Mr. Saranjit Sihra  
SimplyTeeth - Stansted

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<th>Region:</th>
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| Location address: | 2 Woodfields  
Stansted  
Essex  
CM24 8AR |
| Type of service: | Dental service |
| Date of Publication: | March 2012 |
| Overview of the service: | Simply Teeth Stansted is registered to provide the regulated activities surgical procedures, treatment of disease, disorder and injury and diagnostic and screening procedures. Simply Teeth dental practice provides private treatment or within Denplan care. The provider and principle dentist, Mr Saranjit Sihra, is supported by a dental nurse and a receptionist. |
Our current overall judgement

SimplyTeeth - Stansted was meeting all the essential standards of quality and safety but, to maintain this, we have suggested that some improvements are made.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 19 January 2012, talked to staff and talked to people who use services.

What people told us

On the day of our visit the surgery was closed and therefore we did not have the opportunity to speak with patients.

What we found about the standards we reviewed and how well SimplyTeeth - Stansted was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Simply Teeth Stansted dental practice was compliant with this essential outcome.

The practice recognises and meets the diverse needs of the patients who use the service. Patients were provided with information that enables them to make an informed decision about their care and treatment, have their privacy and dignity respected and are provided with the opportunity to have their views taken into account to improve the service.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

Simply Teeth Stansted dental practice was compliant with this essential outcome.

We found that people who use the service experience effective, safe and appropriate care, treatment and support that is appropriately assessed and planned with them to meet their needs.
Outcome 07: People should be protected from abuse and staff should respect their human rights

Simply Teeth Stansted dental practice was meeting this essential outcome.

Suitable arrangements were in place to ensure staff respond appropriately in accordance with local authority procedures when it is suspected that abuse has occurred or is at risk of occurring.

Outcome 08: People should be cared for in a clean environment and protected from the risk of infection

Simply Teeth Stansted dental practice was compliant with this essential outcome.

Patients were treated in a safe and clean environment
The practice demonstrated a satisfactory level of risk control, appropriate decontamination of dental equipment and provided a clear indication of good and safe practice in infection control.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Simply Teeth Stansted dental practice was compliant with this essential outcome.

Steps had been taken to implement structured audits and systems to regularly identify, assess and manage risks relating to the health and welfare and safety of people using the service and monitor the quality of service that people receive.

To ensure compliance is maintained further development in the quality assurance process is required to analyse and evaluate the information gathered to inform an annual agenda for action to ensure planned and continued service improvement.

Actions we have asked the service to take

We have asked the provider to send us a report within 28 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.
What we found for each essential standard of quality and safety we reviewed
The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

**Compliant** means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*
Outcome 01: Respecting and involving people who use services

What the outcome says
This is what people who use services should expect.

People who use services:
* Understand the care, treatment and support choices available to them.
* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
* Have their privacy, dignity and independence respected.
* Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement
The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us
On the day of our visit the surgery was closed and therefore we did not have the opportunity to speak with patients.

Other evidence
Simply Teeth dental practice in Stansted was one of three locations (practices) registered to the provider. The practice in Stansted was the smallest of the three practices and was located within an older style building, on a hill. Although we were told that three or four patients who attended the practice had reduced mobility the practice was not suitable for patients with severe difficulty with mobility and transport. The principle dentist told us that in these cases appointments were offered to attend one of the other practices where facilities were more suitable or alternatively home visits were offered when initial treatment was not required, for example impressions for dentures.

The practice brochure provided information for patients in regard to the practice team, facilities, opening hours, emergency care, confidentiality, services offered and associated cost. In addition the practice had an informative website and on line shopping facilities for dental products.
Information leaflets were not provided in large font, alternative formats or other languages to meet everybody's communication needs. The principal dentist explained that there was little demand with the current practice population for alternative languages and in the event of a patient whose first language was not English they would usually bring a translator with them. However if translation was required the practice had access to a language translation service. A strong magnifying glass was available on request at reception for patients with impaired vision.

The practice had a policy on diversity and equality and the principle dentist told us that this subject had been addressed with all staff during one of the in house training sessions in the last year.

The reception area and waiting room were quite open. The practice had a confidentiality policy not to discuss issues of confidentiality in the reception area and an alternative room would be used to speak with patients privately and confidentially.

Records showed that people who use the service were involved in the planning of their treatment and were given information to help inform their decisions. The principle dentist told us that he aimed to assess the level of detail each patient required to help them make an informed decision about their care. The surgery was equipped with drawing pads and pens for visual description and understanding of treatment particularly for children. If they wished, patients were also actively shown their proposed treatment with the use of hand held mirrors and the use of an intra oral camera. There was also a computer programme in the surgery to show problem and treatment in animation to help understanding.

The dentist and manager told us that consultations were patient focused and a treatment plan and a break down of costs was given to each patient following consultation.

The practice operated various methods to gather feedback from patients such as a comments/suggestion box placed in the waiting room for patients to give their views freely and confidentially, feedback forms given to patients following treatment and the practice website which provides an e mail address for comments that go directly to the provider/principle dentist.

Formal patient satisfaction surveys were undertaken annually. The most recent undertaken in October 2010 showed overall satisfaction in regards to treatment involvement, financial options and staff approach. However availability scored lower and in response a Saturday morning surgery was now offered at one of the other practices approximately ten minutes away.

Reminder calls are given to all patients 24 hours before their appointments and the practice telephones are diverted to a member of staff during lunch and after work so that telephone calls are not missed.

**Our judgement**
Simply Teeth Stansted dental practice was compliant with this essential outcome.

The practice recognises and meets the diverse needs of the patients who use the service. Patients were provided with information that enables them to make an informed
decision about their care and treatment, have their privacy and dignity respected and are provided with the opportunity to have their views taken into account to improve the service.
Outcome 04:
Care and welfare of people who use services

What the outcome says
This is what people who use services should expect.

People who use services:
* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

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<td>Patient's records were computerised. They showed that relevant information regarding people's dental history, medical history, allergies, general health and wellbeing and any medicines being taken were regularly discussed, reviewed and updated at each appointment. We noted a high use of abbreviations in patients' records and we were told that this had been highlighted in the clinical record audit and was being addressed. The recording of clear and detailed information enables continuity of care, diagnosis and identification and reduction of potential risks.</td>
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<td>Records also showed that the dentist carried out a basic periodontal examination (BPE) and an examination of the tongue and mouth to screen for gum disease and mouth cancer. Oral hygiene procedures, dental health promotion and risk factors such as smoking and consumption of high sugar content foods and drink were routinely discussed with the patient to help to promote healthy lifestyle and prevent tooth and mouth problems.</td>
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<td>A variety of leaflets were provided in the waiting area for patients to read or take away that informed them about oral health and other health related topics such as smoking and drinking and oral health promotion leaflets for children. A variety of dental products were also available to buy.</td>
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Training records showed us that the principle dentist and clinical staff have received training and refresher training in first aid, medical emergencies and cardio pulmonary resuscitation (CPR) so that staff know how to act and what to do if a medical emergency occurs.

Emergency equipment and an emergency drug kit were available and accessible for emergency use. Records showed that these were checked monthly to ensure they were fit for purpose.

Radiography equipment was situated in a suitable area and local rules were displayed in the location of the x-ray machine to ensure safety. The principle dentist was the named radiation protection advisor (RPA) and the radiation protection supervisor (RPS) for the practice and had the responsibility for ensuring the safe operation of the equipment and protection of patients who require an x-ray as part of their treatment. The images were processed digitally which means they were available instantly and of improved quality compared to traditional processing.

**Our judgement**
Simply Teeth Stansted dental practice was compliant with this essential outcome.

We found that people who use the service experience effective, safe and appropriate care, treatment and support that is appropriately assessed and planned with them to meet their needs.
Outcome 07: Safeguarding people who use services from abuse

What the outcome says
This is what people who use services should expect.

People who use services:
* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement
The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings
What people who use the service experienced and told us
On the day of our visit the surgery was closed and therefore we did not have the opportunity to speak with patients.

Other evidence
Staff records showed that all staff employed with the practice had undergone a satisfactory criminal record bureau (CRB) check to ensure they were suitable for their role.

The practice had policies in place for staff in regard to equality and diversity and recognising the impact that diversity, beliefs and values of people who use the service can have. The practice also had a whistle blowing policy to inform staff of their rights and protection to ensure confidence to report concerns, as well as a child protection policy addressing aspects of safeguarding children.

At the time of our visit the practice did not have a policy in place for safeguarding vulnerable adults. It is important to have the information required for staff to understand their roles and responsibilities working together with other professionals and agencies in promoting adults welfare and safeguarding them from abuse and neglect.

Following our visit the principle dentist submitted a practice policy that demonstrated the responsibilities of dental staff in regard to safeguarding. The policy included the information for staff in regard to the correct referral process and relevant contact numbers and the roles of other organisations who may be involved in responding to
suspected abuse to the extent that is appropriate to their role.

Staff had received training session about safeguarding and the Mental Capacity Act from the Primary Care Trust.

**Our judgement**
Simply Teeth Stansted dental practice was meeting this essential outcome.

Suitable arrangements were in place to ensure staff respond appropriately in accordance with local authority procedures when it is suspected that abuse has occurred or is at risk of occurring.
**Outcome 08: Cleanliness and infection control**

**What the outcome says**
Providers of services comply with the requirements of regulation 12, with regard to the Code of Practice for health and adult social care on the prevention and control of infections and related guidance.

**What we found**

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<td>All dental practices are expected to be working at the essential quality requirements and towards best practice requirements set out by the Department of Health for the decontamination and sterilisation of dental equipment. This helps to minimise the risk of infection transmitted from person to person.</td>
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| In order to move towards best practice Simply Teeth Stansted had undergone refurbishment to provide a dedicated decontamination room on the premises that included a washer disinfector. |

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| We viewed the decontamination room and saw that clean and dirty areas were segregated and the layout allowed the progression from the receipt of dirty, used instruments towards clean instruments sterilised in a specific controlled clean area. |

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|-----------------|
| Clean and dirty areas were segregated in the decontamination room and the layout allowed the progression from the receipt of dirty, used instruments towards clean instruments sterilised in a specific controlled clean area. There were two sinks, one for hand washing and the other for washing instruments and a bowl was used for rinsing. An illuminated magnifier was then used to ensure instruments were free of visible contaminants prior to the next cleaning process carried out using the automated washer disinfector. |
The dental nurse took us through the process and demonstrated good practice in cleaning, inspecting, sterilising, bagging, dating and storage of dental instruments. We saw that reprocessed dental instruments were stored and maintained in a clinically satisfactory condition up to the point of next use.

The practice had a detailed infection control policy which covered all elements of the process including hand hygiene, waste disposal, use of personal protective equipment, blood spillage, environmental cleaning and the decontamination of instruments and equipment.

We saw personal protective equipment in use for decontamination processes.

Staff records showed that all clinical staff had a current immunisation with Hepatitis B vaccine with supporting documentation and all clinical staff had undergone appropriate training and refresher training in infection control and decontamination.

We saw records of validation, maintenance, process log, daily testing and safety checks undertaken of washer-disinfector, the steriliser and the autoclave to ensure equipment was working satisfactorily.

The surgery appeared clean and tidy and the dental chair was free from visible damage. We were told that the patient treatment area was cleaned after every session.

Steps were taken to reduce the risk of infection through the use of water in dentistry. The practice used a separate water line with a reverse osmosis filtration system. The daily infection prevention checklist and records showed that the dental unit water lines were flushed through at the beginning and end of each session and between patients. Water temperatures for hot and cold water outlets were monitored and recorded. Current certificates in regard to Legionella control and microbiology safety testing were in place.

**Our judgement**

Simply Teeth Stansted dental practice was compliant with this essential outcome.

Patients were treated in a safe and clean environment

The practice demonstrated a satisfactory level of risk control, appropriate decontamination of dental equipment and provided a clear indication of good and safe practice in infection control.
Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says
This is what people who use services should expect.

People who use services:
* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

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<td>The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision</td>
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**What people who use the service experienced and told us**
On the day of our visit the surgery was closed and therefore we did not have the opportunity to speak with patients.

**Other evidence**
During our visit we found that there was some good work in progress to monitor the quality and safety of the service provided and outcomes for people using the service.

The practice used several methods to seek the views and experiences of patients and the performance of the practice (see outcome 1).

The practice operated an in house complaints system and had a complaints policy and procedure in place. Only one complaint was received in the last year and this was resolved satisfactorily.

A clinical audit of treatment records was undertaken in 2010 and 2011 which identified the dentist's strengths and weaknesses in recording such as updating medical history, consent, radiography frequency and reporting and periodontal monitoring. There was no action plan in place to address the weaknesses identified.

A best practice gap analysis had been undertaken to inform areas for improvement to fully achieve best practice standards in infection prevention; the practice was working towards full compliance in best practice.

We saw that there were systems in place for daily checks and monitoring of all
decontamination equipment to ensure it was working satisfactorily and reduce the risk of infection through the use of water in dentistry see outcome 8.

Current records were in place for the periodic examination and testing of x-ray equipment see outcome 4. There was documentary evidence to show that radiography audits in regard to recording and radiograph recording were undertaken.

We discussed with the principle dentist the need to complete the quality monitoring and assurance cycle through analysis and evaluation of all the information gathered. This element of the process is required to provide an overall picture of the strengths and weaknesses of the service provided and inform an annual agenda for action to ensure planned and continued service improvement.

**Our judgement**

Simply Teeth Stansted dental practice was compliant with this essential outcome.

Steps had been taken to implement structured audits and systems to regularly identify, assess and manage risks relating to the health and welfare and safety of people using the service and monitor the quality of service that people receive.

To ensure compliance is maintained further development in the quality assurance process is required to analyse and evaluate the information gathered to inform an annual agenda for action to ensure planned and continued service improvement.
### Improvement actions

The table below shows where improvements should be made so that the service provider maintains compliance with the essential standards of quality and safety.

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<th>Regulated activity</th>
<th>Regulation</th>
<th>Outcome</th>
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<td>Diagnostic and screening procedures</td>
<td>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010</td>
<td>Outcome 16: Assessing and monitoring the quality of service provision</td>
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<td><strong>Why we have concerns:</strong></td>
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<td>Surgical procedures</td>
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development in the quality assurance process is required to analyse and evaluate the information gathered to inform an annual agenda for action to ensure planned and continued service improvement.

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<th>Treatment of disease, disorder or injury</th>
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<th>Outcome 16: Assessing and monitoring the quality of service provision</th>
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**Why we have concerns:**
Simply Teeth Stansted dental practice was compliant with this essential outcome.

Steps had been taken to implement structured audits and systems to regularly identify, assess and manage risks relating to the health and welfare and safety of people using the service and monitor the quality of service that people receive.

To ensure compliance is maintained further development in the quality assurance process is required to analyse and evaluate the information gathered to inform an annual agenda for action to ensure planned and continued service improvement.

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 28 days of the date that the final review of compliance report is sent to them.

CQC should be informed in writing when these improvement actions are complete.
What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called Guidance about compliance: Essential standards of quality and safety.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

**Improvement actions:** These are actions a provider should take so that they maintain continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

**Compliance actions:** These are actions a provider must take so that they achieve compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.
### Information for the reader

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<td>Author</td>
<td>Care Quality Commission</td>
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