

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

Dental Arts Studio- Clapham Junction

88-90 St Johns Road, Clapham Junction, London,
SW11 1PX

Date of Inspection: 21 May 2013

Date of Publication: June
2013

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

| | | |
|--|---|-------------------|
| Consent to care and treatment | ✓ | 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 |
| Assessing and monitoring the quality of service provision | ✓ | Met this standard |

Details about this location

| | |
|-------------------------|---|
| Registered Provider | Dental Arts Studio-Clapham (Dental Care) Limited |
| Registered Manager | Ms. Lena Malidanova |
| Overview of the service | Dental Arts Studio - Clapham Junction is one of five practices owned by the provider Dental Arts Studio-Clapham (Dental Care) Limited. It is based in Clapham Junction and offers a wide range of cosmetics dental treatments and general dental care. It caters for both NHS and private patients. |
| 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 announced 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 21 May 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

People spoke positively about their care at Dental Arts Studio - Clapham. We spoke with two people using the service. One person told us "they took their time to explain the treatment". Another person said "the dentist was amazing", "I am very happy with the service".

We looked at five care plans which contained treatment plans. People had signed the treatment plan to indicate their consent to treatment and the cost. The dentist told us they used a number of ways to explain the treatment plan for people using the service. These included online videos, leaflets, models and pictures.

A dental nurse explained the process by which they maintained the treatment rooms. They also demonstrated how they washed and sterilised re-usable instruments.

Staff felt supported working at Dental Arts Studio - Clapham and told us they were given the opportunity to develop within the organisation. Comments from people included "I am given full clinical freedom" and "the support is fantastic". We looked at four staff files and saw evidence that clinical staff were registered with the General Dental Council (GDC).

There was a comments book at the reception desk for people to provide their feedback on their experiences at the practice. We looked at complaints that had been raised with the practice and saw that these were responded to and managed appropriately.

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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

We spoke with two people using the service who told us they were asked for their consent by the dentist. One person told us "they took their time to explain the treatment". Another person told us "the dentist talked me through the procedure step by step". We spoke with two dentists about patient consent. One dentist told us they used "a range of aids to explain the various treatment options available to people, such as leaflets, videos and pictures". Once a treatment plan had been explained to people verbally, a treatment plan document would be printed off which would have the total cost of the treatment written down. People would have a chance to read the treatment plan and sign it. The dentist told us people were given time to consider the plan and were not obliged to go ahead with the treatment if they did not want to.

We looked at five care plans which contained treatment plans. The treatment plans clearly recorded the type of treatment, and if it was to be carried out privately or through the NHS and the cost. People had signed the treatment plan to indicate their consent to treatment and the cost.

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.

People using the service spoke positively about their care at Dental Arts Studio - Clapham. One person told us "the dentist was amazing", "I am very happy with the service". Other comments included "really good" and "the hygienist is excellent". We spoke with the reception staff who explained how they deal with patients. They told us if new patients came to the practice they filled out a medical history form which was then passed onto the dentist who confirmed the details on the form with people in the privacy of the treatment rooms. We spoke with a dentist who told us "I double check the medical history with all patients".

The dentist told us they used a number of ways to explain the treatment plan for people using the service. These included online videos, leaflets, models and pictures. They told us these methods enabled people to make a decision and understand their treatment plan. One dentist told us "I try and simplify things for people to help them understand".

There were arrangements in place to deal with foreseeable emergencies.

Qualified staff delivered the treatment and service. They had attended mandatory courses that included first aid and resuscitation. There were two emergency drug kits available at the practice, one for each floor. We checked the contents of the kits and found that accurate records were kept of the stock levels of each drug along with their expiry date. Instructions were also kept explaining when and how to administer the medication if required.

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

People using the service told us they were satisfied with the cleanliness and tidiness of the practice. They did not comment on infection control.

The registered manager acted as the infection control supervisor at the practice. During our visit we saw that all areas including treatment and decontamination rooms were clean and well maintained. There were separate sinks used for hand washing and used instruments. The dental chairs were clean and well maintained. Staff used appropriate Personal Protective Equipment (PPE) such as aprons, gloves and goggles when carrying out their duties.

A dental nurse explained the process by which they maintained the treatment rooms. There was a checklist that all nurses followed at the start of each day, at lunchtime and at the end of the day. We saw evidence of these records in the treatment rooms. A nurse also demonstrated how they washed and sterilised re-usable instruments. The decontamination room had flow charts on display explaining the sterilisation process. There was a clear pathway from the dirty to clean area and the nurse followed a process to ensure that clean and dirty instruments did not cross contaminate.

The practice had two autoclaves using one as a backup. Test strips to ensure the autoclaves were operating correctly were run daily. The autoclaves were serviced every three months and were validated once a year by an external service engineer. Other dental equipment such as the x-ray machine were serviced and checked by qualified registered contractors.

Sharp boxes were in evidence and emptied by dental nurses when three quarters full to a medical waste bin which was kept locked outside the practice. An external company collected and disposed of this under weekly contract.

The provider may wish to note that in one of the treatment rooms we saw two re-usable instruments that had been sterilised but were not date stamped with when this was done.

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 were able, from time to time, to obtain further relevant qualifications.

We spoke with two dentists, a dental nurse, a receptionist, the practice co-ordinator, the practice manager and the operations director during our visit. Staff felt supported working at Dental Arts Studio - Clapham and told us they were given the opportunity to develop within the organisation. Comments from people included "I am given full clinical freedom", "the best place for training", "I am up to date with my Continued Professional Development (CPD)" and "the support is fantastic".

We looked at four staff files and saw evidence that clinical staff were registered with the General Dental Council (GDC). We also saw evidence of training courses that staff had attended which counted towards their CPD. This included Cardio-Pulmonary Resuscitation (CPR), infection control, and safeguarding. The majority of the training was carried out internally although external organisations were invited to staff meetings to deliver one-off training to staff.

The practice manager told us that appraisals were carried out on a yearly basis and regular meetings were held with staff in which quick refresher training would be delivered. A dentist told us that the principal dentist would carry out random audits of treatment and care plans to ensure they were of an acceptable standard and would speak to dentists on any clinical parts of their job.

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. 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 their care and treatment and they were acted on.

There was a comments book at the reception desk for people to provide their feedback on their experiences at the practice. Comments included "brilliant", and "the hygienist is amazing". A patient survey was carried out every six months and we saw the records of the previous one during our visit. The practice manager told us they used the results of the survey to improve the service they provided to people. They told us that in response to patient feedback they increased the amount of sundries, such as toothpaste and toothbrushes, they kept at the practice.

The provider took account of complaints and comments to improve the service. The complaints procedure was on display in the reception area. We looked at complaints that had been raised with the practice and saw that these were responded to and managed appropriately. There was a clear escalation process at the practice if people were not satisfied with how their complaint was handled.

The provider had an effective system to regularly assess and monitor the quality of service that people receive. Regular internal audits were carried out by the lead dental nurse to ensure the treatment rooms were kept clean. Regular quality assurance checks on the medical and sterilisation equipment were carried out by external contractors.

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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