Inspection Report

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

Howard Stean - Mortlake Road Kew

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Tel: 02088764542

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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
Safeguarding people who use services from abuse	✓ 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	Dr. Howard Stean
Overview of the service	Howard Stean dental practice provides aesthetic dental treatments and other aspects of dental care and management. The practice has a private treatment room based in a residential location in the Kew Gardens area of London, and bordering the county of Surrey.
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'.

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

What people told us and what we found

We spoke with three people who used the service and they told us that they were pleased with the service they received, calling it "a professional service". Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. We looked at consent forms which outlined the treatment people had received and these had been signed. We also looked at treatment plans and records and found these were current and had been recently reviewed. Someone told us "the service is excellent, I wouldn't go anywhere else". Another person said "It's always spotless, very clean". Another person said "everything is fully explained for me and I can ask questions too".

Staff had received the necessary checks and were aware of child protection and vulnerable adult issues, having received recent training. We saw the cleaning process and were able to ask questions about the cleaning and sterilization of equipment, including how instruments were stored. There were effective systems in place to reduce the risk and spread of infection.

Both dental and nursing staff were involved in lecturing, training and education of colleagues and we were informed of a study forum which met regularly to discuss developments and changes within dentistry. The practice worked with a select group of people to deliver aesthetic dental care, many of whom had written personal cards and letters of gratitude, following their treatment.

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 talked with three people using the service and they told us that consent was always agreed before treatment. One person described "the dentist is very good at explaining everything to me, especially if I have new treatments". Someone else said "I get a full description of what to expect and sign the form before the treatment".

We spoke with the provider and staff who told us that people using the dental practice had the opportunity to discuss their dental needs and requirements, and that treatment plans were provided and fully explained. We viewed treatment plans and consent and saw examples from a recent dental treatment. We saw that the treatment plan had been clearly and fully completed with the details of the specific treatment recorded.

The dentist had been working with several people for a period of time and conveyed a clear understanding of their dental needs. We saw policy guides relating to the relevance of consent and this corresponded with the practice we found at the surgery.

Care and welfare of people who use services ✓ Met this standard

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

We spoke with three people who told us how they valued the advice and dental care they had received at the practice. One person said "I'm given choices and I can ask questions about the treatments if I need to know more information". Someone else said "I've been going to the practice for a very long time now and I go because the treatment is excellent". "The dentist knows exactly what needs attention and I trust him completely, I have faith and confidence he will address the dental problem". One person told us "I'm taking special medication and the dentist decided to refer me to the hospital to be on the safe side".

Another person described the care and treatment as "excellent, a very good service, I've been visiting the practice for over thirty-five years now, I wouldn't go anywhere else".

We spoke with the provider and staff at the surgery who told us that each person received an assessment. This included taking a medical history, followed by a completed treatment plan. These were fully discussed with people and the medical history was reviewed periodically to include any new medications or presenting conditions. The provider informed us that many of the people using the service had been registered at the practice for a long time, for both ongoing and sporadic treatments. The practice provided dental aesthetics and restorative treatments to private paying patients. People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We were shown a range of equipment including an orthopantomogram (OPG), used to capture dental panoramic radiographic views of patients upper and lower jaw, frequently used in illustrating a broad coverage of the teeth.
We saw that the practice had an emergency drug box containing a range of injectable and oral medications to cater for emergencies. We checked a sample of these and found they were within date. We looked at a list of drugs stocked by the practice for emergency care, and although there were no records of regular drug expiry date checks, a list was prepared before the end of the inspection. The practice offered oxygen and anaesthetic gas (nitrous oxide) for some treatments and these supplies were maintained and serviced by an engineer.

The practice had formulated an itemised equipment list and we found details of these in a practice folder. We were shown sets of impressions, stored separately for patients in

individually labelled containers. The practice used a laboratory to professionally develop the impression sets.
Besides the main treatment room, we were shown a consultation room in an extended part of the premises which was used for colour matching teeth. This room had a small examination area used for non invasive assessments.

The provider explained that the practice took an interest in developments within dentistry from around the world and showed us a blade dispenser designed to reduce staff injuries. We were informed that the practice managed a study forum, a learning opportunity for dental colleagues to join and participate in. There was a range of professional dental journals available, and the provider had contributed a recent feature, published in one of these journals. People's care and treatment reflected relevant research and guidance.

There were several policies available for us to view including one related to confidentiality, infection control, consent, and child protection.

Safeguarding people who use services from abuse ✓ Met this standard

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

We spoke with three people who each felt the practice and staff were safe. Someone said to us "I feel absolutely safe receiving a service at the practice". Another person shared with us this comment, "I've no concerns, I always feel safe during my treatment".

We talked with the provider and staff who were aware of child protection issues. We saw a brief policy guide reflecting this, and asked about safeguarding of vulnerable adults. One staff member had received training and was familiar with the term safeguarding, understanding its relationship to older vulnerable people. We checked our records and there had not been any safeguarding incidents reported to the Commission.

We asked to see enhanced Criminal Record Bureau check (CRB) certificates and found these certificates were kept on the premises. We saw that the dentist had employers liability insurance and had the appropriate practice insurance.

Both the dentist and nursing staff were registered with the General Dental Council (GDC) and had completed the verifiable hours of study required to remain registered. 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.

Cleanliness and infection control ✓ Met this standard

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 and people were cared for in a clean and hygienic environment.

Reasons for our judgement

We talked with people using the service and this is what they told us, "It's always very clean, everything is well laid out and ready". And, "I find it spotless when I visit, I notice staff wear gloves and eye goggles, I am also given eye protection to guard my eyes too". Someone else said "I've no criticisms, it's exactly what I expected, I see them wear protective gloves and masks".

During our inspection we viewed treatment areas throughout the practice and found these to be clean and well kept. Antibacterial wipes were used to clean surfaces and equipment like the dental chair, and an alcohol based spray was used for cleaning the clinical treatment areas. There were disposable overshoe protectors to minimise the spread of infection and to keep the surgery clean. A spillage kit for the purposes of managing blood and mercury spills was kept at the surgery to deal with incidents. We also saw that the practice retained and filed material safety data sheets and information guides on the products and solutions it used for dental treatments. Cleaning products and information relating to the Control of Substances Hazardous to Health (COSHH) was also listed.

We asked to see instruments, some items were disposable like burs, while others were sterilised both before and after use. Specific dental kits known as patient examination packs were protected by dental bags once sterilised. These were not date stamped, however, we were informed that these were taken out of their bags and sterilised again prior to use. Not all equipment was stored in dental bags, some instruments were stored loose in trays, in cupboards. Once prepared, equipment was covered with dental tissue ready for the first patient.

The practice had a waste disposal contract with a company and clinical waste was collected periodically and when required. Clinical waste was disposed of in yellow sharps bins and clinical waste disposal bags. Dental nursing staff took responsibility for the dental and clinical cleaning management, whereas domestic staff were employed twice a week to maintain general cleaning of the practice.

Nursing staff demonstrated some parts of the cleaning process and described how instruments were prepared before surgeries and then sterilised following treatment. The practice employed a dirty to clean rotation zone and consisted of a series of stages including a dirty instrument collection tray and lid, several rinses, using a special cleansing

agent called Rapidex solution, instrument scrubbing, further rinsing and cleansing using the ultrasonic cleansing machine for six minutes. These machines use a vibration function to dislodge dental debris. Instruments were finally sterilised in a steam autoclave to prepare them for re-use. The dental staff had pioneered an individual cotton wool dispensing unit. Laboratory pipette trays were used to house small samples of cotton wool for individual use and to prevent contamination, these were prepared prior to surgery.

The practice had recently invested in a self testing autoclave which provided digital information on performance, meaning that a breach in product performance would lead to a message alert and a product code. The autoclave was further tested once a week.

We asked about personal protective equipment and were told about cleaning gloves used to clean instruments and disposable gloves used for clinical practice, while a visor was used for eye protection. Instruments were checked for cleanliness using a lighted magnifying glass and loupe glasses, a form of enlarging glasses to show magnified detail.

In the policy file there was guidance on cleaning, cross infection and decontamination processes. We did not see records of cleaning schedules, but read a brief guide to practice cleaning requirements. There were effective systems in place to reduce the risk and spread of infection.

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

People we spoke with told us "the dental nursing staff are very good, knowledgeable and sensible and seem to know what is needed before the dentist asks for something". Someone else said "The dentist has travelled abroad to find the latest techniques and attends conferences to find advances in dental health, and if these help the patient and are practical he will make use of them".

We talked with the staff employed at the practice who told us that they had received recent life support first aid training and safeguarding of vulnerable adults training.

One staff member was involved in dental nurse training, a qualified teacher, assessor and an internal moderator for a dental training and education provider. The dental provider had organised a regular study forum, called a study club, where good practice was discussed and learning and development ideas were exchanged. The practice invested in dental journals, which the dentist had contributed to and we were informed that the provider gave lectures on aspects of dentistry.

The provider told us that they had travelled widely to observe and learn about the dental developments and improvements used abroad in the United States of America (USA) and other countries. Some of these ideas had been brought back to trial and discuss with colleagues. All staff had completed their verifiable hours and received continual professional development through courses, study days, private journal studies and professional self development.

Staff received appropriate professional development and were able, from time to time, to obtain further relevant qualifications. The provider had worked continuously to maintain and improve high standards of care by creating an environment where clinical excellence could do well.

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 in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others. The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

We talked with three people and each person felt they knew the practice well enough to provide feedback and evaluation if asked. One person said they had received a questionnaire but it was quite some time back. People we spoke with all felt confident to raise their concerns if this was necessary, although comments we gathered about the service were all complimentary.

The provider showed us a feedback and evaluation form that was used at the practice to gather and collate people's experiences by phone, email or at the practice following treatment. The practice had a small select patient group, who we were told were familiar with the practice, some who attended regularly, and others only when they required further treatment. The dentist worked part time and although we did not see completed evaluation forms, we were advised that the practice kept a compliments album. We looked at this and found numerous thank you cards and letters written to the provider and nursing staff. Several of these were recently dated.

We looked at certificates of maintenance and servicing to check that oxygen, autoclaves and radiography equipment were being maintained and serviced within date. We also saw electrical testing certificates, however these were dated 2007.

Decisions about care and treatment were made by the appropriate staff at the appropriate level and the provider took account of complaints and comments to improve the service.

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.

Contact us

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