

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

## Kingsway Dental Practice

5 Kingsway, Chalfont St Peter, Gerrards Cross,  
SL9 8NS

Tel: 01753882953

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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

**Requirements relating to workers** ✓ Met this standard

**Records** ✓ Met this standard

## Details about this location

Registered Provider	Kingsway Dental Practice
Registered Manager	Dr. Paul Cruci
Overview of the service	Kingsway Dental Practice provides private dental treatment.
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'.*

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## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 22 February 2013, talked with people who use the service and talked with staff.

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### What people told us and what we found

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We received positive feedback from a sample of three patients. Each said they were very satisfied with the service they received. One person said "It was excellent" and "I would recommend them to anyone." Another said the dentist was "Very patient and sensitive" to them being nervous about visiting the practice. Other comments from patients were "He's superb" and "I couldn't rate him highly enough."

We found people's privacy and dignity were respected at the practice. Appropriate records were kept of people's treatment. Patients had signed to consent to their treatment. We found the practice was equipped to deal with emergencies such as cardiac arrest and allergic reactions. Staff had received training in basic life support to be able to handle medical emergencies.

We found there were measures in place to safeguard vulnerable adults and children from abuse. This included staff training. None of the patients we spoke with had any concerns about the practice.

One new member of staff had been recruited since the provider registered with the Care Quality Commission. Criminal Records Bureau checks and confirmation of registration with the General Dental Council were in place for all staff.

Records at the practice were accurate and kept up to date. The records we looked at showed appropriate measures were in place to protect people from unsafe treatment.

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

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone

number on the back of the report if you have additional questions.

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

## Our judgements for each standard inspected

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

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

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### Our judgement

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The provider was meeting this standard.

People's privacy and dignity were respected.

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

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### Reasons for our judgement

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People's privacy and dignity were respected. Patients told us the door was kept closed whilst they saw the dentist. This ensured they received care and treatment in private and confidential discussions could not be overheard.

People who use the service understood the care and treatment choices available to them. We saw copies of detailed letters sent to patients. These outlined treatment options and the costs involved. Patients had signed and dated the letters to give their consent before they went ahead with any treatment. This showed they were fully informed about their care and treatment.

People expressed their views about their care and treatment. We saw a report and completed forms from a 2011 patient questionnaire survey. Positive feedback had been received from the 25 patients involved. The summary report identified patients wanted to know more about different types of treatment. We saw a range of leaflets was made available in the waiting area to address this. For example, information about dental implants, mouth cancer and endodontic (root canal) treatment. This showed patients' views were listened to, to improve the service.

Patients told us they had no problems arranging appointments. There was an answering machine out of hours. This provided details of who to contact in an emergency.

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

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**Our judgement**

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The provider was meeting this standard.

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

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**Reasons for our judgement**

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We received positive feedback from a sample of three patients who had recently visited the practice. Each said they were very satisfied with the service they received. One person said "It was excellent" and "I would recommend them to anyone." Another said the dentist was "Very patient and sensitive" to them being nervous about visiting the practice. Other comments from patients were "He's superb" and "I couldn't rate him highly enough." The practice provided some specialised, complex treatments. For example root canal treatment and tooth implants. Patients told us the procedures they needed had been explained to them, so they knew what was involved. They said they were informed about the costs before they went ahead with treatment.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at a sample of five patients' records. Each had been kept up to date. Patient information and consent letters provided details of what treatment options were available to people. Treatment had then been provided in line with patients' wishes.

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. Patients' medical histories had been obtained before they received any treatment. This information ensured the dentist had appropriate background information to treat people safely and appropriately. For example, details of any allergies.

There were arrangements in place to deal with foreseeable emergencies. The dentist and nurses had attended training on cardiopulmonary resuscitation (CPR) and use of the defibrillator. We saw equipment such as oxygen and emergency drugs was available. This enabled staff to manage a range of medical emergencies.

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

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### **Our judgement**

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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.

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### **Reasons for our judgement**

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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. Staff at the practice were knowledgeable about abuse and what signs to look out for. Each person had attended training on child protection and safeguarding adults from abuse. This equipped them with the skills and knowledge to identify and respond to any concerns about patients' welfare.

There were policies and procedures in place for protecting children. These provided guidance for staff on responding to any suspicions or allegations of abuse. Details of local authority and NHS contacts were included, so that concerns could be dealt with promptly. The provider may find it useful to note that there was no policy or guidance on safeguarding adults from abuse. Staff made a start at addressing this during the inspection by checking the local authority's website for its reporting procedures.

None of the patients we spoke with said they had any concerns about their experiences of receiving treatment at the practice.

## Requirements relating to workers

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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There were generally effective recruitment and selection processes in place. One member of staff had recently started work at the practice. We saw a check had been made of the person's registration with the General Dental Council (GDC). This ensured the person's qualification and skills had been kept up to date. There was an enhanced Criminal Records Bureau (CRB) check in place for the person. A curriculum vitae had been supplied and three written references had been obtained. The references provided satisfactory evidence of the person's conduct in previous employment. The provider may find it useful to note that whilst proof of identification had been checked, there was no record of this on the file. A recent photograph was also needed to complete the range of required checks.

We saw copies of CRB certificates were in place for all other staff at the practice. There was evidence of their current registration with the GDC. This ensured staff were fit to practice.

## Records

✓ Met this standard

**People's personal records, including medical records, should be accurate and kept safe and confidential**

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### Our judgement

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The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

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### Reasons for our judgement

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People's personal records including medical records were accurate and fit for purpose. Patients' records had been well maintained and were up to date.

We looked at a sample of other records relevant to the management of the service. For example, portable electrical appliance testing, a Legionella risk assessment, servicing records for the steam autoclave and checks of emergency equipment and drugs.

We also looked at the fire risk assessment, fire safety audit (2012) and records of fire drills. These showed measures had been taken to guard against the risk of fire at the premises.

The records we requested could be located promptly when needed. They showed appropriate measures were in place to protect people from unsafe treatment.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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Phone: 03000 616161

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

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

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

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