

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

The Covent Garden Dental Practice

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

Details about this location

Registered Provider	Maxdent Limited
Registered Managers	Mrs. Aida Mujan Mrs. Nino Shengelidze
Overview of the service	Covent Garden Dental Practice provides private general and cosmetic dentistry to adults and children. The registered provider is Maxdent Ltd.
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	6
Care and welfare of people who use services	7
Cleanliness and infection control	8
Supporting workers	9
Complaints	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 8 February 2013, observed how people were being cared for and talked with people who use the service. We talked with staff and received feedback from people using comment cards.

What people told us and what we found

People who use the service were given appropriate information regarding their treatment. Information was available on the website and in reception. Staff discussed people's dental health with them and gave them information about their diagnoses, treatment options and costs. Everyone had a written treatment plan. We spoke to two people who use the service who told us that they had sufficient information to make treatment decisions.

People felt involved in their care and treatment. Recent comment cards and satisfaction surveys showed that people felt engaged with staff. People told us that they felt safe, well treated and trusted the staff. They were pleased with the quality of the care and treatment.

There were arrangements in place to deal with foreseeable emergencies which staff were trained to manage.

There were effective systems in place to reduce the risk and spread of infection. The environment was clean and hygienic. Staff were regularly trained in infection control and observed policies and procedures. People told us the practice always appeared clean.

All staff were trained, supported and resourced to undertake their roles. People told us they felt well treated by competent professionals.

People were given information about how to complain. The provider systematically reviewed and responded to complaints.

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.

The provider was meeting this standard. People's privacy, dignity and independence were respected. They were involved in making choices and decisions about their care.

Reasons for our judgement

People who use the service were given appropriate information regarding their treatment. At initial examinations, staff discussed people's dental health with them, explained treatment options, risks, benefits and likely costs to help them make a decision. People could watch animated films of common treatments, see their x-rays and dental photographs and read a range of information leaflets. Further information was available on the practice website. Everyone signed a written treatment plan.

People expressed their views and were involved in making decisions about their care and treatment. The practice asked people to complete comment cards and leave them in a box in reception. Results from comment cards and other surveys showed that people were pleased with the information they received and that they felt engaged by staff. We spoke to two people on the day of the inspection. They were positive about the practice and commented, for example, "I value the treatment I get here", and "staff are always friendly and professional".

People's diversity, values and human rights were respected. The practice undertook a disability audit and made the building fully accessible on a ground floor. Staff had been trained in respecting people's diverse needs and spoke several languages. All treatment sessions took place in a private surgery room. We observed staff treating people with kindness and respect. One person told us that, as an anxious patient, they were always calmed and reassured by staff.

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

Our judgement

The provider was meeting this standard.

The provider was meeting this standard. People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

Peoples' needs were assessed and care and treatment was planned and delivered in line with their individual treatment plan. People completed a medical history questionnaire before their initial dental examinations and staff told us that this was updated on subsequent visits. This was clear from the medical records we saw.

People's dental records included risk assessments and assessments of people's oral health. Treatments took place after comprehensive diagnosis and assessment. The practice stored people's dental records on a computerised system and recorded work done on each visit. A small number of children use the practice and staff told us that they were always accompanied by an adult. There were clinical governance procedures and monitoring in place to ensure that staff followed current best practice. Staff described how they worked with people to maintain good dental health.

There were arrangements in place to deal with foreseeable emergencies, with a clear policy and procedure for staff to follow. All staff had been regularly trained in basic life support, most recently in February 2013. There were appropriate medicines and equipment to deal with medical emergencies including emergency drugs, oxygen and a defibrillator. These were easily accessible and regularly checked. Staff described an example of how they responded appropriately to a medical emergency.

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

Our judgement

The provider was meeting this standard.

The provider was meeting this standard. 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. People who used the service told us that the practice was always clean and that staff followed good hygiene procedures. The environment was clean and hygienic on the day of our inspection and equipment appeared clean and well maintained.

The practice was cleaned daily and we saw that cleaning schedules had been followed. Tests had been carried out to reduce the risk of legionella in the water system. Staff cleaned the surfaces in the treatment rooms after each session and wore personal protective clothing. There were separate sinks for hand washing the treatment and decontamination rooms. Staff followed daily infection control checklists.

One person took the lead on infection control and had responsibility for maintaining an overview of standards and practices. Staff were aware of and followed current government guidance on infection control. They were regularly trained in infection control and had their competencies checked as part of a performance appraisal system.

There were suitable arrangements for managing clinical waste and used sharps (including needles). There were procedures for dealing with blood borne viruses and health and safety policies to keep staff safe.

We saw evidence of quarterly infection control audits (the most recent audit was in January 2013). Actions taken to ensure continuous improvement. There was an infection control policy and procedure which included clear procedures for the decontamination and sterilization of instruments.

There was a separate decontamination room for sterilizing instruments and equipment. The room was divided into clean and dirty areas. Used instruments were taken in a box from the treatment rooms to the decontamination room. Staff showed us how they washed the dirty instruments, cleaned them in an ultrasonic bath, inspected them using an illuminated magnifying glass and sterilized them in an autoclave. Sterilized instruments were packaged and stored for use for a time limited period to ensure they stayed sterile.

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.

The provider was meeting this standard. Staff received appropriate professional development.

Reasons for our judgement

Staff received appropriate professional development. Dentists, hygienists and dental nurses were registered with the General Dental Council. The practice kept a check on staff indemnity insurances.

New staff undertook an induction relevant to their role. We saw evidence of continuing professional development. There was a training manual for staff to follow and all staff undertook mandatory training in basic life support, responding to emergencies, infection control, health and safety, safeguarding and the Mental Capacity Act. Continuing professional development was based on personal development plans and systematic performance appraisal. People who use the service told us they felt well treated by competent professionals.

The practice manager described how the staff worked as a team to improve their practice and used coaching and mentoring enhance their skills. There were regular staff meetings and learning sessions.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

The provider was meeting this standard. There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People were given information about how to complain if they needed to and this information was also displayed at the practice and on the website. Staff told us that, on their first visit, new people were made aware of how to complain or raise a concern. This was confirmed by the people we spoke to.

Staff understood the complaints procedures and told us they worked to resolve any concerns quickly. We saw the complaints records. Complaints had been responded to appropriately and records kept of people's satisfaction and improvements made, as needed.

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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