

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

Marble Arch Dental Centre

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Supporting workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Marble Arch Medical &Dental Centre
Registered Manager	Dr. Khilood Al-Saidi
Overview of the service	Marble Arch Dental Centre provides general dental services to adults and children. The practice consists of eleven dentists, dental nurses and a hygenist. The practice offers both NHS and private services.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

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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'.

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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 3 February 2014, 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 five people who use the service who were satisfied with the care and treatment they received. People told us that they were treated respectfully by staff.

People were given sufficient information about their care and treatment, including information about their treatment plans and options. We saw that each person had a dental treatment plan and that the dentists took a medical history on their first appointment, which was then checked on subsequent appointments.

There were emergency procedures in place and staff knew what to do in the case of an emergency.

There were effective systems in place to reduce the risk of infection. Staff showed us the decontamination procedures they completed daily and demonstrated their understanding of infection control.

The service responded appropriately to concerns and complaints.

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

More information about the provider

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

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

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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 and support regarding their care and treatment. All new patients had an initial consultation with the dentist. People told us how the dentists had explained proposed treatment options. Everyone said they had received sufficient information that enabled them to make a decision. One person told us, "they gave me really clear information, with photos and x-rays, and a written breakdown of what could be done." Another said, "I bring all my family here. They treat us well and are very clean and efficient."

People told us that they were always treated respectfully and had their preferences met. Many people visiting the clinic were Arabic speakers. Two people said that they liked having information available in Arabic (we saw leaflets with post treatment information written in Arabic) and appreciated discussing their care and treatment in their first language. Some women who used the service said they appreciated being able to see a woman dentist who also spoke their own language.

There was a comments box for people to post their views but most people said they preferred to speak directly to the staff. One man we spoke with was unhappy with the waiting time the day of the inspection and made this clear to staff, who addressed his concerns. The practice reminded people that they could give their written views but staff confirmed that most people gave direct, verbal

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

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. The dentists took a medical history prior to each person's first visit. Health conditions were flagged on the person's paper files and electronic records, then checked at subsequent appointments. There was information about who to contact in an emergency. This included information in people's first languages. People said they received information about regular check-ups and maintaining good dental hygiene.

We spoke with five people who used the service. Most people we spoke with were very satisfied with the care and treatment they had received and were positive about the practice. One person said, "it is as I want at the dentist – clean, careful, and the work they do is good."

There were arrangements in place to deal with foreseeable emergencies, including emergency procedures and equipment available. Staff knew what to do in an emergency and had received basic life support training.

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 cared for in a clean, hygienic environment.

Reasons for our judgement

There were infection control policies in place which staff followed. There were effective systems in place to reduce the risk and spread of infection. On the day of the inspection the practice was clean and well maintained. Staff showed us their daily cleaning procedures and cleaning checklists. The practice was cleaned daily. We observed three clinical rooms being cleaned between patients. There were adequate hand washing facilities and personal protective equipment, such as gloves and protective eye wear, which we saw staff wearing.

There were appropriate decontamination procedures in place. Instruments were safely transported to and cleaned in a decontamination room which had clearly defined "dirty" and "clean" areas.

A dental nurse demonstrated decontamination procedures, showing us how staff decontaminated instruments after each session, and how they used, checked and maintained the equipment for decontamination and sterilisation equipment. Staff showed us how instruments were soaked in a solution before being placed in an automated washer disinfectant machine. Instruments were then examined under a light and then placed in a steamed steriliser machine.

There were procedures for dealing with blood borne viruses and policies to keep staff safe. Sharps bins were in use and there were suitable arrangements for the disposal of clinical waste, which was stored safely and collected regularly under contract.

Supporting workers

✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development. Staff undertook regular continuing professional development (CPD) and practice specific training. Dentists showed us records of their continuing professional development. Staff held regular meetings to review their clinical and practice issues. All staff had been trained regularly in infection control and basic life support.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints were responded to appropriately.

Reasons for our judgement

People were made aware of the complaints system. This was provided in a format that met their needs. People we spoke to said they had "no complaints at all". They knew how to complain, who to and would feel comfortable doing so. We observed oOne person was unhappy with the day's waiting times, raised the concern and had it addressed appropriately.

We saw that patients had access to the practice complaints policy and procedure. There was information about complaints in the reception area. We looked at the complaints record and found there were no current complaints.

There was a procedure with identified responsibilities for complaint investigation and response. This included complaints being logged, investigated and responded to within timeframes.

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.

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