Inspection Report

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

Kings Avenue Dental Surgery

41 Kings Avenue, Muswell Hill, London, N10 1PA

Date of Inspection: 21 February 2013

Date of Publication: April 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
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Supporting workers	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Dr. Gary Cohen
Overview of the service	Kings Avenue Dental Surgery is a three surgery practice located on the ground floor of a terraced house. The Dental Surgery provides NHS and private treatment to both adults and children. The Dental Surgery is staffed by five dentists, five dental nurses who also carry out reception duties and a receptionist who is also the practice manager.
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'.

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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 21 February 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

The practice staff were friendly welcoming and informative. The practice was clean.

Patients felt that they had been given sufficient information about their care and treatment. One patient told us that they had been a patient for 10 years and was "Happy as a patient here and that the dentist was always very good with the children", they told us that they had recommended the practice to family and friends.

The practice had received feedback from the NHS choices website which stated "The dentist I saw could not have been kinder"' and "Great service, speed, great communication and transparency about prices".

There were effective systems in place to reduce the risk of infection. The decontamination of instruments took place within the surgeries. Staff were able to describe the decontamination process to us and provide evidence to show that daily and weekly checks were carried out on the equipment.

The necessary checks had been carried out on prospective employees before they could start work and an induction programme was available for new members of staff.

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.

Patient's privacy, dignity and independence were respected.
Patient'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

Patients were given appropriate information and support regarding their care and treatment. The practice manger told us the dentists always spend time explaining any treatment options to the patients. Patients were given a treatment plan detailing their treatment and costs after discussions with the dentist. We saw four patient records with documented and signed treatment plans.

Patients were able to express their views and were involved in making decisions about their care. We spoke with two patients and they told us the practice staff were helpful and listened to you and emergency treatment was offered the next day. One patient told us they had been a patient for 10 years and was "Happy as a patient here and that the dentist was always very good with the children", they told us that they had recommended the practice to family and friends. Both patients told us their treatment options had been explained to them and they understood they were being provided with treatment on the NHS.

The patients told us it was easy to make an appointment and staff were very helpful and caring. Information was given to them about how to look after their teeth and improve their dental health. The practice manager told us they had positive feedback on the NHS Choices website. We looked at the comments which stated "The dentist I saw could not have been kinder" and "Great service, speed, great communication and transparency about prices".

Patients diversity values and human rights were respected. There was patient information available in the waiting room including a practice information leaflet, NHS fees banding poster, and how patients could complain. We saw that the practice had a complaints file and information to give patients. We saw that the practice had investigated a complaint and had responded to the patient to bring the complaint to a satisfactory conclusion.

The practice manager told us that the practice respected patient and staff confidentiality

and showed us their policy.

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.

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

Reasons for our judgement

Care and treatment was planned and delivered in a way that ensured patient's safety and welfare. The practice manager told us that patients on their first initial assessment fill in a confidential medical history form. This was then checked by the dentist and was updated and signed by the patient at recall appointments. This meant staff were always aware of any risks to patients and would ensure they were safe during treatment.

We looked at four patient records. They contained medical history forms and a record of the updating of the forms when the patients attended for examinations and treatment. The treatment plans and consent forms for the patients had been signed to indicate their consent to treatment.

The practice manager told us that all the dentists are aware of the guidance documents from NICE. They used the guidance to decide when to recall a patient based on the risk of developing dental disease. The recall was then recorded in the patient's notes. The dentist told us that when treating children they always allowed the parent to be present in the surgery and treatment options are explained to both the child and the parent.

The practice had a risk assessment in place and a health and safety policy. The practice also showed us their process for dealing with rapid response reports, patient safety alerts and recommendations which require action. The practice manager showed us the Radiation protection file and evidence the practice continuously audit the quality of their x rays images. We also saw certificated and dated evidence that the x ray machines had been tested and were working correctly.

There were arrangements in place to deal with foreseeable emergencies. The practice manager told us staff undertook annual training in dealing with medical emergencies. There were training certificates which were up to date and detailed the training provided.

We looked at the emergency drug kit, portable suction and oxygen cylinder. There was a record of the equipment servicing and the emergency drugs were all in date and checked on a monthly basis. This ensured that the risk to people during a procedure was reduced and equipment was working effectively.

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.

Patients were protected from the risk of infection because appropriate guidance had been followed and people were being 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. The practice was clean and well maintained. The practice manager was the designated infection control lead and we saw an up to date infection control policy. We saw training records for all staff for infection control which were up to date and the practice confirmed that they do this annually.

There were arrangements in place to clean the surgery between patients and we saw documented evidence that this was carried out. We saw the practice used disposable items when required such as matrix bands, impression trays and aspirator tips. Personal protective equipment was available including disposable gloves, masks and aprons. The practice also had disposable bibs and goggles for the patient to wear during treatment.

Decontamination of the instruments took place in the dental surgery. The dental nurse showed us how the instruments requiring decontamination were processed. The instruments were transported in sealed boxes which were clearly labelled "dirty"' before being manually cleaned the practice used separate clean and dirty bowls in order to rinse the instruments. They were inspected under illuminated magnification and put in the autoclave. We saw the certificates for the ongoing maintenance of this machine along with the daily and weekly checks required. There was a process in the decontamination area to ensure that clean and dirty instruments did not contaminate each other.

Instruments that had been sterilised were packaged and stored until required. The date of sterilisation and the date of expiry was written on each bag. The provider may wish to note that the bowls used for dirty and clean rinsing were not labelled appropriately.

Waterlines in the dental unit were treated with disinfectant and an up to date Legionella risk assessment had been undertaken.

The clinical waste was clearly labelled and segregated and the sharps bins were correctly labelled and assembled.

The provider may wish to note that infection control audits had not been undertaken.

The practice had applied for planning permission to create a separate decontamination room.

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

Staff received appropriate professional development. We saw core module continuing professional development (CPD) certificates for all members of staff. These were appropriate to the safe delivery of treatment and the services.

The practice manager showed us evidence that staff had read and understood the practice policies.

We saw evidence that the practice had effective recruitment processes in place and had carried out appropriate checks before staff began work. There was evidence of criminal record bureau checks, registration with the General Dental Council and professional indemnity for all staff members.

Staff were able, from time to time, to obtain further relevant qualifications. The practice had an induction process for new members of staff and we saw that a recently recruited dental nurse had been enrolled on a course to gain a qualification.

Records ✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

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

Patient's personal records including medical records were accurate and fit for purpose. We looked at four patient records which were kept securely on a computer system which was password protected and backed up regularly. The medical histories of patients are updated. The records were written contemporaneously by the dentist. The paper records were kept to the side of the reception desk and the provider may wish to note that these are not securely stored.

Staff records and other records relevant to the management of the service were accurate and fit for purpose. The practice was able to provide documentary evidence that the premises and equipment are maintained.

The practice had a policy for securely sharing information with other organisations and were able to demonstrate that they were aware of the Freedom of Information Act and the Data Protection Act.

The practice manager told us they had a diary system in place which alerted them when policies were due for renewal or equipment required servicing.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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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