

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

Nelson Dental Clinic

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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
Staffing	✓	Met this standard
Records	✓	Met this standard

Details about this location

Registered Provider	Mrs. Maryam Zahabsaniei
Overview of the service	Nelson Dental Clinic provides general dentistry services, root canal treatment and tooth whitening to people through a private fee structure.
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'.

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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 13 February 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

During our inspection we spoke with people who use the service. People said that they were generally able to get an appointment when they needed one. They said that when they were in pain, or in an emergency, they were able to be seen on the day. Some comments we received from people were "the dentist has a nice manner about her" and "she (the dentist) explains to me what treatment I need and the options around this".

People said they were involved in and consented to the treatment they received. They said they felt able to ask questions to clarify what would happen during their treatment, and were told about costs they would have to pay prior to this being given.

There were appropriate systems for the storage of records and information relating to the treatment of people who use the service.

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

People who use the service said they were involved in and consented to the treatment they received. They said they felt able to ask questions to clarify what would happen during their treatment, and were told about costs they would have to pay prior to this being given.

We were shown the documentation that people had signed to say they consented to the treatment they were having. This included their confirming that they had been given information prior to proceeding with the treatment. There were also policies relating to consent and the manager had undertaken training in consent and ethics. This demonstrated that before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

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.

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

Reasons for our judgement

Peoples' needs were assessed and care and treatment was planned and delivered in line with their individual care plan. When people first registered with the dentist their medical history was obtained. This included the person detailing information about any medicines they were taking, their smoking habits and whether they had any long term medical conditions, such as diabetes. At each appointment people were asked to inform the dentist of any changes to their health needs or medication they were taking, and these were recorded. The treatment plans that were provided to people following an initial assessment by the dentist gave information about the diagnosis and treatment proposed, and people signed to say they agreed to this.

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. There were records to show that where people needed to be referred onto secondary care, such as the hospital, the dentist referred them promptly to ensure they received timely treatment. The referrals also included significant information about the person, such as any allergies to medicines so that the referred agency had the right information about the person.

People told us that when they were in pain, or in an emergency, they were able to be seen on the day. We also saw certificates to show that staff received training in dealing with emergencies, such as basic life support.

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. There were policies regarding infection control procedures for the practice. The training records showed that staff received periodic training in infection control techniques and minimising the risk of cross infection.

People we spoke with said they always found the practice to be clean, and they saw staff washing their hands and using gloves during their treatment. The dental practice and surgery room appeared clean and well maintained. A dental nurse showed us how they cleaned the treatment room between each person. They told us that they had different sets of uniform, and that they changed into and out of their uniform prior to starting and when they finished work. They also showed us the protective clothing, such as aprons, face masks and disposable gloves that were available for them to use when working with people. They also showed us the eye masks and 'bibs' they used when treating people who use the service, and how these were changed to ensure each person was given clean equipment to use.

There were a number of systems in place to minimise the risk of cross infection, including arrangements for the management and disposal of clinical waste and sharps, such as needles used for injections. We were shown the cycle of decontamination within each of the surgeries to ensure that instruments were cleaned thoroughly between each patient. There were also checklists that the dental nurses used to confirm that they carried out daily infection control practices, such as 'flushing' the dental water lines that are used to transport water into people's mouths and the sterilisation of instruments used during treatment.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

There were enough qualified, skilled and experienced staff to meet people's needs. At the time of our visit there was one dentist and two dental nurses who worked at the practice. We were informed that there were no staff vacancies. The staff we spoke with said they felt there were enough staff to ensure people were seen when they needed to be, and they felt everyone worked well as a team.

However, the provider might like to note that people who use the service told us that there is not always a dental nurse who works alongside the dentist. A requirement of the General Dental Council is that a dentist must have a qualified dental nurse or a nurse in training at all times, and they must not work alone.

Records

✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment.

Reasons for our judgement

Records were kept securely and could be located promptly when needed. The records relating to people who use the service were held securely in a locked cabinet within the practice. Records were also held on the computer, which was accessible only to staff and password protected.

The records relating to different aspects of the service were in clearly marked folders which enabled easy access to relevant information. These included the care records about the people who use the service, policies and the infection control records. The records were kept under regular review and updated as necessary. This ensured that people were protected from the risks of unsafe or inappropriate care and treatment.

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 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:

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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