

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

## Dr Afzal Rehman - Park Lane

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We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Cleanliness and infection control</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Dr. Afzal Rehman
Overview of the service	Dr. Afzal Rehman is an orthodontic dental practice situated in the centre of Swindon. The practice specialises in orthodontic treatment for patients who are referred from other dental practices. The practice primarily provides treatment to NHS patients.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Treatment of disease, disorder or injury

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## Summary of this inspection

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### Why we carried out this inspection

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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 unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 11 July 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

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### What people told us and what we found

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People who used the practice told us they were very satisfied with the treatment they received and that they were treated with respect by the dentist and dental staff. Parents we spoke with said their children were made to feel relaxed and that the treatment planned was well explained.

The practice provided only orthodontic treatment to patients and these were referred from other dental practices. Patients we spoke with said they understood the referral arrangements and the treatment that was provided.

The practice staff had all completed safeguarding training and information was displayed about their policies and procedures.

The practice had appropriate infection control policies and procedures in place and staff had undertaken the relevant training.

Patients were supported to provide feedback on the service they received and information was clearly displayed about the practices complaints procedure.

You can see our judgements on the front page of this report.

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://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

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### Our judgement

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The provider was meeting this standard.

People's privacy, dignity and independence were respected.

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### Reasons for our judgement

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People who used the service understood the care and treatment choices available to them. The practice provided a solely orthodontic service to patients. All patients had to be referred by another dentist. Nearly all the treatment was provided to NHS patients. After an initial consultation following the referral the patient was provided with a treatment plan. If a patient attended privately they would still need to have to been referred by their own dentist. Private patients were provided with a letter detailing the cost of consultation and the course of treatment.

We spoke with six patients and parents of children who had used the practice. They confirmed they were well informed by the dentist about the course of treatment and were aware that it was provided as part of their NHS treatment. People told us they had been shown their treatment plans and parents told us the dentist took the time to explain to the children what the treatment involved and how they should best manage their aftercare.

The practice obtained written consent from the patients before commencing any treatment. If the patient was under 18 the consent form was signed by the parent. All the patients and parents we spoke with confirmed they had signed a consent form before treatment commenced. We saw a sample of treatment plans and all contained the required signatures.

We saw a sample of medical histories. These were completed on the first appointment and dated. A sign in the reception area reminded patients they must inform the dentist of any changes to their medical record. The forms were signed to say when they had been checked and updated.

People's privacy and dignity were respected. All the people we spoke with said that all the staff were polite and respectful. Discussions took place with the dentist in the privacy of the treatment room. People told us that they were given appropriate information and support regarding their treatment and aftercare.

People's diversity, values and human rights were respected. The surgery was converted from the ground floor of large house and was all on one level. This meant there was easy access for people with mobility problems. There was a ramp access to the rear of the building and the surgery provided ample to space to accommodate wheelchairs if required. The dental nurse was aware of how to access the NHS translation service if this was required. We were told that generally if there was a language problem they would ask the patient to attend with a friend or relative who could translate. The dentist told us that approximately 90% of the patients were children and nearly all spoke English.

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

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**Our judgement**

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The provider was meeting this standard.

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

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**Reasons for our judgement**

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People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. The dentist said that he would always check a patient's medical history when they came for treatment. The dentist would receive a referral from the patient's dentist confirming that treatment was required. Patients we spoke with confirmed that the dentist always asked about their health and if there was any medication they were taking.

Patients and or the parents of children who were patients we spoke with told us they were very happy with the service they received. One person said "the dentist is brilliant, my daughter is really happy with her new smile". Another person told us that their child had been very nervous but this had not been a problem as soon as the dentist had spoken to them both. Several people we spoke with commented that the practice made children feel relaxed. In the waiting room there were a large number of thank you cards displayed thanking the dentist for their treatment. Several children had thanked the practice for giving them "their smile back". People also told us the dental nurses were friendly and polite.

The practice had arrangements in place to deal with foreseeable emergencies. The practice was open three days a week and patients requesting emergency treatment in relation to their on-going orthodontic treatment could be seen on one of these days. When the practice was closed the telephone answering service gave the numbers of the out-of-hours NHS emergency dental service. In the event of the building being temporarily out of use the practice had an arrangement with another dental practice to use one of their surgery rooms. The dentist also had an arrangement with another dentist to cover their surgery in the event illness.

**People should be protected from abuse and staff should respect their human rights**

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### **Our judgement**

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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.

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### **Reasons for our judgement**

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The dentist and the two dental nurses had completed training on adult and child protection. This was a required component of the continuous professional development (CPD) training all qualified staff were required to undertake to maintain their professional qualifications. The dentist had attended training run by the local dental council and the PCT. The dental nurses had attended training run by the local authority. Staff we spoke with confirmed they had undertaken the safeguarding training and also attended updates periodically.

We saw that information about adult and child protection was displayed in the waiting room. There was also a statement displayed which detailed the practice's Child Protection and Vulnerable Adults policy.

We saw a sample of staff files that showed that checks were completed before staff commenced their employment. Staff had had Criminal Records Bureau (CRB) checks to make sure they were suitable to work with people. We saw copies of these checks. Parents of child patients we spoke with told us that they were confident the surgery was safe environment for children.



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

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**Our judgement**

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The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

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**Reasons for our judgement**

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The practice had an infection control policy and clear infection control procedures in place. One of the dental nurses showed us the procedure for cleaning instruments and equipment. The practice had a decontamination room that was organised into a "clean" area and a "dirty" area. Items were washed by hand and examined under a magnifying glass and then put into the dishwasher. The trays of instruments were then transferred to the autoclave machine. We saw there were written guidelines displayed in the room for all the cleaning procedures including the cleaning of the instruments and equipment. There was also written guidance displayed about hand washing. All the clean instruments were stored in the surgery.

We saw there was a record kept of the tests and servicing completed on the autoclave machine.

There were effective systems in place to reduce the risk and spread of infection. All staff were provided with protective clothing and we were told that there was always sufficient supplies of goggles and gloves. All the clinical staff had completed training in infection control as part of their CPD (Continuous Professional Development) training. The practice had appropriate arrangements in place to dispose of the different types of waste products that were produced.

The dental nurses explained how they wiped down the surfaces in the surgery after every appointment and that the surgery was also cleaned at the end of the morning and afternoon sessions. The practice employed a cleaner who cleaned all of the practice at the end of the week. The practice was open for three days per week. There was a cleaning schedule that was followed and signed to say that it had been completed. We saw that the practice appeared clean and hygienic throughout.

## 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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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People who used the service were asked for their views about their care and treatment and they were acted on. Nearly all the treatment was provided for NHS patients and the "NHS choices" website provided feedback from patients about the service. The practice also regularly sent out a sample of surveys and we saw some of those most recently returned. These all contained positive comments about the practice and the staff. We saw that a comments box was available in the waiting room and we looked at the contents of this. The comments made were very positive about the treatment received, the end results and the approach of the dentist and the staff.

The practice had a complaints procedure and log book for recording complaints. Information was displayed in the waiting room about the complaints procedure. There had been one complaint in the previous 12 months and the dentist explained how they had responded to this. This had been in line with the written policy.

The practice had outside contractors who came in and validated equipment the x-ray machine. These tests were all recorded and displayed. The practice had COSHH file in place which contained information on all potentially hazardous products used in the practice.

## 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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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