

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

Dental Hygiene Centre

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9AG

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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
Cleanliness and infection control	✓ Met this standard
Supporting workers	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Dr. Rahim Jetha
Overview of the service	Dental Hygiene Centre is a well established, mixed NHS and Private, Vocational Training Dental Practice. The premises are fresh and modern, and were refurbished in 2010.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 7 February 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with staff and reviewed information we asked the provider to send to us.

What people told us and what we found

The patients spoke very highly of the Principal and his team, and felt well treated. Patients informed us the dentists always provide detailed information, and explained their treatment needs and options.

The patients told us they found all staff listened to them, and were very attentive to their needs.

There were effective systems in place to reduce the risk and spread of infection. The premises were modern, and clean, progressing towards HTM0105 best practice.

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.

Patient's views and experiences were taken into account in the way the service was provided and delivered in relation to their care. Appropriate information was provided that gave patients the opportunity to manage their future care

Reasons for our judgement

Patients were given appropriate information and support regarding their care or treatment. We reviewed three patient's treatment plans. Each detailed the treatment being prescribed and the costs of that treatment. These treatment plans were given to patients for their consent, and allowed the patient to conduct further research prior to making their decision on treatment choice. We saw that treatments were discussed with the patients as well as the risks, benefits, and consequences of no treatment. There was a policy on fees, and patient consent.

Patients expressed their views and were involved in making decisions about their care and treatment, which was supported during the interviews, and in patient's records. Patients told us they were given information on how to manage their own care and treatment.

Patients told us they felt treated with dignity and respect, and that their diversity, values and human rights were respected, and that confidentiality was always respected by all staff members. There was a policy on respect and involving patients, and evidence of patient feedback forms being completed, demonstrating their satisfaction with the service provided.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Care and treatment was planned and delivered in a way that ensured patients' safety and welfare. People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People's care and treatment reflected relevant research and guidance.

We saw that patients completed an initial patient confidential questionnaire which contained their personal details and medical history. This document was then checked by the dentist at each visit and recorded on their computerised system. The patient treatment records were kept electronically and we were shown how the system alerted the staff of patients' medical conditions at each visit. This meant that the staff were always aware of any risks to patients and would ensure they were safe during a consultation. There was evidence that recommended guidelines were being followed in regards to patient recall intervals, and provision of best prevention practice.

The Practice Principal told us that it was important that treatment was discussed with people during their consultation where it was private and maintained patient's confidentiality, with designated areas being clearly identified.

There were arrangements in place to deal with foreseeable emergencies. We were told that staff were trained in dealing with medical emergencies and saw the staff training certificates which were part of an on-going training program, and commitment to post-graduate education. Emergency first aid equipment and a dental emergency resuscitation drug box were available in the surgery. Medication was securely kept. The Practice Principal told us that regular checks on the amount and expiry dates of medication in stock were undertaken and we saw the records that were kept of expired and re-ordered medicines. Medicines present were all in date. There was documented evidence of risk assessments having been done

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

There were effective systems in place to reduce the risk and spread of infection. There was a separate central decontamination room, with an Infection Control lead. Staff demonstrated to us how they checked and washed the instruments before they were sterilised. We were shown the separate decontamination areas which had equipment for washing, cleaning, inspecting and sterilizing equipment used by the dentists. There were clearly identified 'clean' and 'dirty' areas, dedicated sinks for cleaning and rinsing and a separate hand washing basin to reduce the risk of cross infection. Once the equipment had been sterilised, it was packaged, sealed and marked with the date it was sterilised and the date they needed to be used by. Personal protective equipment for example gloves and aprons were available along with goggles or full face protection in the decontamination area. We were also shown the results of the tests carried out on the sterilizers, and ultrasonic cleaner baths, which ensured that the equipment was working effectively and decontaminating the dental equipment. There was evidence of recommended waste segregation practices being followed, and the Department of Health guidance known as HTM 0105 was being adhered to.

We saw that regular checks and audits of equipment, and procedures had taken place that ensured they worked effectively. The Practice Principal told us that all staff had completed training in cross infection as part of their ongoing professional development. An infection control audit had been completed, as part of an on-going quality assurance program. Staff spoken with had a good understanding of infection control procedures and the use of personal protective equipment. There were clear policies in place on infection control, clinical waste management, and needle-stick injury protocol.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

Patients were cared for by staff that were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development.

The Principal Dentist had ensured high standards of care by creating an environment where clinical excellence could do well.

We were shown certificates in staff files that demonstrated staff had attended appropriate training for their role. The practice principal showed us their system for recording training that had been attended by staff working within the practice. This showed that the principal ensured that all relevant training was attended and when.

We saw evidence that learning needs had been identified and that the training provided was adequate. All staff received professional development appropriate to their role and learning needs. Staff working in the practice registered with the General Dental Council (GDC) had frequent continuing professional development (CPD). Verifiable certificates and logs of training were in staff folders, demonstrating commitment to on-going training and development.

There was evidence of induction training, monitoring and supervision of new staff members, and records of competency checks kept in staff folders. The practice is a Vocational Training Practice, committed to post-graduate training and development.

Records

✓ Met this standard

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

Our judgement

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.

Reasons for our judgement

People's personal records, including medical records, were protected, accurate, and fit for purpose.

Records were kept securely. Electronic data held on secure, password protected computers on reception and in each treatment room had fire-walls and virus protection in place. All patient records could be easily accessed by authorised personnel and could be located promptly when needed. There was evidence of clear understanding of Data Protection Act 1998, confidentiality, and Freedom of Information Act 2000, access to medical records legislation, supported by a clear desk policy.

Staff records and other records relevant to service management were accurate and fit for purpose.

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.

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