

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

Cherry Tree Dental Care

52a Flamstead End, Cheshunt, Waltham Cross,
EN8 0HX

Tel: 01992626137

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Cherry Tree Dental Care
Registered Manager	Dr. Peter Aimiuwu
Overview of the service	Cherry Tree dental care is located on the high Street in Waltham Cross. It provides primary dental care to adults and children on the NHS and also accepts private patients.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

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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

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 reviewed all the information we have gathered about Cherry Tree Dental Care, looked at the personal care or treatment records of people who use the service, carried out a visit on 31 January 2013 and observed how people were being cared for. We talked with people who use the service and talked with staff.

What people told us and what we found

People told us they were generally happy with the quality of the care and treatment they received at the Cherry Tree Practice. Two people said that they felt the dentists and staff were helpful and caring. One person told us the surgery looked a bit 'tired' and needed to be 'freshened up'. However this did not impact on the treatment they received.

The practice had a ramp to for disabled access and a surgery on the ground floor.

A person who we spoke to told us that sometimes the practice had requested that people who used this service paid in advance for certain treatment.

People confirmed that they were able to discuss various treatment options and that they were given information relevant to their treatment.

We observed staff interacting appropriately with patients and that during these interactions peoples dignity and respect was maintained.

We noted that there were effective systems in place to reduce the risk and spread of infection. The provider told us they were considering having some work carried out at the practice, that included a separate decontamination room/area for cleaning and sterilising dental instruments, to meet Department of Health standards. We were unable to comment on the impact of this as the discussions were still being held and work had not commenced at the time of our visit. The general standard of cleaning within the practice was below the standard we would expect to see and this was being addressed by the practice manager.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

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

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People's 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 used the service were given appropriate information and support regarding their care or treatment.

We noted during our visit to this practice that the practice opening times were clearly displayed. The price list was displayed in the reception area.

If people needed to see a dentist in an emergency outside the practice opening times.

There was a recorded message on the phone redirecting people to an emergency out of hours dentist.

The provider told us that people who used this practice were treated with dignity and respect and that they had a holistic approach to the patient journey and experience, in meeting all their oral health requirements.

The practice provided treatment to many people from different ethnic and diverse backgrounds and ensured that all people were treated as individuals irrespective of culture, age or disability.

We observed that there was a range of information leaflets in the reception area. These were given to people to inform them about various treatments and to consider the options available to them.

The provider showed us a short presentation of on line screen shots, which they used to show people what their treatment entailed. This enabled people to decide what treatment was right for them and also to manage peoples expectations about what could be achieved.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We observed that people, who were attending the practice, for the first time, had been given medical history questionnaires to complete when they arrived. These had then been updated on future visits. People were also asked about any medication they were taking. People were given a full oral health check and from that treatment options were discussed. We were also shown records of new and existing patients who had had x-rays taken as part of their initial assessment and in some cases following treatment or on future visits. X-rays were commonly used as part of the diagnostic screening process. Care and treatment was delivered in line with people's individual care plan.

We noted that the dentists kept detailed treatment records, which included the treatment options, a treatment plan and the cost of the treatment. The treatment plans had been signed by people as evidence of their consent to the treatment. If people were having more complex treatment, such as surgical procedures, further signed consent was obtained. People were given information to take home following surgical procedures. This meant that they knew what to expect and informed about what to do if they had concerns. We were told that people were recalled for appointments according to their clinical need. This meant people's care and treatment reflected current practice and guidance.

We were shown the emergency first aid equipment, oxygen and medicines that were kept in the practice, to deal with medical emergencies. Staff had received training in managing emergency procedures and annual life support training in November 2012. Regular checks on the equipment and medicines had been recorded. This meant that there were arrangements in place to deal with emergencies and ensure that the correct equipment was accessible.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

The provider at this practice showed us the staff training records. Staff had attended training in child protection. The provider confirmed that they were in contact with Hertfordshire Primary Care Trust (PCT) and were in the process of arranging safeguarding of vulnerable adults training (SOVA) for all staff within the practice.

We talked to staff and the provider about their responsibility under this standard. Staff were able to describe the process they would follow if they had any concerns about possible abuse. We also noted that there was a vulnerable adult safeguarding policy in place and a child protection policy dated 3 January 2012. This confirmed that the policies were in place and were kept up to date.

Staff talked to us about the whistle blowing policy and told us that if they had concerns, which were not acted upon within the practice that they would elevate their concerns externally to the local authority, the General Dentist Council (GDC) or the Care Quality Commission (CQC), depending on the type and level of concern.

The practice manager confirmed there had been no safeguarding concerns or referrals since the practice had registered with CQC in 2011.

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

During our visit to the practice we identified that there were effective systems in place to reduce the risk and spread of infection.

We were shown the practices infection control policy dated 10 September 2012 and the review date for this policy was September 2013. The daily weekly and quarterly cleaning schedules confirmed that the policy was being implemented by the practice staff.

Staff were able to talk us through the infection control policy and confirmed the various processes that were carried out at the beginning and end of each day, as well as cleaning of the surgery in between patients.

Infection control training was completed on 17 November 2012 and an audit carried out on 10 December 2012 confirmed that they had scored 95% of their target. This meant there were appropriate systems and equipment in place for cleaning, sterilising and storing dental instruments.

The auto-claves, for cleaning instruments, were situated in two of the surgeries. There was a dirty and clean area to maintain sterile conditions. However, plans were in place to improve the current system by providing a separate decontamination room for the cleaning and sterilisation of instruments using the department of health guidelines.

We were told that the general cleaning of the practice was a shared responsibility. All staff took it in turns to clean both the surgeries and communal areas. The provider may wish to note that the cleaning standards needed to improve to maintain compliance with this standard. For example the floors were stained in the main traffic area and the lower parts of the chairs in the surgeries were dusty. This meant there was an increased risk of contamination.

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 in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. We were shown the surveys that the practice had asked people, who used the service, to complete. The feedback in the surveys we looked at were positive. We noted that there was also some completed surveys from children who used the practice. These were in a user friendly format and indicated satisfaction by the use of smiley faces.

The surveys were evaluated periodically and the findings discussed at staff meetings as a way of involving everyone in improving the service. None of the surveys we looked at were dated, therefore it was difficult to ascertain which period of time they related to and, or the frequency of the monitoring. There was also a comments box in reception.

We noted that there was a complaints policy in place and people, who used the service, were given a leaflet explaining how they could make a complaint if this was needed. However the practice manager told us that usually people would talk to staff if they had any concerns and these would be resolved at a local level.

We were shown records, which related to various maintenance contracts that the practice had in place. For example the Autoclave machine, which is used to sterilise the instruments, was serviced in May 2012. The X-ray machine had an efficiency report dated August 2012. These along with Legionella testing and clinical waste removal records meant that the provider had systems and processes in place to provide a good quality service and to monitor the quality of care people received at this practice. The provider had systems in place to provide a safe service.

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

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

Website: www.cqc.org.uk

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