

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

Metrodental - Cannongate House

Cannongate House, 64 Cannon Street, London,
EC4N 6AE

Tel: 02074891110

Date of Inspection: 02 May 2013

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2013

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

Respecting and involving people who use services	✓ Met this standard
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Care and welfare of people who use services	✓ Met this standard
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Safeguarding people who use services from abuse	✓ Met this standard
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Cleanliness and infection control	✓ Met this standard
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Supporting workers	✓ Met this standard
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Assessing and monitoring the quality of service provision	✓ Met this standard
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Details about this location

Registered Provider	Metrodental Limited
Registered Manager	Miss Suzanne Baker
Overview of the service	Metrodental - Cannongate House is a dental practice based in the Cannon Street area of London. It provides dental services primarily to city-based workers.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

Contents

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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 2 May 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

Metrodental - Cannongate House provides dental services primarily to city-based workers although we found some people were so happy with the quality of care they chose to travel from further afield. One person told us, "I don't work in London and I live quite a way from the surgery but it's worth the journey."

The surgery was modern and clean. All areas of the practice were accessible to patients or staff with disabilities.

At the time of our visit we spoke with four people who used the service and five members of staff. People we spoke with were very happy with the service. One person told us, "I love them, they are brilliant. I was a nervous patient and they have put me completely at ease."

The people we spoke with told us they felt involved in their dental care plan. One person said, "I feel very involved in my treatment, they always ask how I am and explain any procedures thoroughly."

Staff at the service felt supported by their manager. One member of staff we spoke with told us, "my manager asks me every day how things are going. I can go to them any time I need to."

The practice sought the views of people who used the service through surveys, comments cards and a visitors book.

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment. There were four surgeries at the practice. During treatment we observed the doors were kept closed. The people we spoke with said they were treated with respect and their privacy maintained during treatment. One person said, "the staff always greet me personally, the pleasantries happen in the reception area, but dental discussions always take place in the treatment room."

Staff told us they did not discuss anyone's treatment or visits outside the surgery. One member of staff said, "the reception area is quite small so if there was the need to talk privately with a patient we can take them into a separate office."

People who used the service said the dentist would discuss the treatment options, the timescale to do the work and the costs involved. One person said, "this is the first dentist I have ever been to where I feel listened to, and in complete control of my treatment."

People who used the service understood the care and treatment choices available to them. People told us they were given dental care plans outlining the treatment options and costs so they could research the dentist's advice in their own time.

People who used the service told us the practice was very keen on encouraging patients to take responsibility for their own oral health. One person told us, "they encourage me to take control of my oral healthcare. They demonstrate different products and advise on the correct ones for me. I can practice using them with the dentist."

People who use the service were given appropriate information and support regarding their care or treatment. A patient information leaflet outlining services provided was available. One person who used the service told us, "they have a brilliant website so I use that, but I can always speak to the practice manager for anything else I need to know."

We were told that a number of people who used the service came from other countries but they all spoke very good English. However, if someone was unable to speak English the practice had a number of staff who spoke another language and this had been useful on a few occasions. The staff also said the practice could arrange a translator with some prior notice if the patient was unable to bring someone with them to translate.

Although not easily accessible to all disabilities due to steps up to the front door, the practice can arrange step-free access through a rear entrance with notice. Staff also told us people can be referred to the other branch where access is better.

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. People said they were happy with their care and treatment. One person we spoke with said, "I was terrified of the dentist. They took me through everything slowly and step-by-step. They always gave me the time to compose myself when I got upset." Another person told us, "they communicate very well, always ask how I am, and explain procedures thoroughly."

People who used the service told us they could get appointments quickly with their preferred dentist or hygienist. One person told us, "they always fit me in. When I was visiting very regularly I never felt like I had to wait long for my next appointment." Another person said, "I can usually get an appointment. But if they can't fit me in here I can use their other branch."

One dentist we spoke with told us when they discuss people's treatment plans they would show people the inside of their mouth on a screen by using a camera. They could also show people their x-rays and use pictures to describe any proposed treatment. One person we spoke with told us, "we spent a lot of time talking about the procedure I was going to have. The dentist showed me pictures to explain the surgical process. They took lots of pictures of my mouth to show me what was going on."

Staff told us they provided each patient with a written copy of their signed dental care plan. One dentist we spoke with said, "I always discuss the options with the patient, I give them clinical guidance, but always tell them any treatment is their choice." One person we spoke with said, "I trust them completely. I can ask if there are alternative treatments, we can always discuss the options."

Staff told us people who used the service had to complete a medical history questionnaire when they first joined the practice. The people we spoke with confirmed this and said, "the dentist asks me at each visit if there has been any changes in my health or medicines since my last visit."

There were arrangements in place to deal with foreseeable emergencies. Staff were able to explain how they would deal with medical emergencies and knew where to locate the

emergency medical kit and oxygen. Staff were trained annually in basic life support techniques.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. During our visit people did not raise any concerns about the way they have been treated. One person told us, "I trust them completely. I will be bringing my children here in the future."

The practice manager had recently attended a course on safeguarding vulnerable adults. Staff told us practice manager had discussed the course content with them at the team meeting. The provider may find it helpful to note that all staff should have safeguarding vulnerable adults training.

All staff took part in an online course in child protection as part of their mandatory training. We saw certificates for staff who had taken part in the course.

The staff we spoke with could describe what safeguarding vulnerable adults and children meant. They understood the different types of abuse they might come across. Staff said, "we report any incidents to the manager or principal dentist."

We saw the safeguarding vulnerable adults and children policy and procedures. At the time of our inspection we suggested including the local authority safe guarding team contact numbers within the policy and procedure.

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. People were cared for in a clean, hygienic environment

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection. We saw that both clinical and non clinical areas of the practice were clean and tidy.

We observed the procedure the nurse used for instrument decontamination and sterilisation. There was a separate decontamination sterilisation room which was equipped and laid out in accordance with the requirements of the Department of Health guidance known as HTM01-05. The room was zoned into clean and dirty areas. We saw the maintenance and log books for the autoclave and washer disinfectant were completed and up-to date.

We observed the hand washing procedure and personal protective equipment being worn while the nurse was decontaminating and sterilising equipment.

Instruments were labelled and stored correctly.

The surgery was equipped with clinical waste disposal bins and sharps containers which were collected and disposed of by external contractors.

We saw current infection control training certificates for all members of staff. The dental infection control certificate was displayed in the reception area.

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

Staff received appropriate professional development. Staff were able, from time to time, to obtain further relevant qualifications. One member of staff told us, "it's an amazing place to work; I feel so supported, I am so happy here."

Potential new staff would be invited for a trial day prior to appointment to assess their suitability. There was an induction period for staff when they started working for Metrodental. The length of induction period was based on their previous experience. They were shadowed by a more senior member of staff before being able to work independently.

We were shown staff records which included details of registration with professional bodies and records of all continuing professional development training undertaken. We were told training is done through an on-line package or by attending courses.

Dentists told us that the principal dentist audited their work by looking at photos of the treatments they had given. They also had monthly meetings where they discussed case studies and shared expertise and knowledge.

Staff told us the nurses and practice manager had a meeting every six weeks. They discussed anything topical, policies and procedures and any concerns.

All the practice staff also meet together once every three months to discuss any changes within the practice, policies and procedures and any issues.

The managers told us they had informal one-to-one meetings with staff members as and when they were needed. They felt this was useful as they could identify issues as they arose and come up with solutions quickly.

All the members of staff we spoke with told us there was an informal open door policy and they felt able to talk to the manager about anything they needed to at any time. One person said, "it's great to work here, everyone helps each other and I can go to the manager about anything. They always check I'm ok."

We saw evidence staff had appraisals with their manager once a year. They had the opportunity to discuss any issues, professional observations, personal issues and training and development needs.

The policies and procedures file was accessible to all staff members. The provider may find it helpful to note, it is good practice to have a policy and reporting procedure for staff to follow should the service fall below the essential standards of quality and safety.

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

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

People who used the service had been asked to take part in a patient survey but it had not produced any comments as no one had returned the survey.

We saw comment cards were available for people who used the service to complete if they wanted to. We saw only a few had been handed in and the comments made had not required any follow-up by the practice.

Staff told us that patients usually comment about any issues at the time of treatment and this meant anything could be followed up immediately.

Staff told us they made a courtesy call after a patient's treatment. People who used the service told us they received calls after any treatment to see how they were and whether they had any questions or queries.

Metrodental have found that people preferred to write in a comments book which was kept in the waiting area. We saw comments such as, "very clean professional outfit, I felt completely at ease", and "from the first phone call you were helpful and keen to reassure me. The dentist was superb as was the cheerful reception staff."

Staff also told us people would email them with comments or queries. We saw emails from people who used the service commenting on the quality of care provided.

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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