

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

Mitcham Dental Care

43 Upper Green East, Mitcham, CR4 2PF

Tel: 02086460011

Date of Inspection: 26 March 2014

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2014

We inspected the following standards in response to concerns that standards weren't being met. This is what we found:

Care and welfare of people who use services	✓ Met this standard
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Cleanliness and infection control	✓ Met this standard
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Requirements relating to workers	✓ Met this standard
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Details about this location

Registered Provider	Pedram Negahban, Dakshu Babubhai Patel, Kesha Nishal Patel
Registered Manager	Ms Charmaine Elaine Harrison
Overview of the service	Mitcham Dental Care is located above a parade of shops. The practice provides mainly NHS and some private dental services from two surgery rooms. There is an additional room that is not currently functional for use. The provider is a dentist and the everyday operational tasks are handled by a 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'.

	Page
<hr/>	
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
<hr/>	
Our judgements for each standard inspected:	
Care and welfare of people who use services	5
Cleanliness and infection control	7
Requirements relating to workers	9
<hr/>	
About CQC Inspections	10
<hr/>	
How we define our judgements	11
<hr/>	
Glossary of terms we use in this report	13
<hr/>	
Contact us	15

Summary of this inspection

Why we carried out this inspection

We carried out this inspection in response to concerns that one or more of the essential standards of quality and safety were not being met.

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 26 March 2014, observed how people were being cared for and talked with people who use the service. We talked with staff, reviewed information given to us by the provider and talked with other regulators or the Department of Health.

What people told us and what we found

We visited Mitcham Dental Care as we had received anonymous information that was of concern. The information we had received had focused on two main areas. These areas included infection control and requirements for employing staff.

During our inspection we talked to two people that used the service, three members of staff, the provider and the manager. Comments from people included "The staff are nice, I like the dentist, he seems better than the one before" and "I didn't have to wait long for the appointment, they fitted me in straight away".

The people using the service who we spoke with told us they had no concerns about the cleanliness of the practice. The practice had policies and procedures in place for the prevention and control of infection. We saw evidence of audits carried out monthly and any issues found were actioned and documented.

There were effective recruitment and selection processes. We looked at the recruitment policies they had in place and three staff records. We found all the records to be complete and all the staff we spoke to confirmed they completed an induction programme.

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

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.

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

Reasons for our judgement

During our inspection we asked people what their experience was like when visiting the dental practice. Comments from people included "The staff are nice, I like the dentist, he seems better than the one before", "I didn't have to wait long for the appointment, they fitted me in straight away" and "It was clear to me what the dentist was advising, I know what I need to do now".

People's needs were assessed and care and treatment was planned in line with their individual care plan. We reviewed three people's records during our visit. We saw a medical history form was completed and signed by the person using the service. This included information such as current medicines being taken, allergies and illnesses. The dental staff confirmed that people's medical histories were checked at every visit. People we spoke with confirmed they were asked about their medical history before they were treated. We saw in the records a range of treatment plans and signed consent forms to indicate people's agreement. This helped to ensure that people consented to the treatment they received.

During our inspection we observed personal interactions between staff and people using the service. We saw staff being professional and polite with people and explaining dental advice clearly. People said they understood everything the staff told them.

The provider had arrangements in place for dealing with medical emergencies. The emergency and first aid equipment was seen to be available close to all the surgeries and gave easy access to the equipment if required. We saw evidence that medicines used in emergencies were checked regularly by the staff. Records were kept of the emergency medicines in stock and their expiry dates. We also saw that emergency equipment included oxygen, which was checked on a regular basis.

We spoke with one of the dentists for the practice. They told us "It was the first thing I looked at when I joined the practice, I checked that all the necessary medicines and

equipment were in place". They told us they had received training in emergency care in dental practice and that this included first aid. We saw records confirming that staff had received annual training in how to manage medical emergencies. This helped to protect people's health and wellbeing.

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.

Reasons for our judgement

The people using the service who we spoke with told us they had no concerns about the cleanliness of the practice. They told us they were given protective clothing and saw staff wore protective clothing and glasses also. The provider informed us that they are in the process of planning a refurbishment of the surgeries and this was to be phased so there was minimum disruption to people who used the service and staff.

There were effective systems in place to reduce the risk and spread of infection. We saw hand hygiene procedures on display in each surgery and clear guidance for staff on what to do if they had a sharps injury or exposure to blood or body fluids.

The practice had policies and procedures in place for the prevention and control of infection. We were shown the practice's decontamination and infection control policy. This included instructions and guidance for dealing with; needle stick injuries, safe disposal of hazardous clinical waste, decontamination process of reusable instruments and equipment and hand hygiene. The manager told us there was a contract in place for regular collection and safe disposal of clinical waste including amalgam and sharp instruments. We noted that the clinical waste was kept in securely sealed bags and stored in a cupboard that was not locked. The provider informed us that a secure lock had been fitted the following day after our inspection was carried out to ensure access was restricted.

We spoke with a staff member who explained the procedure for the decontamination of instruments. Decontamination is required in order to minimise the risk of cross infection between equipment, patients and staff. We looked at the practice's decontamination procedures. Dirty instruments were transferred safely in a 'dirty box' from the surgery to a separate dedicated decontamination room. There were two sinks used for 'dirty' and 'clean' instruments. We saw that personal protective equipment such as disposable aprons, eye protection, masks and gloves were worn in the decontamination room. The instruments were scrubbed and checked under a magnifying glass before being transferred into the steriliser. We saw sterilising strips were in use during each cycle to ensure the correct temperatures were reached. The sterilised instruments were bagged and labelled with expiry dates and placed securely in clean cupboards. We found all the bagged instruments to be labelled in date. The manager told us they frequently carried out infection control

audits and did spot checks to make sure the decontamination processes were done correctly. We saw evidence of audits carried out monthly and any issues found were actioned and documented.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

People told us that they had confidence in the dental staff. People described the staff as being very good and very professional. They said that their examination was very thorough. One person told us "The dentist I see is very good."

There were effective recruitment and selection processes. We looked at the recruitment policies they had in place and three staff records. These included staff's previous work history, appropriate forms of identity gained such as passports, residence permits and birth certificates and written references. We also saw evidence of dental staff's professional registration checks and contractual agreements in place. The manager told us all staff had been through an application and interview process and had Criminal Record Bureau (CRB) clearance, known now as Disclosure and Barring Service (DBS) checks. The provider may want to note we found one contractual agreement unsigned by the member of staff that had been in post from December 2013.

We spoke with three members of staff who worked at the practice. They told us that they had completed an induction programme which included infection control and safeguarding children and vulnerable adults. They said they had attended courses and used e-learning as part of their Continuing Professional Development (CPD) that was required by their professional body. We saw evidence of dental staff members CPD records.

We noted there were no formal recordings of staff meetings taking place regularly. The manager explained that this was sometimes difficult to coordinate because many staff worked part-time and so they communicated through emails to keep staff briefed on latest developments and any issues arising. The provider may want to note that staff would benefit more from regular face to face meetings especially where they are newly recruited and for them to understand the providers new ways of working.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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