedback from seven patients (this included completed CQC comment cards and patients we spoke with). Generally feedback was very positive. Staff were described as helpful, kind, and caring. Patients said staff ensured they maintained their privacy during consultations.

We observed staff interaction with patients in the waiting room and saw that staff interacted with patients in a respectful and friendly manner. The dentist told us that consultations were in private and we observed that this happened with doors being closed and the conversations could not be overheard whilst patients were being treated. The environment of the surgeries was conducive to maintaining privacy. 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 from 9.00am-6.00pm, except on Tuesday when they are open until 8.00pm and Saturdays from 9.00am-2.00pm. 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 on other days. There was a message on the practice website making patients aware of this.

### 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 Romanian and Nepalese. 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 upstairs so not accessible to wheelchair users. The practice manager told us that it was a listed building and they could not make any structural changes. However, 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. 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.

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 told us that cover arrangements were in place with the providers' other dental locations in the area in the event that the practice needed to close, staff sickness or staff on leave.

Staff and patients told us that appointments generally ran to time. Staff said if the dentist or hygienist 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 had been handled in line with the policy. The patients affected had been written to with a full explanation of how their complaint had been resolved/dealt with and refunds given where appropriate. 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. They received formal supervision and told us they felt confident to approach the practice manager at any time. 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 if they had concerns and displayed appreciation for the leadership. The practice purpose was also clearly displayed in the patients' waiting room showing that the practice had an ethos of being open with patients.

The practice manager told us that they encouraged staff to be open and transparent and that they led by example and did the same.

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. We reviewed the complaints log and looked at the two complaints that had been made in 2015. The practice manager explained how the complaints were dealt

with and we also reviewed the paperwork. We saw that the patients had received a letter outlining how it was investigated, the action taken and an apology. We saw that the complaints were handled in line with their policy

### Management lead through learning and improvement

Practice meetings were held every month. We reviewed the minutes of the meetings held in June and July 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, significant events, 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. We saw the plans to carry out appraisals for staff.

Various audits had been carried out as part of on-going improvement and learning. This included a disability audit completed on the 8 August 2015. The audit identified that the practice needed to produce customer information in different formats including braille and easy read. They had also completed a record keeping audit in December 2014. The record keeping audit looked at 15 dental care records and highlighted weaknesses identified. Actions for improvement were set to ensure improvements in note keeping. The clinical audits covered looking at clinical care, appropriate diagnosis, evaluation and record keeping. Areas of improvements were identified with action plans set. Issues identified were a lack of grading radiographs and lack of preventative care. We saw that plans were in place to improve this.

### 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 by looking for themes and trends and reporting to their head office on a monthly basis. We saw the emails that had been sent to the head office in June and July 2015 to confirm this. The practice also collected the NHS Friends and Family test survey and the results from this survey also fed into patient feedback.