

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

Maygrove Dental Practice

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Date of Inspection: 17 January 2013

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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. Mahta Yasseri
Overview of the service	Maygrove Dental Practice is located on Kilburn High Road and provides dental care on a private basis only.
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'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
Our judgements for each standard inspected:	
Respecting and involving people who use services	5
Care and welfare of people who use services	6
Cleanliness and infection control	7
Supporting workers	8
Records	9
About CQC Inspections	10
How we define our judgements	11
Glossary of terms we use in this report	13
Contact us	15

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 17 January 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

We spoke with three patients who were complimentary about the practice. They felt they were treated with respect and dignity. They told us they were informed about the choices, costs, alternatives and possible outcomes of their treatment.

Overall they felt 'safe' and 'trusted' the clinician. They also, 'enjoyed coming to the practice'.

The first patient said 'I came here before M****, I travel one and a half hours to my appointments.'

Another said 'she is the best dentist I have ever had, she has a nice chairside manner and is very professional'.

The practice was friendly, welcoming and informative. We saw that patients were listened to in all areas of the practice. The surgery was clean throughout and there was evidence of high quality service delivery. Patients were consented appropriately and the staff were well trained and caring. The practice was well led by the dentist and the staff were observed to be well organised.

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 who use the service understood the care and treatment choices available to them. People said they understood the proposed treatments and the costs. We saw they had signed paperwork which outlined both proposed treatment and the cost. There were information leaflets available in the reception.

People expressed their views and were involved in making decisions about their care and treatment.

We observed good communication between the patient and the dentist and their views were listened to and noted in the record. Decisions regarding the treatment plan took into account these views. All three patients said the dentist always spent a lot of time explaining and listening to them.

People who use the service were given appropriate information and support regarding their care or treatment.

The practice leaflet was available in reception and gave clear information regarding opening times, out of hours access to emergency treatment and how and whom to complain to.

All three of the patients said they had been treated with dignity and respect in their dealings with all members of staff.

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. We saw written treatment plans and patients signed consent to their treatment.

People's care and treatment reflected relevant research and guidance and the practice followed NICE guidelines. We saw the treatment given was planned and delivered to ensure the patient was safe and benefitted from it. People completed an initial form to ensure information was provided on their past and current medical history which was then included in the record card. The records showed updates, including the patient's views and changes in the medical history were entered regularly. Medical alerts were flagged up to protect both patients and staff.

There were arrangements in place to deal with foreseeable emergencies. Staff had undergone training in dealing with emergencies and their training was up to date. One non clinical member of staff was awaiting cardio-pulmonary resuscitation (CPR) training.

There was medical emergency equipment available which included a defibrillator and oxygen cylinder. The equipment was checked weekly and a record of the checks was kept. Emergency drugs were available and in date. The provider had an adrenaline EpiPen on order and injectable adrenaline was on site.

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. The patients commented on the overall cleanliness of the practice when asked by us. An external cleaner was contracted to clean the practice in accordance with the appropriate regulation. Cleaning guidance and schedules recording cleaning activity were present.

The dental nurse showed us a decontamination cycle. Dirty instruments were correctly transported to the stand alone decontamination room (an unused surgery). The correct procedure flowed in accordance with Decontamination Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices. Instruments were correctly bagged and stored. Validation of the equipment was recorded for every cycle and recorded. The maintenance logs were seen to be in date for all the equipment.

Personal protective equipment was readily available to all staff and worn appropriately. Staff understood what to do if there was a blood spillage. The patients told us that clinical staff wore disposable gloves and aprons. Hand washing training was provided and hand washing technique guidance was seen.

Waterlines in the dental units were treated with disinfectant and up to date Legionella risk assessments were seen. Regular infection control audits were done and the records seen. The clinical waste audit, protocols and policies were in date and evidenced. We saw they were being followed appropriately by the use of orange bags, black bags and sharps boxes.

The sinks in the clinical areas had open overflows and were not fully compliant with the regulations. We were informed that the practice was to be refurbished in the very near future and this area of non compliance would be addressed and resolved.

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.

Evidence of continuing professional development was seen and appropriate audits, action plans and risk assessments were in place. This ensured good standards of care.

Reasons for our judgement

Staff received appropriate professional development.

We saw certificates for continuing professional development CPD for all staff. These were consistent and appropriate to the safe treatment and delivery of the regulated services.

Staff were able, from time to time, to obtain further relevant qualifications.

A five year cycle for CPD in the core subjects, required by the professional body, was seen. This ensured the practice was up to date with current guidance on service delivery.

The practice was to register with the British Dental Association Good Practice Scheme which gives an assurance of good clinical governance.

The provider has secured high standards of care by creating an environment where clinical excellence could do well. We saw evidence that Dr Y***** had attended higher level learning in support of service delivery.

It was evident from the practice meeting records we saw, that staff were given opportunities to discuss service related matters openly.

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 protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

People's personal records including medical records were accurate and fit for purpose. We examined five record cards which were detailed and contemporaneously written by the dentist. Medical histories were regularly updated.

Appropriate health assessments were carried out, and recorded in accordance, with current guidelines and regulations.

Staff records and other records relevant to the management of the services were accurate and fit for purpose.

Record card audits were evidenced to show that high standards of record keeping were continued. Radiographs were of a good standard and taken at appropriate intervals.

We noted that there were no recent radiograph audits. The provider had recently attended IRMER training (radiology course) and told us an audit would be undertaken within seven days.

Patient's records were kept securely and could be located promptly when needed.

Records were stored in a non public area in a lockable filing cabinet. We did observe that some patient records were left on open shelves behind reception which could compromise confidentiality. These were removed during the inspection to the safe area

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.

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