

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

Soliton Limited t/a Senova Dental Studios

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Tel: 01923233600

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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
Supporting workers	✓ Met this standard

Details about this location

Registered Provider	Soliton Limited t/a Senova Dental Studios
Registered Manager	Mrs. Petra Jones
Overview of the service	Soliton Limited t/a Senova Dental Studio is registered to provide primary dental care.
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

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 21 February 2013, observed how people were being cared for and talked with people who use the service. We talked with staff and reviewed information we asked the provider to send to us.

What people told us and what we found

People we spoke with were very pleased with the care and service provided. A person commented, "The staff are very friendly, and are incredibly polite and efficient, and the care is exemplary." Another person said, "I am very pleased with the service. I am particularly impressed with the relaxation facilities which are available at no extra cost." The person was relaxing on a massage chair while waiting for their appointment.

The people we spoke with said that they had been given informed choices. They had been involved in discussions about their treatment options and the cost involved. People said that they had not been hurried to make a decision, and their wishes and preferences had been respected.

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 and treatment.

Reasons for our judgement

During our visit, we spoke with staff who were aware of patients' conditions, their treatment plan and their preferences. We observed that staff were welcoming and respectful, and interacted well with the patients who were attending their appointments. We noted that the staff had knowledge of people's care and treatment history, and were helpful and encouraging. This indicated that people had been supported, their preferences had been taken seriously, and treatment had been provided promptly.

During the initial consultation, after the dentist had discussed the dental issues, the treatment options available, and the cost involved, the patient was given a video case presentation of the dental treatment available. This was given by the practice manager or a dental nurse. The patient was also given the opportunity to ask further questions, and to get to know the staff supporting them. This was clearly demonstrated on the day of our visit. The patient concerned was very pleased with the discussion they had had with the dentist, and had given their informed consent to the course of treatment that they had chosen. This meant that people's wishes and preferences had been respected.

We noted that there were information leaflets on display in the reception area on a variety of clinical and cosmetic dental topics, together with leaflets giving the opening times, the emergency contact details, and other relevant information. This showed that people had been given the information they needed to make an informed decision about their care and treatment.

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

The patients' records we reviewed comprised the initial booking form, which included the patient's past medical history, the current medical treatment the patient was receiving, and any medication the person was taking. The dentist's findings at the initial check-up, and on subsequent visits, were well documented and very detailed.

During our visit, the practice manager explained to us the type of treatment that had been discussed, the options available to the patient, and the costs involved. We were told that the patient signed and dated the treatment plan when it had been agreed, and a copy was given to the patient. The patients we spoke with confirmed that they had received a full treatment plan after the initial consultation, and that it had been followed in the course of treatment. We saw evidence of the treatment plan and the breakdown of the costs involved. The treatment records included details of the treatment in progress. This showed that people had been consulted, and had been given safe and appropriate care and treatment, subject to informed consent.

The practice manager stated that all staff had received training on dealing with medical emergencies, including practical training on cardiopulmonary resuscitation. We were shown the training certificates awarded to staff who had attended.

The practice manager showed us the contents of the emergency medical kit, including the emergency medicines available. The medicines had been checked regularly to ensure they were not out of date. Regular audits had been carried out on all equipment. This had ensured that these items remained in good working order, and were readily available for use. This meant that the risk that would arise in the event of an emergency had been mitigated.

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 happening.

Reasons for our judgement

Staff we spoke with stated that they had received training on child protection and the protection of vulnerable adults. We were shown the organisation's policy on safeguarding, which all staff had signed. The practice manager said that safeguarding procedures had also been discussed during staff meetings. Staff were able to give an account of the procedures they would follow if they had concerns about professional practice or safeguarding issues. We saw evidence that further safeguarding training was planned for the coming weeks. The practice manager was arranging further training on the Hertfordshire County Council joint safeguarding procedure. This showed that staff had been prepared to respond appropriately and effectively to any safeguarding issues that may arise.

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 risks of infection because appropriate guidance had been followed.

Reasons for our judgement

During our visit, the lead dental nurse showed us the purpose-built decontamination room with facilities in place to minimise the risk of cross-infection. The dental nurse explained the procedure for cleaning used dental instruments. These were washed, rinsed and put through an ultrasonic bath, containing a cleaning fluid. The items were then rinsed in distilled water, checked for debris using an illuminated magnifier, and placed in the autoclave for sterilisation.

The dental nurse told us that the autoclave was checked each morning to ensure it was in good working order. Computerised records had been stored after each autoclave cycle. The autoclave had been regularly serviced and maintained. The dental nurse explained the autoclave cycle and the packaging of sterilised instruments. We were shown the packed, sterilised instruments, which had the expiry date clearly written on each pack. The dental nurse said that there had always been a sufficient number of packed, sterilised instruments available each day. We noted that the staff had access to personal protective equipment such as gloves, aprons and masks.

This demonstrated that the decontamination process had been carried out properly to prevent the spread of infection, and to ensure the safe use of instruments.

The practice manager stated that all staff had attended courses on the control of infection, and had had regular discussions at team meetings to refresh themselves on infection control, the decontamination procedures, and the risks involved if these procedures were not followed. All these measures had prevented the spread of infection.

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.

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

Reasons for our judgement

The practice manager said that all staff had attended an induction training programme that had covered health and safety, first aid, and moving and handling. Other topics included safeguarding, medication training, infection control, equality and diversity, whistle-blowing and the Mental Capacity Act 2005. There had been annual refresher courses on important topics such as medical emergencies, cardiopulmonary resuscitation and the use of emergency drugs, child protection, and the protection of vulnerable adults. The practice manager stated that staff had been supported through regular supervision meetings and appraisals. We were told that staff meetings had been held regularly to discuss practice issues, and other relevant topics, such as infection control and safeguarding matters. This had ensured that staff had up-to-date information to enable them to provide safe care and treatment.

Staff we spoke with said that they had updated their knowledge on dental care and treatment and had maintained their professional development through training courses. We were shown the individual training and development folders for the staff, which demonstrated that staff had received appropriate training. This had ensured that staff had maintained their skills, and had continued to meet the requirements of their professional registration body, the General Dental Council.

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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