

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

## Montrose Smile Studio

2 Montrose Avenue, Twickenham, TW2 6HB

Date of Inspection: 23 January 2013

Date of Publication: March 2013

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

<b>Respecting and involving people who use services</b>	✓ Met this standard
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<b>Care and welfare of people who use services</b>	✓ Met this standard
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<b>Cleanliness and infection control</b>	✓ Met this standard
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<b>Staffing</b>	✓ Met this standard
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<b>Complaints</b>	✓ Met this standard
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## Details about this location

Registered Provider	Mr. Madin Khan
Overview of the service	The surgery provides dental services to private patients. The practice has a private consultation and treatment rooms and a central reception area. It is located in the Whitton area of south west London.
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

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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

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### What people told us and what we found

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People using the service said they were satisfied with the treatment they had received and way it was provided. One person said "I was recommended this surgery and never looked back". The procedure for consultation and treatment had been explained clearly to them as well as its cost. "The treatment is well explained, methodical and easy going with no surprises". They were also told about any risks that might arise from treatments chosen. They felt treated with dignity, respect by the surgery staff and had received consultations and treatment in private. They did not comment on the surgery infection control systems. They did tell us they thought the surgery was clean, tidy and was well maintained. They told us they were aware of the complaints procedure and how to operate it. One person said "I have no complaints whatsoever".

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

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://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

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### Our judgement

The provider was meeting this standard.

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

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### Reasons for our judgement

People using the service understood the care and treatment choices available to them.

They said treatment options, risks attached to them and their costs were explained from first point of contact and during consultation. Someone told us "What I like is if something might need doing, but not straight away the dentist suggests we wait and see if it is really necessary". People expressed their views and were involved in making decisions about their care and treatment. One person told us that it was very important for them to know what was happening and the dentist explained everything to them throughout the treatment process. They also felt treated with dignity and respect when visiting and on the telephone. They said all consultations and treatment were carried out in private. There was written information at the surgery that included a welcome pack and available treatments and costs. We saw staff giving people clear information during our visit. There was also information available on the website that included what people can expect from the surgery. People were given written treatment plans that included costs. This was after the treatment was explained and discussed with them. They were given the opportunity to take a copy of the treatment plan away to consider further before deciding if they wished to have the treatment. The treatment plans included x-rays and digital photography for treatment clarity and reasons why it was needed were explained. There was a dignity and respect policy and procedure and the staff practice we saw, showed it was being followed.

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

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**Our judgement**

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The provider was meeting this standard.

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

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**Reasons for our judgement**

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

They told us they were very satisfied with the treatment received and way it was delivered. They had treatment plans that were fully explained to them. Treatment progress was also explained throughout the patient journey. One person said "My experience from start to finish was good". Someone else said "I tried another surgery, but my children were not comfortable. They are here". Others commented "My teeth have improved immensely since using this surgery and I have been made far more aware of preventative practices to keep them healthy." "I have nothing but praise and being relaxed makes such a difference". They also told us the service was delivered by competent, efficient, knowledgeable and friendly staff when they required it and in the way they wished for. Wherever possible appointment times were made that suited them. During our visit one person using the service had to cancel an appointment and re-schedule at short notice. This was dealt with efficiently with little fuss and to the satisfaction of the person. Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. One person said "I signed to give my consent to treatment".

Staff explained the patient experience to us from first point of contact. Treatment risks and benefits were discussed as part of the consultation process. This gave people the opportunity to further understand the care and treatment provided. Records showed people using the service had to complete a medical history that was updated at each visit. Follow up phone calls were made after treatment to make sure it had gone well and there were no problems. This was generally done by the dentist.

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

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## **Our judgement**

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The provider was meeting this standard.

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

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## **Reasons for our judgement**

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There were effective systems in place to reduce the risk and spread of infection.

People said the surgery was clean and tidy. They did not comment on infection control procedures.

During the inspection we found the reception, consultation, treatment and decontamination rooms were clean and well maintained. There were separate sinks used for hand washing and used instruments. The dental chairs were clean and well maintained. Safety equipment was provided for staff such as aprons, gloves and goggles that were appropriately used. Staff were trained and qualified in a number of areas including instrument decontamination, cross infection control and resuscitation. This training was updated when required.

A dental nurse demonstrated the process from opening the surgery each day, to decontaminating instruments and treatment rooms following each treatment. They showed us how they checked re-usable instruments for debris and residual matter after washing and before sterilisation. This included magnification. There was a clear process followed to ensure that clean and dirty instruments did not cross contaminate including autoclave records. The demonstration showed us they follow a cycle that prevents cross contamination and minimises infection. Regular audits were also recorded including infection control, clinical practice, the patient journey, health and safety and medical records. All staff were involved in and discussed the outcomes of the audits. The dental equipment used was serviced and checked by engineers regularly.

Sharp boxes were in evidence and emptied by contractors when three quarters full and clinical waste was appropriately stored and disposed of under a two weekly contract.

## Staffing

✓ Met this standard

**There should be enough members of staff to keep people safe and meet their health and welfare needs**

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### Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

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### Reasons for our judgement

There were enough qualified, skilled and experienced staff to meet people's needs.

People using the service said there was enough staff to deliver the service. They told us the staff were professional, caring and supportive. Our inspection visit demonstrated that there were adequate numbers of staff to meet people's needs. They had access to appropriate training and were suitably qualified for the posts they held. There were two dentists, two hygienists, two dental nurses, a receptionist and registered practice manager. Staff were allocated and aware of their specific areas of responsibility. There were identified leads such as safeguarding. The dentists were GDC (General Dental Council) registered. All staff were CRB checked. CRB is the Criminal Records Bureau. Staff working at the service had the relevant qualifications or were training towards them and experience to deliver the service provided well. They were trained in resuscitation and attended annual mandatory refresher courses. Staff said that all of the procedures for care and treatment were carried out in line with up to date published research and good practice guidelines.



## Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

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### Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

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### Reasons for our judgement

People were made aware of the complaints system. This was provided in a format that met their needs.

People using the service told us they knew how to complain and who to. They said "I have no complaints whatsoever". There was a written complaints policy and procedure that was readily accessible to people using the service at the surgery, in the reception area and in the information pack. There were no current recorded complaints. We saw there was a system to log complaints and compliments and complaints were thoroughly investigated.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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