

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

## Ilford Dental Practice

216 High Road, Ilford, IG1 1QE

Tel: 02084780709

Date of Inspection: 18 March 2014

Date of Publication: June 2014

We inspected the following standards to check that action had been taken to meet them. This is what we found:

<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Cleanliness and infection control</b>	✓	Met this standard
<b>Management of medicines</b>	✓	Met this standard
<b>Safety and suitability of premises</b>	✓	Met this standard
<b>Supporting workers</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard
<b>Records</b>	✓	Met this standard

## Details about this location

Registered Provider	Mr. Anantkumar Patel
Overview of the service	Iford Dental Practice offers dental services to the local population including NHS and private treatment.
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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We carried out this inspection to check whether Ilford Dental Practice had taken action to meet the following essential standards:

- Care and welfare of people who use services
- Cleanliness and infection control
- Management of medicines
- Safety and suitability of premises
- Supporting workers
- Assessing and monitoring the quality of service provision
- Records

This was an unannounced 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 18 March 2014, checked how people were cared for at each stage of their treatment and care and reviewed information given to us by the provider. We were accompanied by a specialist advisor.

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### What people told us and what we found

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We carried out this inspection in order to check whether the provider had achieved compliance in the seven non-compliant outcome areas identified at the previous announced scheduled inspection on the 11 December 2013. Following the inspection last year, we served five warning notices on the provider, outlining the non-compliance and where improvement needed to be made. We had moderate concerns in two other outcome areas. We had told the provider to be complaint by 26 February 2014. The provider sent us an action plan before this date, which stated that the improvements had been made.

During this inspection we spoke with the registered dentist, the associate dentist, two dental nurses and a receptionist. We did not speak with people who used the service at this visit but the two people we spoke with at the previous inspection visit were positive about the quality of their care. We found that the provider had now made the required improvements in order to achieve compliance in the seven outcomes that were previously non-compliant.

There were now arrangements in place to deal with a patient collapse, and appropriate policies and practices were being used to reduce the risk of infection. Staff told us they felt well supported, and showed us their training certificates and their professional development plans.

The provider had systems in place to seek the views of people using the service and was carrying out audits to continuously improve upon the quality of care and treatment. Records were now being stored in a safe and secure way.

Following the previous inspection, we referred our findings to Environmental Health and

the local Fire Safety Assessor. At this inspection we found that these organisations were satisfied with the actions taken by the provider.

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

### 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

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### Our judgement

The provider was meeting this standard.

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

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### Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

At the previous inspection one person told us that their dentist did not check their medical history during their appointment, which meant that possible changes in the person's medical status would not have been considered in their treatment plan. We checked ten patient files and found that there were up-to-date medical histories.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. At the previous inspection we found several out-of-date items used for people's treatment, such as an expired tooth whitening system. At this inspection we checked a range of equipment and found that all items were in date.

There were now effective systems in place to deal with foreseeable emergencies. At the previous inspection the oxygen canister had expired and staff told us they had not been given recent training on first aid and fire safety. Staff did not know where the emergency drugs were kept, and there were no checklists to show that equipment and medication was in place and checked on a regular basis. This meant that there was a risk that should a patient collapse in the surgery, the dentist or the staff would be unable to help if medication or lifesaving equipment was required. At this inspection we found that the provider had arranged basic life support and fire training for staff. The emergency equipment, including the oxygen canister were in date and being checked regularly, and staff were able to describe the actions they would take in the event of an emergency.

**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 cared for in a clean, hygienic environment.

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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. At the previous inspection staff were unable to show us any policy or guidance for them to follow in relation to infection control or decontamination of instruments. Staff were not able to show us when the autoclave was last serviced and there were surgical instruments in use which had not been packaged following the sterilisation process, which meant we did not know if these instruments had been suitably prepared for use.

At this inspection we found that staff were following the relevant guidance as set out in Health Technical Memorandum (HTM) 01-05 and the Health and Social Care Act (2008). The service showed us a certificate to demonstrate that the autoclave had been serviced recently.

At the previous inspection we found that there was an open clinical waste bag in an unlocked room. There were mouse droppings in a back room not used by members of the public and a member of staff was not sure about whether the surgery had a cleaner. At this inspection we found that all clinical waste was securely stored in a locked room and the provider had satisfactorily followed the guidance from the local environmental health office in regard to the mouse droppings. Staff showed us the schedule for the cleaner and told us how they monitored the cleanliness of the premises.

At the previous inspection the storage, preparation and use of decontamination products was not in line with the Control of Substances Hazardous to Health (COSHH) guidelines, as there was no evidence that the risks and hazards from chemicals had been assessed and actions taken to reduce risks. We had found hazardous chemicals in five separate areas of the building and none of these areas were locked. This meant there was a potential risk to people using the service. At this inspection we found that risk assessments were in place and all hazardous chemicals were in locked areas.

**People should be given the medicines they need when they need them, and in a safe way**

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## **Our judgement**

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The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

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## **Reasons for our judgement**

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At the previous inspection we observed that medicines were not kept safely. We were told by a member of staff that the fridge temperatures were checked by the principal dentist but there was no visible record of these checks and the principal dentist was not at work that day. This meant that there was no current knowledge available for the temperature of the fridge, which could mean that the medicines were not stored correctly. We also found expired medicines in the clinical room and the fridge, for example, an expired bottle of Endomethasone (a root canal sealant). This meant people using the service were at risk from unsafe and ineffective medicines.

At this inspection we found that medicines were kept safely. There was a system in place to record and monitor the temperatures of the fridge and clinical room, and the medicines we checked were all in date.

## Safety and suitability of premises

✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

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### Our judgement

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The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

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### Reasons for our judgement

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At the previous inspection we found that the provider had not taken adequate steps to provide care in an environment that was suitably designed and adequately maintained. We found that the room used for the developing of dental x-ray film was extremely small and did not have adequate ventilation. The room was not lockable and contained dangerous open containers of chemicals hazardous to health. This meant that staff were working under conditions that exposed them to risk and the area could be accessed by children using the service. At this inspection we found that ventilation was now in place and the area was kept locked.

At the previous inspection there were unsuitable arrangements in place for being able to respond to the event of fire, which put people using the service and staff at risk. We identified four old extinguishers on the floor in the back room, which had not been checked since 2004. There was also clutter in a back room which formed part of the fire escape route. There was a newer fire extinguisher still in its box which had not been put in use and the smoke alarm did not work when we tested it. We reported our concerns to the local fire safety officer. At this inspection we found that the provider had carried out all of the actions required by the local fire safety officer in order to protect people from the risk of fire.

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

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## **Our judgement**

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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.h

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## **Reasons for our judgement**

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At the previous inspection we were unable to look at any records relating to training and support for staff. Staff told us they had not received any recent training including fire safety and infection control, and had not had a recent appraisal. This meant that staff had not received appropriate professional development.

At this inspection staff told us they had received training and booked further training. Staff showed us their training records and we also saw that all staff had received recent appraisals. The associate dentist and the two dental nurses we spoke with told us they could discuss any concerns with the principal dentist, and they used their regular staff meetings as a forum for discussing new practices and developments within the dental sector. This meant that staff were supported with their ongoing professional development.

## 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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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At the previous inspection we found that the provider did not have systems in place to regularly assess and monitor the quality of services provided. The provider did not identify, assess and manage risks within the practice to people's health, safety and welfare.

At this inspection we found that the provider had established systems to identify hazards and protect staff and patients from them. People who used the service, their representatives and staff were asked for their views about care and treatment, and they were acted on. At the previous inspection there was no information available to guide people how to make a complaint and no system for asking people for their views. At this inspection we found that people could pick up a leaflet in the waiting room, which asked for their comments and informed them about how to make a complaint. There was a suggestions box in the waiting room and the provider had sent out questionnaires to patients. The principal dentist told us that there had not been any complaints in the past twelve months.

At the previous inspection we asked staff if there were any audits but they were not sure. At this inspection we found that the provider had carried out audits in regard to infection control and the use of radiographs, and the outcomes of these audits had been discussed with staff as part of the service's ongoing development.

## Records

✓ Met this standard

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

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### Our judgement

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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.

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### Reasons for our judgement

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The service used paper records. At the previous inspection we found that people's personal records were not stored securely in a lockable cabinet in a lockable room which meant people's confidentiality was not protected. We also found that information within the files was not arranged in chronological order, which made it difficult to ascertain if the records were complete.

At this inspection we found that people's files were stored safely and securely. The ten files that we looked at were filed in an orderly and chronological manner, which meant the dental nurse could show us the sequence of people's care and treatment.

## 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.

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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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Phone: 03000 616161

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Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

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Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

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Website: [www.cqc.org.uk](http://www.cqc.org.uk)

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