Inspection Report

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

Gardens Dental Centre

7 Royal Parade, Richmond, TW9 3QD

Tel: 02089405071

Date of Inspections: 12 March 2014
10 March 2014

Date of Publication: April 2014

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

Consent to care and treatment	✓ 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
Assessing and monitoring the quality of service provision	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Dr. Jag Jeer
Overview of the service	Gardens Dental Centre is based in Kew, within the London Borough of Richmond-Upon-Thames. It provides an NHS service to children and a private dental service to adults. The practice offers general dental care, cosmetic and restorative dentistry including endodontic, periodontic and orthodontic treatments.
Type of services	
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'.

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 10 March 2014 and 12 March 2014, 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, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

As part of our inspection we spoke with four people who used the service and six staff. The people we spoke with told us that they were asked for their consent before they received their treatment.

We saw that at registration people were asked about their previous medical history including prescribed medication. The information was updated at each visit and the dentist confirmed that any changes in condition or medication was charted and recorded.

One person who used the service told us "It's always very clean when I come for treatment" and "Very confident; the treatment room and everything looks well maintained".

Staff received appropriate professional development. We checked the registration details of dental staff working at Gardens Dental Centre. We saw evidence of staff's registration with the General Dental Council (GDC) along with details of their verifiable and non-verifiable learning and development hours.

The provider made information available to people through a practice leaflet. Staff told us that they welcomed feedback and encouraged people to ask questions. People were made aware of the complaints system. This was provided in a format that met their needs. We asked for and received a summary of complaints people had made and the provider's response. One person told us "I'm very happy at this practice, no complaints". Another person told us "I've not needed to complain; I've never had a bad service from the practice".

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

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. During our visit we saw the consent for treatment policy used by the practice.

We spoke with four people who used the service and each confirmed that they were fully involved in decisions about their treatment. People told us that they were asked for their consent verbally and in writing, where the treatment required more than a basic check-up.

One person told us "The communication is good, I'm never rushed to make a decision and all the staff explain procedures with me" and "I can ask any questions and often do, I'm fully informed and consulted before I agree to treatments" and "Where there is a course of dental work the dentist clearly explains everything and checks I'm in agreement" and "Questions are always encouraged and welcomed". We spoke with two staff who confirmed this. One staff member said "We like people to feel their dental needs are being individually met and we encourage people to be involved and ask questions".

We looked at four paper records and discussed three electronic records. We saw evidence of signed and dated treatment plans explaining what each individual person required. We saw detailed information recorded in people's electronic records explaining the discussions, conversations and decisions made by people and their dentist.

Internal letters and external referrals documented descriptions of the planned treatment, costs, and where appropriate X-rays and expected outcomes. The dentist we spoke with explained that people's choices and alternative options were explored directly with them along with the pros, cons, risks, advantages and disadvantages of each option available. This meant that before treatment began people were given the opportunity to discuss their dental needs fully with their dental practitioner.

We were informed by the provider that each specialist had access to consent forms

associated with specific treatments offered at the centre.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements. Children and minors were seen with their parent or legal guardian who were asked to sign consent for specific treatments.

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

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. The provider showed us how people's dental needs were assessed and spoke about several dental treatments people received. This was confirmed when we looked at written and electronic records.

We saw that at registration people were asked about their previous medical history including prescribed medication. The information was updated at each visit and the dentist confirmed that any changes in condition or medication was charted and recorded. We looked at records which showed that oral health care, hygiene and education formed part of each dental session. The medical questionnaire covered lifestyle choices and their potential implications, although this was not consistently or routinely checked.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Registration records included people's allergies and medical alerts which appeared as pop-ups on electronic records. This meant that dental staff were quickly updated with important information about each person registered at the practice and improved internal communications between clinicians.

The provider and dental staff we spoke with told us how they used professional dental journals to remain up to date with current best practice. Staff gave several examples of dental care changes and current advice which showed that people's care and treatment reflected relevant research and guidance.

People we spoke with commented on the care, quality and professionalism of staff at Gardens Dental Centre. One person said "I've had very good dental care here for some years" and "A very good service, efficient, kind and friendly staff" and "Always well informed". Someone else told us "They take time to explain everything and I feel confident about the care I receive here". One person explained "Staff are caring, approachable and understanding".

People told us they were given choices and could select options from a range of treatments available in consultation with advice from the dentist. They confirmed that the

risks and the benefits of treatments were clearly conveyed. People commented that they were, "Encouraged to ask questions" and "I've been given literature to read on proposed treatments as well as aftercare" and "They are good with appointments and follow-ups" and "A very flexible service". Most of the people we spoke with were not aware of the out of hour's service or local emergency support but this was made available to people through information in the practice leaflet and other communication sources used at the practice.

People's care and treatment was planned and delivered in a way that protected them from unlawful discrimination. The practice had access to ground floor and basement surgeries with access by stairs. This meant people with mobility difficulties could receive dental care at the practice. The dentist explained that when working with people who had impaired hearing they would sit directly opposite to enable people to lip read. One person said "It can sometimes be difficult when staff wear the masks; you can't always see the words being pronounced".

The dentist explained that male and female staff were employed and available to provide various dental treatments. Detailed referrals were made between internal dental specialists and where necessary to local hospitals and specialist dental clinics. These records were comprehensive and were stored electronically. The software used by the practice enabled staff to use advice and alert pop up reminders for allergies and important information. One example we were given was where people were taking warfarin, a medication to prevent blood clotting and allergic reactions.

Records were backed up automatically by a server electronically overnight to protect against loss of data. Dental staff gave examples of how they had prepared and supported nervous people who were new to the practice with good outcomes, including the use of a visual relaxation tape for people to watch on the ceiling during treatment. The dentist informed us that for new or nervous people they administered local anaesthetic in a slow staged approach to provide maximum comfort and promote their confidence of attending future appointments.

We saw the emergency portable oxygen and the supply of emergency drugs. These were kept in one central area with identification labels clearly marking their storage location. The oxygen cylinder and emergency drugs were checked regularly with monthly audits identifying when medication was due to expire. The emergency drug kit included written guidance on how to manage a range of emergencies including epileptic seizures, cardiac arrest, a diabetic incident and asthma attacks.

There were arrangements in place to deal with foreseeable emergencies. Emergency procedures were found on the noticeboard in the decontamination room, explaining the actions staff should take in an emergency. We saw guidelines for staff on how to deal with work based hazards including needle-stick injuries and the safe handling of chemicals and control of substances hazardous to health (COSHH). These were clearly displayed throughout the practice, recorded in staff records and located in a dedicated COSHH file.

Cleanliness and infection control ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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. We read part of the infection control policy which outlined staff responsibilities. We looked at the reception area, stock and storage area, decontamination zones and treatment rooms. These looked clean and tidy. Hand sanitizer, paper towels and gloves were available in all areas, although treatment room three did not have a paper towel dispenser.

We spoke with the dentist, two dental nurses and a dental hygienist. The nurses showed us and described the decontamination procedures at the practice. Nurses talked about eye visor protection and disposable gloves and explained that face masks were accessible to staff and eye protection was made available to people receiving treatment.

Staff described how they cleaned surfaces including the dental chair. They described the cleaning and preparation procedure in the morning and between appointments, including flushing water lines between each person's treatment. Distilled water was used within the practice for dental treatments and for topping up the autoclave.

Staff described how instruments were removed and taken to soak in the decontamination dirty zone before being brushed to remove detritus, rinsed and examined under the magnifying examination light, autoclaved and moved to the clean area ready for re-storage. Instruments were either pouched before autoclave cleaning or if being used the same day autoclaved without pre-pouching. Durable rubber gloves and plastic aprons were available to protect the staff from chemical and clinical waste contact and their uniforms. The provider may wish to note that while we saw disposable aprons in the decontamination room, aprons did not appear to be available in the hygienist treatment room.

At the end of each day surfaces were cleaned and waste was disposed using the appropriate coded cleaning guide. The practice appeared clean and waste was segregated between clinical and non-clinical. We looked at two treatment rooms, these had separate hand washing basins and sinks for used instruments.

Laminated notices were displayed to remind staff of safe practice and procedures throughout the clinic, including how to treat hazardous spillages, correct hand washing

procedures and how to prevent and manage needle stick injuries.

The sterilization unit was new and this was checked and tested daily. We saw contract monitoring records for equipment and systems used by the practice, including the waste contract consignment records. The practice used amalgam separating collection pots and other waste products. We were informed by a staff member that waste was stored and contained within a lockable area outside and at the back of the practice. Waste was collected at agreed intervals by the waste contract agent. The contract covered the safe removal of all clinical and sharps waste.

One person who used the service told us "It's always very clean when I come for treatment" and "Very confident; the treatment room and everything looks well maintained". Another person said, "I'd notice if it wasn't clean; it's the first thing I'm aware of". People commented that staff used gloves and provided protection including clothing guards during procedures.

We asked to see the accident and incident log and found that some procedures had been reviewed and updated to take account of learning from previous infection control risks. This had been highlighted to staff who had signed to confirm their awareness of how to prevent future risks. The practice had arranged infection control and health and safety training throughout March and April to support staff and to maintain standards of good practice.

Supporting workers ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development. We checked the registration details of dental staff working at Gardens Dental Centre. We saw evidence of staff's registration with the General Dental Council (GDC) along with details of their verifiable and non-verifiable learning and development hours. (Verifiable hours count towards the criteria used when dental staff are renewing their registration details with the GDC).

We spoke with three staff who confirmed that team meetings took place regularly. We saw evidence of this from records we looked at. Two staff spoke about the topics covered at recent team meetings including dental stock checks, training and time management. Changes and new developments were discussed at practice team meetings. We asked for further examples and were told "Updates from professional bodies about dental care improvements".

We randomly selected records to check staff training. These contained a variety of information including training certificates, verifiable hours and appraisals. The provider may wish to note that it was sometimes difficult to navigate and locate some documents in these folders. This was because we could not always find similar information in each folder. This meant that it was unclear which documents were expected in each folder and when staff were due to be appraised. Some documents were not fully complete.

Staff were able, from time to time, to obtain further relevant qualifications. We noted that staff accessed a range of post-registration training opportunities as part of their continuing professional development (CPD). These included whitening courses and other learning activities provided by a dental training provider. One staff member described using a dental e-learning resource to remain updated.

During our inspection we noted that training sessions had been booked for March and April 2014. These included health and safety, infection control, child protection and safeguarding of vulnerable adults. Staff had previously received basic life support and first aid training and management of medical emergencies. These were booked through a recognised dental training and resource provider.

The provider had worked to maintain and improve standards of care by creating an environment where clinical excellence could do well and staff learnt from incidents and accidents. One staff member said "I had the opportunity to learn from a senior colleague", another comment was "I attended induction and had time with senior staff when I was first employed.

The people who used the service told us that they felt confident in receiving care and treatment from staff at Gardens Dental Centre. One person remarked "Staff are professional and answer questions about my treatment" and "I've got confidence in this dental practice; I've been attending for some time and trust the staff" and "They provide advice and recommend the most suitable treatments".

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Gardens Dental Centre provided people who used the service with opportunities to feedback their experiences through a users' satisfaction survey. We looked at six of these and saw that people were encouraged to evaluate the service and the care they received. A 'comments' box was placed in reception for people to post their comments and feedback forms.

The provider made information available to people through a practice leaflet and other information resources, engaging people in feedback and involvement with the practice. Staff told us that they welcomed feedback and encouraged people to ask questions. The provider said "We want people to have a positive experience of dental care so we encourage and promote questions and comments". People who used the service told us "I wouldn't have a problem in sharing my views or making suggestions as staff are receptive and friendly".

We saw evidence of a number of management audits taking place throughout the practice and were shown examples. These included an emergency drug expiry audit check, equipment and stock checks and patient record keeping. We noted that an audit of dental assessments indicated that some lifestyle questions were not always being fully addressed and this was evident throughout several patient record audits. Details about equipment checks, maintenance and service records were filed in a folder with dates of when each as due for review. We checked several service certificates and found these corresponded with the relevant dates recorded. The provider may wish to note that staff files and staff appraisal systems had not been audited. This meant that it was difficult to establish how staff were receiving on-going support and development.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People were made aware of the complaints system. This was provided in a format that met their needs. We asked for and received a summary of complaints people had made and the provider's response. The provider gave examples of when people had complained and how these had been addressed and resolved. The provider said "We haven't had many complaints we want people to have a positive experience".

People had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint. We looked at three complaints and asked questions about how these were addressed. The records we looked at showed how people's concerns were managed. This meant that dental staff used complaints, concerns and comments to develop and improve the service provided. People's complaints were fully investigated and resolved, where possible, to their satisfaction.

One person told us "I'm very happy at this practice, no complaints". Another person told us "I've not needed to complain; I've never had a bad service from the practice". We asked four people if they knew about the process of making a complaint. Although none of the people we spoke with knew about how to make a complaint or raise concerns, they did not feel this would be necessary. One person said "Well I ask a lot of questions so I think I'm quite well informed" and "If I needed to complain I'd go to the website to find out more" and "I think the practice is flexible and responsive so I've no need to complain".

We looked at the complaints policy and procedure. This was visible in the practice reception area and referred to on the practice leaflet. The practice made further contacts available to people about where and how they could escalate unresolved complaints.

We asked staff about what the practice did well and how the practice responded to ideas and suggestions for improvements. Staff gave examples, one included "I think we are a friendly and approachable practice". Staff had signed and dated when they had read the complaints policy and this was kept in staff files.

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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