

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

Heathfield Dental Clinic

80 Heathfield Road, Croydon, CR0 1EW

Date of Inspection: 11 October 2013

Date of Publication:
December 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	Mr. Danesh M. Soshik
Overview of the service	Heathfield Dental Clinic provides a range of dental services mainly for National Health Service patients and some private treatments that are not available through the NHS.
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 unannounced 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 11 October 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

We spoke with three patients. One patient told us, "Nothing but positive things to say about how they treat me, what they tell me and how much it will cost. Really, it's a good place." Another patient told us, "The staff and dentists make you feel very comfortable." One patient said, "They say what they are doing, explain everything and make you feel comfortable."

We saw that patients were involved in their treatment and provided consent before any treatment was started. We found that people were protected from the risks of abuse. We saw that there were effective systems in place to minimise the risk of infection. We also found that systems were in place to assess and monitor the quality of service provision.

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

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People who used the service understood the treatment choices available to them.

We examined the website for the service. It provided information about the treatments that were available. It also contained information for new patients and contact details.

In the waiting room we found patient feedback forms. The provider may wish to note that there was no feedback facility for patients on the website.

We looked at the records for three people using the service. We saw people's treatment needs had been documented in a treatment plan. Alternative treatment options were explained. Costs of treatments were clearly included in the plan (one of three NHS price bandings).

The treatment plans we saw showed that people had been provided with sufficient information to make a decision and provide informed consent. Consent was recorded for NHS treatments on the appropriate NHS form and patient records. Consent for private treatments or treatments by the oral hygienist were recorded before any treatment commenced. NHS and private treatments were clearly separated in the records and made clear to patients .

We spoke with three people who used the service. One person told us, "I'm given the options and they tell me how much it will cost." Another said, "Nothing but positive things to say about how they treat me, what they tell me and how much it will cost. Really, it's a good place." Another person said, "I can't say anything bad about them."

People told us that staff were friendly and welcoming. One person told us, "The staff and dentists make you feel very comfortable."

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

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

We looked at the treatment plans of three people who used the service which were based on a full mouth examination, medical history and where appropriate x-rays.

We were told by staff that medical histories were updated at each visit for existing patients and signed by them. New patients completed a medical history form before any treatments commenced. We confirmed the completion of medical histories when we examined patient records. We also saw that clinical notes were completed for each person.

It was apparent from what we were told by people and the records we examined that people were involved in their treatment plan. Recall periods for check-ups and treatments were specific to individuals.

One person who used the service told us, "They say what they are doing, explain everything and make you feel comfortable." Another person told us, They are really friendly and put you at ease."

There were arrangements in place to deal with foreseeable emergencies. We were told that that all dentists were trained in resuscitation in line with the General Dental Council guidelines. The dental nurses also completed first aid training as part of their continuing professional development.

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

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.

We spoke to members of staff about their knowledge of safeguarding children and vulnerable adults from abuse. They were able to answer questions about types and signs of abuse. They told us that they would report any concerns to the provider and would escalate their concerns to an agency outside the service if necessary. They were also aware of whistle blowing procedures.

The members of staff we spoke with told us that the provider was very approachable and they would have no concerns bringing issues to their attention.

We noticed that safeguarding posters with contact numbers for reporting issues of concern were clearly displayed in each treatment room, in the staff room and in both waiting rooms. Members of staff were aware of the telephone number for reporting safeguarding concerns.

The principal dentist was the safeguarding lead for the practice. We saw up-to-date policies for the protection of children and safeguarding vulnerable adults.

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.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection.

We were shown the service's infection control policies. They provided staff with instructions and guidance about the minimisation of blood borne virus transmissions; decontamination of instruments and equipment; cleaning of work surfaces and equipment; hand hygiene; clinical waste disposal; use of personal protective equipment (PPE); blood spillages and environmental cleaning.

We also looked at procedures in place for dealing with needle stick and sharps injuries, the decontamination and manual cleaning of instruments and their transfer to the decontamination room.

We examined one of the treatment rooms when it was not in use. A number of aide memoires were displayed on the walls to provide easy reference for staff including a daily infection prevention checklist, an infection control checklist and a hand wash guide. We were told by staff that this was repeated in each of the five treatment rooms.

A dental nurse explained the procedures for decontamination of the treatment rooms between patients and reprocessing instruments used in treatments. They explained the flow between clean and dirty areas in the treatment and decontamination rooms. We observed that dirty instruments were transferred safely to the decontamination room in clearly marked containers and appropriately reprocessed and stored.

Sharps bins and clinical waste bins were appropriately located in safe places. There were hand washing facilities and guidance was displayed for staff about hand washing techniques.

We observed that the practice was clean and well maintained. One patient we spoke with told us, "It's always clean." We saw policies covering: Housekeeping and Cleaning Regimes; Infection Prevention and Control; and, Clinical Waste. We were shown an up to date clinical waste audit carried out by the clinical waste contractor.

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 were asked for their views about their care and treatment and they were acted on.

People could provide comments and feedback about their treatment and experiences of the service through feedback sheets. We examined feedback for the current year which mostly provided positive comments about the service provided. The feedback was examined monthly with a view to dealing with any issues raised. At the time of the inspection there were no comments or suggestions that had warranted any action by the provider.

We were shown a patient audit carried out in January 2013 by the provider. It covered areas such as medical history, mouth cancer risks, dental history, patient involvement and consent. The results of the audit were analysed by the provider and improvements around some areas of recording consent were initiated.

We were told that staff meetings took place every other week and if necessary they included updating members of staff with changes in regulations and guidance. We looked at the policies which reflected the requirements of the service. Members of staff were required to sign and date an acknowledgement sheet to confirm that they had read the policies that were in place.

We were shown a number of audits of various aspects of the service that were undertaken on a regular basis. This combination of feedback, audits and policies provided assurance that service provision was regularly being assessed and monitored to

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.

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.
