

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

## Aviva Dentistry Ltd

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Tel: 01727854429

Date of Inspection: 20 February 2013

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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>Cleanliness and infection control</b>	✗	Action needed
<b>Supporting workers</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✗	Action needed
<b>Records</b>	✓	Met this standard

## Details about this location

Registered Provider	Aviva Dentistry Ltd
Registered Manager	Dr. Julian Caplan
Overview of the service	Aviva is registered to provide primary dental services. The practice provides a range of treatment including cosmetic dentistry. Dental care and treatment is provided to private patients only.
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

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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 announced 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 20 February 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 told us that they were happy with the service provided and that their dignity was maintained and their privacy protected. They said that they were encouraged to ask questions and they felt that staff had the time to answer them. People reported that staff were good at discussing all their treatment options with them. One person told us, "I've found the staff helpful, although I'm a new patient, the receptionist was very patient with me and explained the costs involved with the treatment I'm interested in". Another person told us "I've been coming here for a number of years and I'm very happy with the service, the treatment options are always explained to me and they always give me a choice of what I want done".

We found that the practice listened to patients and care and treatment provided was recorded. However, we found concerns with infection control practices and the monitoring of quality provided by the service.

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

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### What we have told the provider to do

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We have asked the provider to send us a report by 12 April 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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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 and dignity was respected.

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### Reasons for our judgement

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We observed that there were two reception areas and three surgeries within the practice. There was also a separate private room for patients to discuss treatment and finance arrangements, as required. We observed that new patients were taken into the private room to discuss their treatment prior to going through to one of the surgeries.

People were able to express their views about their treatment and patient questionnaires were sent out periodically. Our review of the most recent survey indicated that patients were very satisfied with the treatment they received and a negative comment had only been received from one patient. Staff told us that if themes or serious concerns emerged an action plan would be developed to address the needs identified.

The patient records, we reviewed, did not detail the different treatment options made available or the cost of the different treatments offered. This meant there is a risk that patient's may not have been informed of the different treatment options in order to make an informed decision.

The provider's website had details of treatments offered and information about the range of prices. People were provided with an individual treatment plan which detailed the cost of their treatment plan.

The surgeries within the practice were all located on the first floor; we were informed that people with certain disabilities could be accommodated but that patients or potential patients, with mobility problems, would be sign posted to one of two other local practices if their needs could not be met.

**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 treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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The practice kept patient records up to date which included assessments and medical histories. Medical histories were checked for all new patients and had been updated on their subsequent visits to ensure the dentist was aware of the patients' medical complexities which could arise.

We noted that emergency medication was available and in date and had been checked regularly. However, the provider may find it useful to note that not all of the medication held was in accordance with the guidance issued by the Resuscitation Council UK. Emergency equipment was available for resuscitation, this had been regularly checked to ensure that it was in working order but there was no children's mask available. To ensure the mask is used correctly, it is necessary for the practice to purchase a paediatric mask, the provider confirmed that one would be purchased.

We found that the dentist working at the practice as well as the hygienist had been trained in medical emergencies. However, the provider may find it useful to note that, the General Dental Council (GDC) Principles of dental team working recommends that "there are arrangements for at least two people to be available to deal with medical emergencies when treatment is planned to take place. The hygienists do not work every day, so there may be occasions when the dentist with support from a dental nurse and receptionist only. These members of staff had not attended training in medical emergencies.

All staff had undertaken training in basic life support.

**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 not meeting this standard.

People were not protected from the risk of infection because appropriate guidance had not been followed.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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**Reasons for our judgement**

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There were not effective systems in place to reduce the risk and spread of infection. Overall the practice appeared generally clean and tidy. However we noted that the practice was not consistently following current infection control guidance.

We were told that the waterlines for the dental care systems were flushed for one minute at the beginning of each day and for 30 seconds between patients. HTM01-05 guidance states that lines should be flushed for a minimum of 2 minutes at the beginning of each session and at the end of the day; with a 30 second flush between patients. The practice are not complying with minimum requirements. Flushing the water lines aids to minimise the risk of infection.

The practice had a separate decontamination area. Instruments were rinsed and scrubbed in a separate bowl. The water and cleaning fluids used were changed at the beginning of each session and not if it became visibly dirty. The practice did not monitor the water temperature in the bowls, HTM01-05 guidance specifies that 'a mercury free thermometer should be used to monitor the temperature of the water throughout the cleaning procedure to ensure the temperature of the water is 45°C or lower (a higher temperature will coagulate protein and inhibit its removal). The temperature of the fluid should be as recommended by the detergent manufacture'r.

We observed that items of equipment prepared for sterilisation were washed and then rinsed; items were fully submerged during this process. Instruments were inspected under an illuminated magnifying glass before being placed in the ultrasonic (a device used to enhance the removal of debris). We observed that the lens of the magnifying glass used to check instruments, was visibly dirty. This meant that if there was any contamination or marked discoloration on the equipment it may not have been possible to observe it. HTM01-05 states that 'The use of a simple magnifying device with task lighting will improve the value of this part of the process'.

We also noted that the practice had a washer/disinfector but were told this was no longer used by the practice for cleaning instruments.

HTM01-05 guidance states that, "whenever possible, cleaning should be undertaken using an automated and validated process in preference to manual cleaning. Manual cleaning should be considered where manufacturer's instructions specify that the device is not compatible with automated processes".

We also observed that the trays used to place equipment on during the cleaning process had what appeared to be a covering of limescale on them. Impurities such as limescale can form part of the cause for bacteria to grow and reproduce.

We observed that once items had been rinsed/ washed they were placed in an autoclave for sterilisation (an autoclave is a specialist device used to sterilize medical equipment). We noted that instruments were packaged and labelled with a date of 60 days and if they had not been used within the specified timeframe they were re-sterilised. There was a clear clean and dirty flow route within the dental surgery and decontamination area to segregate the dental equipment.

We observed that sharp items were appropriately disposed of using the sharps bin provided and that clinical waste bags were stored appropriately.

We reviewed the most recent consignment notes (consignment notes are used to detail the waste being collected and must also be signed by the consigner – the dentist – and the – consignee – the disposal contractor). We found that consignment notes were completed satisfactorily.

## Supporting workers

✓ Met this standard

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

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### Our judgement

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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.

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### Reasons for our judgement

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We identified that the practice maintained records of the training and appraisals provided to staff. Staff had attended relevant training, although the provider may find it useful to note that not all staff had attended or had evidence of attendance safeguarding training. Appraisal records were on file for two of the three staff files we reviewed. Regular practice meetings were held where a range of agenda items were discussed to inform people's practice.

## Assessing and monitoring the quality of service provision

✘ Action needed

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 not meeting this standard.

The provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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### Reasons for our judgement

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The practice had not carried out any audits or quality checks on infection control. There was no system in place to record that daily infection control checks had been undertaken. Quarterly infection control audits had not been undertaken as recommended by the department of health, HTM01-05 guidance states that 'Practices should audit their decontamination processes quarterly using an audit tool.' If audits are not undertaken the practice may be unaware of whether they were meeting the basic infection control requirements.

The practice had recently carried out an audit of patient records and identified some weaknesses. However, there was no action plan in place to address the issues, therefore it was not clear how the need for improvement would be taken forward.

We found that equipment used by the practice had been serviced and assessments undertaken, however, the Health Protection Agency had undertaken a review of the three X-ray machines operated by the practice in August 2012 and had made a recommendation around the performance of two of the machines. The practice had not undertaken the required action nor developed a plan of how they would rectify the issues identified.

## Records

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to ensure people's medical records were accurate and fit for purpose.

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### Reasons for our judgement

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The practice used an electronic system to record details of patient information. All hard copy forms were scanned on to the system and the hard copy subsequently destroyed. The system was password protected and backed up every day this ensured patient information was safe and accessible when needed. Hard copy records for patients' historic notes were stored in a locked cupboard within the surgery. Updates to the patients' medical histories, assessments and treatment plans were on file.

This section is primarily information for the provider

✕ **Action we have told the provider to take**

**Compliance actions**

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Diagnostic and screening procedures	<b>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010</b>
Surgical procedures	<b>Cleanliness and infection control</b>
Treatment of disease, disorder or injury	<b>How the regulation was not being met:</b> Patients were not protected from the risk of infection because the practice were not following relevant guidance in relation to infection control. Regulation (12 (1a,b,c) and (2a and ci,ii,iii))
Regulated activities	Regulation
Diagnostic and screening procedures	<b>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010</b>
Surgical procedures	<b>Assessing and monitoring the quality of service provision</b>
Treatment of disease, disorder or injury	<b>How the regulation was not being met:</b> The provider did not undertake audits to ensure patients were protected from inappropriate care and treatment. (Regulation 10 (1a)) The provider did not have regard to professional advice obtained from the Health Protection Agency. (Regulation 10 (2b iv))

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 12 April 2013.

CQC should be informed when compliance actions are complete.

**This section is primarily information for the provider**

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

## 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.

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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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