

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

Neel Dentistry Limited

43 High Street, Welwyn, AL6 9EE

Tel: 01438712713

Date of Inspection: 15 January 2013

Date of Publication: February 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
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Neel Dentistry Limited
Overview of the service	Neel dentistry provides primary dental care to people. The practice does not provide treatment under the NHS it is private only.
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
Assessing and monitoring the quality of service provision	9
About CQC Inspections	10
How we define our judgements	11
Glossary of terms we use in this report	13
Contact us	15

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 reviewed all the information we have gathered about Neel Dentistry Limited, looked at the personal care or treatment records of people who use the service, carried out a visit on 15 January 2013 and observed how people were being cared for. We talked with people who use the service and talked with staff.

What people told us and what we found

Neel dentistry is located centrally on the high Street in Welwyn village. There is a car park opposite the practice. The practice is accessible for people with reduced mobility and there is a cloakroom located on the ground floor. People who used this service told us that the service they received was 'first class'. One person told us they were very nervous and also had a fear of dentists, someone had recommended this practice and since coming here they have never looked back.

The practice is very bright and welcoming with prices, opening hours and other general information available to members of the public as they are prominently displayed in the window.

On entering the premises they were very modern, clean and tidy. Patient information is available and on display, including the CQC registration document hanging on the wall. A comments book was available for patients on the desk reception area, this contained twenty one (21) comments, all of which were positive, praising the quality of care/treatment, luxurious premises, reduction of patients fear of the dentist industry and the compliments of the "dream team" staff. Patients and staff were on a first name basis. The electronic booking and medical history records were maintained on a contemporaneous basis and up to date.

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 privacy, dignity and independence were respected.

Reasons for our judgement

People who use the service were given appropriate information and support regarding their care or treatment.

We observed people being greeted and reassured by the receptionist. People were given information about the treatment they were going to have. We noted that there was information available in the practice so people were kept informed about things such as opening times and a price list.

People who attend the practice for the first time were asked to complete a full medical history. People were asked to complete a 'smile evaluation' which assisted the dentist in assessing how people felt about their teeth. People were asked if it was alright to have their photo taken, as this assisted staff in recognising people when they came to the practice or if people called the practice with a query it helped if staff were able to recognise them and assist them efficiently with any enquiry they might have.

There was a space to the back of the practice where people were able to talk to staff in private if they wanted to do so. Information was provided to inform people what to do if they had an emergency and needed to access service outside of the practice's usual opening times.

We noted that people were able to discuss options available to them. We observed good interaction between staff and people that used the service this ensured peoples dignity, respect and confidentiality was maintained.

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's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We noted during our visit to this practice that people were given individual information leaflets describing the treatment they were having done. This assisted people in making informed decisions about treatment options and what was involved.

People told us that they were always able to discuss things with the dentist or other staff in an unhurried way and this made the experience much more relaxed and informal. People were given detailed treatment plans which were updated as the treatment progressed. We were shown how people were asked to sign treatment plans and consent was sought if there were any changes to the plan.

Staff talked to us about providing a service to the wider community including people with disabilities, special religious or cultural requirements. An example would be around people observing certain festivals.

We were shown the emergency equipment that was kept in the practice, as well as oxygen and emergency medication with audits of when these were checked. The oxygen was checked weekly and the medication was checked monthly. The last recorded check on both was 27 December 2012. Staff had received training in managing emergency procedures and annual life support training was taking place.

This meant that there were arrangements in place to deal with emergencies and ensure that correct equipment was accessible.

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 provider responded appropriately to any allegation of abuse. Staff in the practice showed us the policy about child protection. We also saw a reference document relating to vulnerable adults. Staff confirmed that they had received training about protecting children from abuse. They had an incident reporting book and anything that caused them concern would be recorded in there and dealt with appropriately.

Staff qualifications were recorded although there were no records relating to staff attending safeguarding training. Following our inspection we were told that staff were booked to complete safeguarding of vulnerable adults training in February 2013. In addition staff were able to access the Hertfordshire multi agency document which informed them what they were required to do if they were concerned about abuse or suspected abuse.

The staff we spoke with were aware of the practice's whistle blowing procedure which tells them about their professional responsibility to elevate or report concerns outside the organisation if they were concerned that things were not being appropriately addressed.

We noted that the practice had confidentiality and data protection policies and procedures in place to protect people's information. The practice manager was able to produce staff records. All had CRB evidence within the files. Some records included attendance at staff meetings, which was an opportunity to share ideas and discuss best practice around safeguarding people from abuse.

This meant the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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. Staff talked us through a detailed and comprehensive infection control policy and process. The practice had a separate decontamination room.

The practice's infection control processes and procedures were set up to comply with current Department of Health Guidance, when the practice opened. This meant there were appropriate systems and equipment in place for cleaning, sterilising and storing dental instruments.

Staff were issued with appropriate personal protective equipment (PPE). We noted that there were systems in place that ensured that the bagged and sterilised instruments were used within the required storage dates to ensure they remained sterile.

We identified that staff had received training on the prevention of infection to ensure standards were being maintained in relation to national guidance. Regular audits of procedures were being completed to identify any improvements that were needed to maintain standards.

We were shown the cleaning schedules for both the weekly and quarterly cleaning schedules and the audits which were all signed and dated by the person completing them.

Staff were aware of the procedures to prevent the spread of blood-borne viruses in the event of a sharps injury and a procedure on the action they should take to protect themselves was available. There was a risk assessment in place to support this process.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. People were asked their views on the quality of care they received at the practice. The practice manager showed us seven surveys from patients. The form is a straight forward tick the box style, but covers all the essential questions. Unfortunately there was no date on the forms, so it prevents the month by month analysis of data.

Feedback from patients is discussed at team meetings so that all staff are aware any emerging issues/trends/problems. Regular checks on the availability and maintenance of the equipment had been recorded.

We saw that there were systems in place that ensured the dental and x-ray equipment had been regularly serviced and maintained to ensure it was safe and people were protected. Service records for the decontamination equipment were available, demonstrating action had been taken to ensure equipment was being appropriately maintained.

There had been four complaints and we noted these had all been recorded investigated and outcomes recorded

Overall we found the practice to have all required policies and processes in place.

Interviews with patients reflected, good treatment practice and this was supported by the comments book, which clearly emphasised the quality of the treatment. The practice manager and staff had completed the required training and knew their roles and responsibilities. All equipment was in good condition, dates of sterilisation on equipment were correct and the audit control processes were good.

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.
