Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Mr. James Mehta
Overview of the service	Creffield Lodge Dental Practice provides dental services to private patients.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 23 August 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

We saw people were given enough information to make a considered decision about their care and treatment. Where complicated treatment was needed, the service wrote to people to outline the work planned. One person we spoke with told us, "I always feel I know where I am, they never spring any surprises." Another person we spoke with said, "We have always discussed at length any problems. I get good information."

People had personalised plans that outlined their treatment and the risks and benefits were discussed. One person told us, "I am very satisfied; my whole family comes to this surgery now." Another person said, "I never have any problems getting an appointment here and they never keep me waiting." The service had arrangements in place to deal with foreseeable emergencies.

There were processes and procedures in place to reduce the risk of cross infection. Staff spoken with had a good understanding of infection control practices.

Staff were supported to undertake training relevant to their role. The service held regular staff meetings and staff appraisals.

The provider undertook audits and sought the views of people who use the service.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. We saw that people were told the options for their treatment and gave consent verbally which was recorded in their electronic records. We saw that for more complicated procedures such as dental implants, people signed a consent form. The consent form included the risks and benefits of the proposed surgery which gave people sufficient information to make a decision. Staff we spoke with told us that for people who underwent extensive dental work, the dentist wrote to people setting out the work to be done and the cost of the treatment. We saw that all people were given information as to the cost and duration of their treatment. We observed staff discussing people's care and what they were to expect from their treatment. One person was sent photographs of their mouth. Staff explained that is sometimes difficult for people to see the cause of their problem and that photographs were a way of showing this. This meant people were given enough information to make decisions about their care.

We spoke with staff who told us that people were referred to specialists for further treatment or second opinions to enable people to make informed decisions. We saw that there was information and literature in the waiting area detailing treatment options. Staff we spoke with were able to discuss the implications for people who lacked capacity to consent to care. Staff told us that minors were accompanied by a parent or guardian whilst they received treatment. Staff told us that they used an assessment but they also demonstrated a good understanding of Gillick competence. Gillick competence arose from medical law to determine if young people were able to consent to their own care. We saw from training certificates that staff had recently attended safeguarding training and two staff we spoke with were able to discuss safeguarding and consent. One person we spoke with told us, "I have known the dentist for years; they always tell me the course of treatment I am going to get." Another person told us, "They saw me straight away, explained the treatments but left the decision to me." This meant people gave their consent to their treatment.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We looked at four people's treatment plans and records. Treatment plans reflected people's individual care needs and they were updated on each visit. We saw that people signed their treatment plans which demonstrated that they were involved with their care. We observed people being given updated treatment plans at the end of their consultation to reflect changes in their treatment. We saw one record that demonstrated a change in health need and that the treatment plan had been changed accordingly. Records evidenced discussion of treatment options, the risks and benefits as well as consent given by the person. We saw that records were comprehensive and so ensured continuity of care. This meant people's needs were assessed and care and treatment was planned and delivered in line with their individual care needs.

We saw that arrangements were in place to contact relevant people in the event of an emergency. People told us they could get an appointment quickly and at a time that suited them. One person we spoke with told us, "Yesterday I was getting pain. Staff were understanding and they fitted me in today."

We saw from training records that staff had completed training in Cardio Pulmonary Resuscitation (CPR). We spoke with two staff who confirmed they had received the training and that they were confident of what to do in the event of an emergency. We saw that emergency equipment was available and included emergency medicines which were all in date. Other equipment included oxygen and a defibrillator. A signed checklist showed that the equipment was checked regularly. There was a first aid kit available and solution to be used in the event of an eye injury. Visitors to the service such as other professionals were given a tour to ensure they were made aware of fire and emergency arrangements. This meant people were protected as there were arrangements in place to deal with foreseeable emergencies.

Cleanliness and infection control ✓ Met this standard

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

We found the service to be clean and well maintained. There were appropriate processes and procedures in place to maintain cleanliness and reduce the risk of cross infection. The service had a dedicated member of staff for the process of decontamination as well as a senior member of staff with a lead role for decontamination. We observed a demonstration of the decontamination process and found it in line with current Department of Health guidance. There was a clear flow of 'dirty to clean' instruments. Staff were able to explain, in detail, each step of the process and the rationale for sterilisation. We saw that instruments were stored in appropriate packaging and for the correct amount of time. The member of staff we spoke with demonstrated an excellent knowledge of sterilisation and infection control. We saw records were kept to ensure that sterilising equipment achieved the required temperature and that the equipment was being properly maintained. This meant there were effective systems in place to reduce the risk and spread of infection.

We observed staff washing their hands appropriately after handling equipment. There was Personal Protective Equipment (PPE) available to staff including gloves, aprons, masks and visors if required. We saw two members of staff using PPE appropriately when handling instruments. Although 'dirty to clean' areas were not marked in each room, staff demonstrated how they worked in practice which ensured dirty instruments and equipment did not contaminate clean instruments. Yellow sharps bins were available for the disposal of contaminated sharp instruments such as needles. We saw that computer equipment such as keyboards and mice were covered in a protective film. This ensured they could be cleaned easily and the film replaced. This meant people were protected as staff took appropriate precautions when providing care.

The premises were clean and well maintained. Staff told us they had completed infection control training and we saw evidence in the training file which confirmed this. There was a health and safety and infection control policy in place that was detailed and comprehensive. Staff had signed the policy to show that they had read and understood it. The provider may wish to note that the infection control policy was dated for review in November 2012. We saw that infection control audits were carried out and that any discrepancies were addressed with an action plan. People were protected from the risks associated with cross infection because the service monitored the quality of infection

control.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We saw that staff were supported to undertake training relevant to their role. Dental nursing staff completed recognised training leading to registration with the General Dental Council. We observed from records that staff maintained their Continuous Professional Development (CPD), which is a requirement of professional registration. Three staff spoken with told us that they had received training opportunities and that the service had supported them in a variety of ways, such as giving them time to attend courses. We saw from training records that the service had provided training in infection control, CPR and first aid amongst others. Staff we spoke with told us that the training they had received had helped them to complete their work effectively. One member of staff told us that they were able to raise training needs directly with senior staff. This meant that staff were able, from time to time, to obtain further relevant qualifications.

We saw from minutes that staff meetings were held regularly. Three staff told us that they had recently attended a staff meeting and that they were able to add to the agenda if they wanted to discuss an issue. In the staff room we observed the agenda for the next staff meeting and saw that staff were able to add comments or items. We saw records that staff had access to supervision and appraisals. We spoke with two members of staff who confirmed that they had had an appraisal. Both confirmed that they had been able to discuss their achievements and where they may have required more support. They were also able to identify areas for future development. All staff spoken with said they felt supported by management at the service. Four staff told us that they were confident to report any concerns and that the management would act on them. This meant staff received appropriate supervision and could raise concerns.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

We found the practice actively sought people's views of the service. We saw that a patient survey had been completed. Where any issues were raised, the service could demonstrate actions taken. In the waiting area we saw that the complaints procedure was available for people to refer to. We spoke with one person who told us that they had no concerns but they would feel confident in making a complaint if they needed to. We saw there was a complaints policy available. We spoke with two members of staff who could tell us the correct way of dealing with a complaint. The service had no complaints in the preceding two years. We looked at an historic complaint and found the service had investigated it fully and any learning points were noted. This meant the provider took account of complaints and comments to improve the service.

Audits were completed to monitor service performance. We saw a recent infection control audit which had been completed. Where there were any highlighted shortfalls, we saw the service had taken action to correct them. Checklists were available that demonstrated equipment was regularly serviced and maintained. We saw a list of dates for changing a cleaning solution and we saw an audit that ensured the solution was changed as required. Emergency medicines were audited which ensured that the correct medicines were available and that they had not passed their expiry date. This meant that audits were used as a method of monitoring the quality of the service.

We found that important information relating to the running of the service was quickly passed on to staff. We examined a Medicines and Healthcare Products Regulatory Agency (MHRA) alert pertaining to a defibrillator. This is a specific communication that relates to medicines and medical devices. We saw that the service had cascaded the information to staff and we saw staff meeting minutes that demonstrated the issue had been discussed with the team. Where staff were required to read specific information, we saw that they signed to say they had read the information. This meant that information relating to quality was shared appropriately with staff.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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