

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

Stanstead Dental Centre

335 Stanstead Road, Forest Hill, London, SE6
4UE

Date of Inspection: 19 March 2013

Date of Publication: April
2013

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
Requirements relating to workers	✓	Met this standard

Details about this location

Registered Provider	Dr. Hossin Motamedi
Overview of the service	Stanstead Dental Centre is a small practice with two dentists, one trainee dental nurse and two receptionists. Routine dentistry is offered, along with some periodontics and endodontics. Hygiene visits, orthodontics, implants and cases requiring complex periodontics and endodontics are referred elsewhere. At present, the practice is comprised of about 80% NHS patients and 20% private. The partners have reduced appointment hours to Tuesdays and Thursdays as they are selling the practice.
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
Summary of this inspection:	
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
Our judgements for each standard inspected:	
Respecting and involving people who use services	5
Care and welfare of people who use services	6
Safeguarding people who use services from abuse	7
Cleanliness and infection control	8
Safety, availability and suitability of equipment	9
Requirements relating to workers	10
About CQC Inspections	11
How we define our judgements	12
Glossary of terms we use in this report	14
Contact us	16

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 19 March 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

Stanstead Dental Centre was a clean and professionally managed dental practice. People who use the service were positive in their reviews of the service and staff, and told us that all treatment options and associated costs were fully explained during their visits. There were suitable safeguarding and emergency arrangements in place in order to ensure patient safety.

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

We spoke to two people who use the service who told us it was easy to make appointments and that during visits there was enough time for their questions to be answered. Staff were found to be personable and helpful, and the dentists were clear about treatments options and what each would cost. Patients were given a printout of their treatment options and associated costs following each visit.

We reviewed the practice complaints policy but no complaints had been received. Staff told us that patients sometimes commented about waiting times; however, we found no evidence that this was an ongoing problem. One person we spoke to said they had never waited "more than 15 minutes" to see the dentist.

The PCT carried out quarterly patient satisfaction surveys in 2010 and 2011. There were no negative comments received during this time. The practice did not collect patient feedback in a formal manner in 2012; however, staff told us they felt they had built up good relationships with patients and that patients would raise any concerns. Staff told us that verbal patient comments were always positive.

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 who use the service told us that they felt they were treated with respect and that all discussions were held confidentially within the surgical suite. One person we spoke with told us that the dentist was "very nice and very good". Neither person we spoke to had any concerns about the services they received at the practice.

Medical notes were kept in paper copy and electronically. Paper records were held in locked cabinets in a locked room and electronic records were backed up each day. We reviewed ten sets of patient records; each had a medical history which was updated during each visit and included descriptions of each examination, treatment options and any treatment agreed to.

There was a well-stocked emergency kit, emergency oxygen and first aid kit, which were all located within easy reach of the surgical suite. The emergency drug kit contents and expiry dates were checked monthly, while oxygen had a monthly local test and was serviced annually by an external company. The first aid lead would always be the clinician on site but all dental staff had annual cardiopulmonary resuscitation (CPR) training.

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 dentists had received training in the Mental Capacity Act 2005 and had shared this with other staff during in-house training. All staff had received training in relation to safeguarding, which was delivered by the PCT.

We reviewed the practice policy and procedure for reporting safeguarding. Staff were able to describe in detail how they would recognise potential abuse and how it would be reported.

All staff had enhanced Criminal Records Bureau (CRB) checks except one receptionist. A risk assessment had been carried out and it was determined that a CRB check was not necessary for this person.

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

Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

We observed during our visit that the surgery was clean and appropriate effort was made to maintain hygiene. There were adequate hand-washing facilities with instructions for hand hygiene displayed above each sink. Staff had access to appropriate personal protective equipment (PPE).

There was a separate room for cleaning and decontamination of instruments. There were policies and procedures for cleaning and decontamination of instruments with appropriate records kept. There was a clear and identifiable route for instruments from dirty to clean. Instruments were manually washed, washed with an ultrasonic cleaner and then autoclaved. Instruments were kept in trays within sealed bags with a 21 day expiry.

The surgical suite had separate bins for sharps, domestic and clinical waste. There was a contract for hazardous and clinical waste to be removed every two weeks. In between collection dates, this waste was held in a locked bin in a locked room in the basement of the surgery.

The practice used separate mops and buckets for each area during domestic cleaning. These were colour-coded as a visual aid to ensure the correct one was used in each area.

An Infection Control Advisor from the PCT carried out regular checks and audits. The most recent audit had highlighted minor improvements which could be made in relation to managing sharps; the provider was able to demonstrate that the action plan from this audit was being followed.

Our judgement

The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

Reasons for our judgement

All equipment was found to be clean and in good condition. The nurse carried out daily checks of equipment and electrical items, which were recorded.

Procedures for equipment were displayed in the areas of use. Equipment was regularly calibrated and maintained, and serviced as needed under contracts. We reviewed both the contracts and the records of maintenance and service for all equipment. We further reviewed the policies, procedures and records relating to cleaning and decontamination of equipment.

The practice worked with a Radiation Supervisor at the PCT in relation to x-rays.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

The dentists had current registration with the General Dental Council (GDC) and staff confirmed that the trainee nurse was supervised at all times.

We reviewed the practice's recruitment policies and procedures. There had been no need to use bank or agency staff at the practice.

Staff told us that continuing professional development was encouraged and that some training was made available at the practice. Records were kept of all staff training.

The dentists had professional indemnity insurance for themselves and additional insurance which covered the entire practice.

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

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.
