

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

Parkview Dental Practice

300 Upper Rainham Road, Hornchurch, RM12
4EQ

Tel: 01708477900

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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

Safety, availability and suitability of equipment ✓ Met this standard

Details about this location

Registered Provider	Ms. Ameeta Aggarwal
Overview of the service	Parkview Dental Practice is located near Elm Park in Essex and offers both NHS and private dental treatment.
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 unannounced 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 8 March 2013, checked how people were cared for at each stage of their treatment and care and talked with staff. We received feedback from people using comment cards and reviewed information sent to us by other authorities.

What people told us and what we found

Patients were visiting at the time of our inspection and we offered them the opportunity to speak with us although no one wished to on this occasion.

We looked at a total of 30 patient feedback cards the practice had received since January 2013. practice had received since January 2013. These showed a high degree of patient satisfaction and the only request for improvement made by one patient was for longer opening times.

Each medical history and treatment plan had been signed by the individual patient, or their parent / guardian to confirm the information that they had provided and to consent to the treatment plan.

The senior practice partner and a dental nurse were able to provide a detailed explanation of their understanding of the mental capacity act requirements. The senior practice partner reported to us that the service had not encountered a need to consider this for any patients but knew it was important to remain aware of this as a possible consideration.

We were shown an audit carried out in June 2012 by the local primary care trust which identified the practice as fully complying with infection control procedures.

The practice used photographic x-rays, and an x-ray area is specifically set aside to carry this out. Developing of x rays also took place in this same room which was clean and free of any obstruction.

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 privacy, dignity and independence were respected.

Reasons for our judgement

The surgery had a comments and suggestions box in the reception area and a clearly displayed sign on the notice board about how patients can make a complaint if they wish to. The surgery offers patients a free sample of toothpaste to encourage people to leave their comments after their consultation.

We looked at a total of 30 patient feedback cards the practice had received since January 2013. practice had received since January 2013. These showed a high degree of patient satisfaction and the only request for improvement made by one patient was for longer opening times.

All consultations took place in one of three private treatment rooms, all of which were on the ground floor and accessible to patients with a mobility difficulty. We saw that the door to each treatment room was closed during patient consultations in order to protect patient dignity and privacy.

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

No patients who were attending the practice during our visit wished to speak with us on this occasion.

We asked to see the records of five patients who had been examined on the day prior to our visit. We found in each case that medical history updates and treatment plans were completed prior to treatment commencing. Each medical history and treatment plan had been signed by the individual patient, or their parent / guardian to confirm the information that they had provided and to consent to the treatment plan.

After obtaining the signed medical history update and treatment plan consent, the practice kept a record about the nature of the examination undertaken and any treatment and advice given to each patient. These records were kept on computer and we looked at five examples of these. We also checked the handwritten patient information against what had been recorded on computer and found that these matched the type of examination undertaken, any subsequent treatment required and the advice that was given to each patient. In three cases the people attending only required a check up and this was recorded with the reason why no further treatment was required as a result of their consultation.

The practice had written procedures for responding to emergencies and the emergency drug box, defibrillator and oxygen were properly stored, in date and certificated.

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

As no patients who were attending the practice during our visit wished to speak with us we were unable to obtain people's views about feeling safe at the service on this occasion.

We asked for information and guidance that staff had access to if they became concerned about a child or vulnerable adult who was visiting the surgery. The surgery had detailed guidance for staff that was most recently reviewed in January 2013. Updated guidance was provided for all staff and this was confirmed by a dental nurse who spoke with us. When we asked if there had been any reason to report any concerns we were told that this issue had never arisen.

The surgery operated a chaperone policy which required that the parent or guardian of each child that visits remained with them during their consultation and treatment. The senior practice partner and a dental nurse were able to provide a detailed explanation of their understanding of the mental capacity act requirements. The senior practice partner reported to us that the service had not encountered a need to consider this for any patients but knew it was important to remain aware of this as a possible consideration.

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

We inspected the premises and noted that all areas of the practice, including the examination and treatment rooms were clean. All clinical staff wore clean uniforms.

The practice did not have a separate dental equipment sterilisation area as this was done in an area set aside in each treatment room. A dental nurse showed us the procedure for cleaning dental examination equipment, which was then stored in a sterile bag until required. The date on which the equipment required re sterilisation was written on the exterior of each bag and we found no equipment to have gone past the expiry dates. It is the normal procedure of the surgery to re sterilize any examination equipment that is not used within 21 days.

We asked to see evidence of infection control audits at the practice. We were shown an audit carried out in June 2012 by the local primary care trust which had found the practice fully compliant with infection control procedures.

We asked to see cleaning records for the treatment rooms. We were shown a checklist that we were told each dental nurse must complete at the beginning and end of each day for the treatment room they have been allocated. We asked for evidence that that the checks had been undertaken. We were shown a record that was dated, ticked and signed showing that the checks were carried out. A dental nurse who spoke with us also described the procedure, including what must be done between each patient consultation. This demonstrated that staff were aware of what was required of them.

General areas of the practice were cleaned by a separate contractor after the close of each business day. The practice carried out monthly internal audits and we looked at recent examples of these confirming they had been carried out.

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

Reasons for our judgement

As no patients wished to speak with us during our inspection we were unable to obtain anyone's views about the practice.

The practice used photographic x-rays, and an area is specifically set aside to carry this out. Developing of x-rays also took place in this same room which was clean and free of any obstruction.

We asked to see the records of maintenance checks for the x-ray machine and three autoclaves, although one of these was out of use and had been removed. The records we looked at showed that the equipment had been routinely checked, maintained and was kept safe for use.

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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