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

AbiDentalCare

5b Sheldon Square, London, W2 6HY

Date of Inspection: 03 December 2012
Date of Publication: December 2012

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
- Requirements relating to workers - Met this standard
- Assessing and monitoring the quality of service provision - Met this standard
# Details about this location

<table>
<thead>
<tr>
<th>Registered Provider</th>
<th>Mr. Morad Milanifar</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overview of the service</td>
<td>AbiDentalCare provides private general dentistry for adults and children. The service is located near Paddington Station in London.</td>
</tr>
<tr>
<td>Type of service</td>
<td>Dental service</td>
</tr>
</tbody>
</table>
| Regulated activities      | Diagnostic and screening procedures  
Surgical procedures  
Treatment of disease, disorder or injury |
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'.

<table>
<thead>
<tr>
<th>Summary of this inspection:</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Why we carried out this inspection</td>
<td>4</td>
</tr>
<tr>
<td>How we carried out this inspection</td>
<td>4</td>
</tr>
<tr>
<td>What people told us and what we found</td>
<td>4</td>
</tr>
<tr>
<td>More information about the provider</td>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Our judgements for each standard inspected:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Respecting and involving people who use services</td>
<td>5</td>
</tr>
<tr>
<td>Care and welfare of people who use services</td>
<td>6</td>
</tr>
<tr>
<td>Cleanliness and infection control</td>
<td>7</td>
</tr>
<tr>
<td>Requirements relating to workers</td>
<td>9</td>
</tr>
<tr>
<td>Assessing and monitoring the quality of service provision</td>
<td>10</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>About CQC Inspections</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>How we define our judgements</td>
<td>12</td>
</tr>
<tr>
<td>Glossary of terms we use in this report</td>
<td>14</td>
</tr>
<tr>
<td>Contact us</td>
<td>16</td>
</tr>
</tbody>
</table>
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 carried out a visit on 3 December 2012, talked with people who use the service and talked with staff.

What people told us and what we found

We spoke with two patients, both of whom said that they were given adequate information about the service so that they could make decisions about their treatment. Both said the centre was clean. One person said they had found the service to be "the best experience" and that the dentist was "open-minded and understanding". Another said they were treated with "dignity and respect" and "felt at ease".

There were suitable recruitment and employment processes in place and staff were supported by the provider's systems and policies. There were processes to assess each person's suitability prior to any treatment. There were effective systems in place to reduce the risk and spread of infection in terms of the processes used by staff. On the day of our visit there had been no audit of the decontamination systems at the practice. The provider has now provided evidence that this has been undertaken. Staff had been trained in infection control and in dealing with emergency situations.

The provider had systems to review and monitor the quality and safety of the service provided.

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

Reasons for our judgement

People who use the service were given appropriate information regarding their treatment. There was information available about the practice in the reception area. People were also given information and advice on the telephone or during an appointment.

People who use the service understood the treatment choices available to them. We spoke with two people using the service. They both said that they had had enough information from the dentist to make a decision about treatment. One said that treatment was "explained well" and they could ask more questions. This person said the service was very "customer friendly" and they felt at ease. Both people said they would recommend the service to family and friends and had had the service recommended themselves by word of mouth.

People expressed their views and were involved in making decisions about their treatment. A feedback questionnaire was in process of development, but not used yet. People could use the provider's website to comment on the service. Staff told us that people were involved in discussions and then decisions about their treatment and people we spoke with confirmed this. People could see their x-rays and photographs of their mouths on a screen to assist them in understanding proposed treatment.

People's diversity, values and human rights were respected. Staff were able to speak several languages commonly used by people who used the service. The practice had step free access and was on the ground floor. All the treatments took place in private surgeries with the dentist and dental nurse in attendance. People could choose a male or female dentist.
### Care and welfare of people who use services

<table>
<thead>
<tr>
<th>Met this standard</th>
</tr>
</thead>
</table>

#### 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 and treatment that met their needs and protected their rights.

### Reasons for our judgement

People's needs were assessed and treatment was planned and delivered in line with their individual treatment plan. Each person completed a medical questionnaire prior to their first appointment. This was discussed with the dentist and a treatment plan devised. The provider, who was the lead dentist at AbiDentalCare, confirmed that the medical history was checked for any changes prior to a new course of treatment. People were given a copy of their treatment plan which they signed. This also detailed the fees for the treatment. People would be referred to their GP or a specialist if that was required. They were given post treatment advice.

We spoke with two people and they told us that care and treatment was good. They confirmed that were involved in deciding about their treatment.

People's care and treatment reflected relevant research and guidance. We saw evidence that the practice followed current guidance, for example on the frequency of dental check ups.

There were arrangements in place to deal with foreseeable emergencies. There was a policy for dealing with medical emergencies. Emergency drugs, oxygen and equipment were available and checked routinely. The dentists and dental nurses had been trained in resuscitation.
Cleanliness and infection control

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 in terms of the processes used at the practice. People who used the service told us that the service was clean and staff washed their hands prior to treatment and used gloves during treatment.

The lead dentist was the person who led on infection control which ensured there was a named individual responsible for overseeing standards and practices. Staff confirmed that they had received infection control training as part of their annual professional development. There was an infection control policy that included procedures for the decontamination of instruments. The environment was clean and tidy on the day of the inspection and the equipment appeared clean and well maintained.

Staff wore clean uniforms daily and there were processes in place for the cleaning of the centre in general as well as the dental surgeries. We saw that cleaning schedules were in place for the start and end of the day. The provider might find it useful to note that staff were not required to record when a task had been completed. A dental nurse explained the process for cleaning the room, equipment and surfaces between patients. There were suitable arrangements for managing clinical waste and used sharp items. Protective items such as gloves and eyewear were used.

The decontamination procedure was explained to us by a dental nurse. Items were moved safely to the decontamination area which was accessed from both dental surgeries. This room had separate clean and dirty areas. Instruments were cleaned, rinsed and put into an ultrasonic washer and then inspected to ensure they were clean. The cleaned instruments were then sterilised in a vacuumed autoclave. Sterilised instruments were packaged and marked with a use by date which ensured that they would not become contaminated before re-use. Each dentist had their own instruments and there were sufficient sets of instruments for each day’s use.

There was evidence that the autoclave was checked daily to ensure it was working effectively. On the day of our visit the provider had not carried out decontamination audits in accordance with Health Technical Memorandum 01-05, which details the government standards for decontamination in dental practices. However, the provider has now provided evidence that an audit has been undertaken and the practice was now compliant with the requirements of the memorandum.
During our visit, we saw that a risk assessment and checks for Legionella bacteria in the water supply system at the practice was carried out in January 2011. The provider confirmed that water temperature was checked for safety each month but this was not recorded.
Requirements relating to workers  Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People we spoke with were positive about their experiences of staff at AbiDentalCare. One person said that they were "good, friendly and competent".

Appropriate checks were undertaken before staff began work. The dentists had enhanced criminal record bureau (CRB) checks prior to commencing employment and their references were checked. The provider might find it useful to note that not all of the dental nurses working at the practice had had a criminal records check when they were employed.

The dentists and dental nurses were registered with their appropriate professional organisations. No new staff had been employed for some years. The provider confirmed that there were suitable processes in place should new staff be required. We saw the recruitment policies.
Assessing and monitoring the quality of service provision

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. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about treatment and they were acted on. People we spoke with confirmed that they could give feedback about the service and would be confident about raising a concern.

Decisions about care and treatment were made by the appropriate staff at the appropriate level. People were seen, assessed and treated by a dentist at each visit. People were referred for specialist treatment if needed.

We saw that there was a system of review of any complaints or concerns raised by people who had used the service. There were no complaints ongoing at present. There was evidence that learning from incidents / investigations took place and appropriate changes were implemented if required. There had been no untoward incidents in the last year. The provider monitored the service. This included staff meetings where staff discussed the service and planned improvements and the monitoring of staff training.

There were risk assessments in place which included a fire risk assessment. The x-ray equipment was risk assessed by an external expert. We saw the last report from January 2011. We saw evidence that some audits were undertaken and this included audit of x-ray quality.
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:

<table>
<thead>
<tr>
<th>Standard</th>
<th>Regulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respecting and involving people who use services - Outcome 1</td>
<td>Regulation 17</td>
</tr>
<tr>
<td>Consent to care and treatment - Outcome 2</td>
<td>Regulation 18</td>
</tr>
<tr>
<td>Care and welfare of people who use services - Outcome 4</td>
<td>Regulation 9</td>
</tr>
<tr>
<td>Meeting Nutritional Needs - Outcome 5</td>
<td>Regulation 14</td>
</tr>
<tr>
<td>Cooperating with other providers - Outcome 6</td>
<td>Regulation 24</td>
</tr>
<tr>
<td>Safeguarding people who use services from abuse - Outcome 7</td>
<td>Regulation 11</td>
</tr>
<tr>
<td>Cleanliness and infection control - Outcome 8</td>
<td>Regulation 12</td>
</tr>
<tr>
<td>Management of medicines - Outcome 9</td>
<td>Regulation 13</td>
</tr>
<tr>
<td>Safety and suitability of premises - Outcome 10</td>
<td>Regulation 15</td>
</tr>
<tr>
<td>Safety, availability and suitability of equipment - Outcome 11</td>
<td>Regulation 16</td>
</tr>
<tr>
<td>Requirements relating to workers - Outcome 12</td>
<td>Regulation 21</td>
</tr>
<tr>
<td>Staffing - Outcome 13</td>
<td>Regulation 22</td>
</tr>
<tr>
<td>Supporting Staff - Outcome 14</td>
<td>Regulation 23</td>
</tr>
<tr>
<td>Assessing and monitoring the quality of service provision - Outcome 16</td>
<td>Regulation 10</td>
</tr>
<tr>
<td>Complaints - Outcome 17</td>
<td>Regulation 19</td>
</tr>
<tr>
<td>Records - Outcome 21</td>
<td>Regulation 20</td>
</tr>
</tbody>
</table>

**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.