

# Mazdak Eyrumlu and Azad Eyrumlu

# Unique Dental Care

## Inspection Report

Unique Dental Care  
409 Norwood Road  
West Norwood  
London  
SE27 9BU  
Tel:01293515500  
Website:southerndental.co.uk

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### Overall summary

We carried out an announced comprehensive inspection of this service on 27 July 2015 as part of our regulatory functions where a breach of legal requirements was found. After the comprehensive inspection, the practice wrote to us to say what they would do to meet the legal requirements in relation to the breach.

We carried out a follow- up inspection on 9 May 2016 to check that they had followed their plan and to confirm that they now met the legal requirements. This report only covers our findings in relation to those requirements. We revisited Unique Dental Care as part of this review.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Unique Dental Care on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

At our previous inspection we had found that the practice did not have effective systems in place to assess the risk of, and prevent, detect and control the spread of infections, including those that are health care associated.

We carried out an inspection on the 9 May 2016. Action had been taken to ensure that the practice was safe because there were now effective systems in place to assess the risk of, and prevent, detect and control the spread of infections, including those that are health care associated.

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

### **Are services effective?**

At our previous inspection we found that this practice was ensuring that staff had received appropriate supporting, training, professional development, supervision and appraisals as was necessary to enable them to carry out the duties they were employed to perform.

We carried out an inspection on the 9 May 2016. Action had been taken to ensure that the practice was effective because there were now effective systems in place to ensure staff received appropriate training, supervision and support.

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

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

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

We carried out an inspection on the 9 May 2016. Action had been taken to ensure that the practice was well-led because there were now effective system to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors. The providers had now ensured that their audit, risk assessment and governance systems were effective.

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

# Unique Dental Care

## Detailed findings

### Background to this inspection

This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We carried out an inspection of this service on 9 May 2016.

This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 22 July 2015 had been made. We reviewed the practice against

three of the five questions we ask about services: is the service safe, effective and well-led? This is because the service was not previously meeting three of the legal requirements.

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

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had suitable processes around reporting and discussion of incidents. We saw there was a system in place for learning from incidents. The practice manager told us this would mainly be through team meetings if an incident ever occurred and staff we spoke with confirmed this.

There had been five adverse incident recorded over the past 12 months; three were needle stick injuries to staff, and the others incidents related to patients. We found that incidents had been recorded and dealt with appropriately and discussed at team meetings.

Staff we spoke with understood the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). Staff were able to describe the type of incidents that would need to be recorded under these requirements. There had been no RIDDOR incident over the past 12 months.

Staff understood the importance of the Duty of Candour and the need to inform the appropriate bodies and patients affected of any relevant incidents [Duty of candour is a requirement under The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 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].

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

The practice manager was the safeguarding lead and staff knew who they should go to if they had a safeguarding concern. The practice had children and vulnerable adult safeguarding policies. The policies were dated January 2016 and scheduled to be reviewed in January 2017. The policies included details of what should be considered abuse and how to report abuse. Staff had completed safeguarding training. They were able to explain their understanding of safeguarding issues. There had been no safeguarding incident that needed to be referred to the local safeguarding teams.

There was a whistle blowing policy that had been drafted in January 2016. Staff we spoke with were aware of the practice whistle blowing policy. A copy of the policy was displayed in the staff kitchen area.

The practice had a system in place for receiving and responding to patient safety alerts issued from the Medicines and Healthcare products Regulatory Agency (MHRA). The practice manager told us relevant information would be discussed with staff during team meetings.

The practice had safety systems in place to help ensure the safety of staff and patients. This included for example having a COSHH (Control of Substances Hazardous to Health, 2002 Regulations) file, infection control protocols, procedures for using equipment safely, health and safety process, procedures and risk assessments. Risk assessments had been undertaken for issues affecting the health and safety of staff and patients using the service. This included for example risks associated with radiography, pregnant workers, display screen equipment, legionella, use of equipment and infection control.

During our visit we found that the dental care and treatment of patients was planned and delivered in a way that ensured patients' safety and welfare. During the course of our inspection we checked dental care records to confirm the findings. Dental care records contained patient's medical history that was obtained when patients first registered with the practice and was updated when they returned. The dental care records we saw were well structured and contained sufficient detail enabling another dentist to know how to safely treat a patient.

The practice used a rubber dam for root canal treatments in line with current guidance. [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 and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured.]

### Medical emergencies

There were arrangements in place to deal with on-site medical emergencies. Staff had received basic life support training which included cardiopulmonary resuscitation (CPR) training. The practice had a medical emergency kit which included emergency medicines and equipment in line with Resuscitation Council (UK) and British National Formulary guidance. The kit contained the recommended medicines. We checked the medicines that were in the kit

# Are services safe?

and we found that all the medicines were within their expiry date. The emergency equipment included oxygen and an automated external defibrillator (AED), in line with Resuscitation Council UK guidance. (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).

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

The practice had arrangements in place to deal with foreseeable emergencies. A Health and Safety Policy was in place. The practice had a risk management process which was updated and reviewed to ensure the safety of patients and staff members. For example, we saw risk assessments for fire, radiation and infection control. The assessments included the controls and actions to manage risks. For example a February 2016 risk assessment of pregnant workers had advised pregnant staff to hold the handrails when going up the stairs and to ask for assistance if they needed to bring items up stairs.

## **Infection control**

There were systems in place to reduce the risk and spread of infection. There was an infection control policy. There was a named infection control lead. The practice had followed the guidance on decontamination and infection control issued by the Department of Health namely Health Technical Memorandum 01-05.

Staff gave a demonstration of the decontamination process which was in line with HTM 01-05. Staff wore appropriate protective equipment such as heavy duty gloves, apron and eye protection. In accordance with HTM 01-05 guidance an instrument transportation system had been implemented to ensure the safe movement of instrument between treatment rooms and the decontamination room which ensure the risk of infection spread was minimised. Instruments were manually cleaned and placed in an ultrasonic cleaner; however we found that the cleaner was not recording the cycle.

An illuminated magnifier was used to check for any debris during the cleaning stages. After cleaning instruments were placed in the autoclave, pouched and then date stamped.

Staff told us about the daily, weekly and monthly checks that were carried out to ensure sterilisation and cleaning equipment was working effectively. We saw records that confirmed these checks were carried out.

We saw evidence that staff had been vaccinated against Hepatitis B to protect patients from the risks of contracting the infection. (People who are likely to come into contact with blood products, or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of blood borne infections.)

There was a contract in place for the safe disposal of clinical waste and sharps instruments. Clinical waste was stored appropriately and in lockable bins. Bins were collected regularly by a specialist clinical waste company. The bins were appropriately stored safely away from public access while awaiting collection.

The practice was visibly clean and tidy. There were stocks of PPE (personal protective equipment) such as gloves and aprons for both staff and patients. We saw that staff wore appropriate PPE.

A Legionella risk assessment had been completed in October 2015 [Legionella is a bacterium found in the environment which can contaminate water systems in buildings]. The water lines were flushed daily and weekly.

There was a cleaning plan, schedule and checklist, which was regularly checked by the practice staff.

## **Equipment and medicines**

We found the equipment used in the practice was maintained in accordance with the manufacturer's instructions. This included the equipment used to clean and sterilise the instruments and X-ray equipment. Portable appliance testing (PAT) had been completed in February 2015 and was scheduled to be completed again in February 2017. Visual checks of PAT appliances were made monthly. PAT is the name of a process where electrical appliances are routinely checked for safety.

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

One of the dentists was the Radiation Protection Supervisors (RPS). An external organisation covered the role of Radiation Protection Adviser (RPA). The practice kept a radiation protection file in relation to the use and maintenance of X-ray equipment. There were suitable arrangements in place to ensure the safety of the equipment. Critical exams had been undertaken and X-ray equipment had been serviced in January 2016. The local rules relating to the equipment were held in the file and displayed in clinical areas where X-rays were used. Evidence was seen of radiation training for staff

## Are services safe?

undertaking X-rays. X-rays were graded and audited as they were taken. A comprehensive radiograph audit had been carried out in March 2016 and another was scheduled for September 2016.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Staffing

Staff told us they had received appropriate professional development and training and the records we saw reflected this. The practice maintained a programme of professional development to ensure that staff were up to date with the latest practices.

Examples of staff training included topics such as safeguarding, medical emergencies and infection control. We reviewed the system in place for recording training that had been attended by staff working within the practice.

We saw that appraisals were taking place on a six monthly basis for dental nurses and reception staff. Dentists met with the providers' clinical director six monthly where they discussed results of audits and their development and training needs.

Staff told us they were given the opportunity to discuss training issues during the appraisals and meetings. All the staff we spoke with told us they felt they were supported to do their jobs. We also reviewed information about continuing professional development (CPD) and saw there was a system in place to monitor the number of CPD hours staff had completed.

# Are services well-led?

## Our findings

### **Governance arrangements**

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

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

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

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

The practice was also keen to ensure that all of their staff provided highly-skilled care and we saw there was time allotted to discuss training at all team meetings.

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

Staff told us they had good access to training. There was a system in place to monitor staff training to ensure essential training was completed each year. Staff working at the practice were supported to maintain their continuing professional development (CPD) as required by the General Dental Council (GDC).

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

The practice had gathered feedback from patients through their own surveys and through the NHS Friends and Family Test. For example we looked at the friends and family feedback for April and March (eight cards in total) and found that all the patients had stated that they would be “likely” or “extremely likely” to refer people to the service.

We also reviewed the provider’s own feedback forms for this period and found that the majority of patients that responded to the survey were positive about the service they were receiving. There had been three negative comments made about the practice on the NHS choices website since the last inspection. The practice manager told us they had responded to the comments patients had made and asked them to contact them.