

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

## William Place NHS Dental Practice

Bow Community Centre, William Place, London,  
E3 5ED

Tel: 02088212830

Date of Inspection: 05 March 2013

Date of Publication: April  
2013

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

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Cleanliness and infection control</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Records</b>	✓ Met this standard

## Details about this location

Registered Provider	Preventdent Limited
Registered Manager	Miss Anna Zasadowska
Overview of the service	William Place NHS Dental Practice is sited in a purpose built health centre in Bow London and provides general dental services under the NHS and on a private basis.
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
<b>Summary of this inspection:</b>	
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
<b>Our judgements for each standard inspected:</b>	
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
<b>About CQC Inspections</b>	10
<b>How we define our judgements</b>	11
<b>Glossary of terms we use in this report</b>	13
<b>Contact us</b>	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 5 March 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, talked with carers and / or family members and talked with staff.

---

### What people told us and what we found

---

We spoke to two people who used the service and they were both very complimentary about the practice. One commented "the practice provides an excellent service and I am really happy". The other commented "They are very friendly and they listen to my views of what I want". They both felt that they were well informed about the choices, the cost and possible outcomes of their treatment.

The practice staff have mostly been with the practice for a considerable length of time which enabled the practice team to know the users of their services well, and deliver quality care in a clean caring environment.

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](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

---

### Our judgement

The provider was meeting this standard.

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

---

### Reasons for our judgement

People who use the service understood the care and treatment choices available to them. People said they understood the proposed treatment and whether it was to be carried out on the NHS or privately, and all costs associated with the treatment. They were provided with personal care plans. We saw that both NHS and private service users had signed paperwork which outlined all proposed treatment and costs.

People expressed their views and were involved in making decisions about their care and treatment. Both people who use the service we spoke to highlighted the time given to explain all the treatment options and the costs associated with them. There were several private areas where confidential conversations and phone calls could be taken.

People who used the service were given appropriate information and support regarding their care or treatment. We saw that there was a patient information board in the waiting room. The practice leaflet was available in the reception area and gave clear information regarding opening times, out of hours arrangements, how to access emergency treatment and how people could complain.

A notice was on display in the waiting room which provided details of the different NHS patient charge bands. A suggestion box was sited in the waiting room near the reception. This meant that people had access to appropriate information and were able to make comments about the treatment that they had received. The practice provided evidence that they had carried out some of the suggestions made by users of the services.

Both patients we spoke to said that they had been treated with dignity and respect by the dentist and all the other practice team members.

**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 need 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 that people completed an initial confidential questionnaire which provided their personal details. We saw written treatment plans for NHS and private courses of treatment which showed that people had signed their consent to treatment. This meant that practice staff were aware of any potential medical issues and people were safe during their treatment.

There were arrangements to deal with foreseeable emergencies. Practice staff had undergone training in dealing with medical emergencies and their training was up to date. Certificates were available and seen for all staff. Emergency first aid equipment and a dental resuscitation drug box as well as a defibrillator were available at the practice. All emergency drugs were in date. There was a formal documented system for checking the expiry dates of the emergency drugs which were reordered one month before they had expired. We saw that there was a contract to check and service the emergency oxygen cylinder. This ensured that the risk to service users at the practice was reduced and that equipment was working effectively.

**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.

Both of the people we spoke to highlighted the very high standard of cleanliness within the practice.

We were shown the decontamination cycle. Dirty instruments were correctly transported in a clip box. This meant that the instruments were safely transported to the separate decontamination room. Staff demonstrated to us how they checked and washed the dirty instruments before sterilisation. Instruments were either manually cleaned under water or placed in a washer disinfectant. All instruments were then checked under magnification and illumination for cleanliness. If they were visibly clean they were then placed in one of the two autoclaves for sterilisation.

We saw that photocopies were taken for all print outs from the decontamination equipment cycles. Appropriate validation records were kept for all decontamination equipment. This demonstrated the equipment was working effectively and that instruments were appropriately decontaminated. After sterilisation instruments were placed in pouches and marked with the date of sterilisation and the date of expiry. Personal protective equipment (PPE) for example gloves, masks and aprons were available in the decontamination room. All hand hygiene sinks had hand hygiene technique posters in close proximity to them.

We saw that there were an appropriate system for segregation, storage and collection of clinical waste. Waterlines were treated with disinfectant and we saw there had been a recent Legionella risk assessment report completed by an external Legionella water systems specialist. This demonstrated the practice water systems and procedures were low risk for Legionella contamination. This meant that the water systems were safe for staff and service users.

The practice provided evidence that they completed regular quarterly audits of their infection prevention and control measures.

## 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. The provider has secured high standards of care by creating an environment where clinical excellence could do well.

We saw certificates for continued professional development (CPD) for all staff. These were consistent and appropriate to the safe treatment and delivery of the regulated services. We spoke to staff who told us they were encouraged to go on courses relevant to their role. We saw that each staff member had their own personal CPD folder held at the practice. We saw that all staff members, dentists and other dental care professionals had personal development plans and received regular appraisals.

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

We saw evidence that all practice policies and procedures had been read, understood and signed by all members of the practice team.

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



**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. Patient records were detailed and contemporaneously written by the dentist on the practice computer system. Medical histories were updated before a new course of treatment commenced. Medical alerts were put on the patients records when necessary.

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. The practice has a Radiation protection file which included Critical Testing of the X Ray units. The dentists had attended the required IRMER (radiology course) training. The practice uses digital radiography and reported on each radiograph.

The Public Liability Insurance certificate displayed was in date.

Records were kept securely and could be located promptly when needed. Most of the records were held on the practice computer system. All terminals had limited access and were password protected. Paper records which included consent forms and patient referral letters were stored in locked filing cabinets away from public access. This ensured that the notes remained confidential.

## 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.

## Contact us

---

Phone: 03000 616161

---

---

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

---

---

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

---

---

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

---

---

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

---