

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

Stanhope Place Dental Practice

10 Stanhope Place, London, W2 2HH

Tel: 02077247440

Date of Inspection: 14 August 2013

Date of Publication:
September 2013

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

Respecting and involving people who use services	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Cleanliness and infection control	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Mr. Hormoz Pourkavoos
Overview of the service	Stanhope Place Dental Practice is a private practice providing general and cosmetic treatment to adults and children. The practice has two treatment rooms.
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'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
Our judgements for each standard inspected:	
Respecting and involving people who use services	5
Care and welfare of people who use services	6
Cleanliness and infection control	7
Requirements relating to workers	9
Assessing and monitoring the quality of service provision	10
About CQC Inspections	11
How we define our judgements	12
Glossary of terms we use in this report	14
Contact us	16

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 14 August 2013, talked with people who use the service and talked with staff.

What people told us and what we found

We spoke with two people who said that they were satisfied with the care and treatment they received. They felt that they had been given sufficient information about their care and treatment. One person said that they were "absolutely happy" with the treatment they had received and described staff as "brilliant".

A detailed medical history was taken from each person and any allergies or medical conditions were recorded and discussed during the initial appointment. People were given aftercare advice following treatment, which included an emergency telephone number. There was emergency equipment available and all staff had received basic life support training.

There were effective systems in place to reduce the risk of infection. The dental nurse was able to describe the decontamination process to us and provided evidence to show that checks were carried out on the equipment used.

There were effective systems in place to monitor the quality of the service. Staff meetings took place on a monthly basis to discuss the feedback that people had provided.

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

More information about the provider

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

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

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

People who use the service were given appropriate information regarding their treatment. The dentist used radiographs and digital photographs to explain the treatment recommended. The dentist wrote a treatment plan which was given to people along with other written information. The treatment plan was also usually emailed to people. The emailed version contained hyperlinks to websites for definitions of dental terms and could also contain an embedded video of an animation showing the proposed treatment. The dentist also inserted the digital photographs or radiographs which he had taken into the treatment plan and annotated this to further explain the need for treatment. The dentist told us that he would discuss the treatment options with the person at the initial consultation and answer any questions they had.

The practice had completed an audit of treatment standards. This included a check to see whether people were involved in the decision making process about their treatment. The audit confirmed that people were involved in the process and the dentist explained that they looked at their written notes to provide the evidence for this. The practice also obtained written feedback specifically asking whether people understood their treatment plan and whether it was explained to them in a way that they understood. The results confirmed that people were happy with the explanations they were given. We spoke with two people who used the service and they told us that they had been given sufficient information about their care and treatment and that their dentist had explained everything to them in a way that they could understand. One person said that "the dentist goes to great pains to explain everything properly".

People's diversity, values and human rights were respected. All consultations took place in private in the treatment room. The practice had a chaperoning policy which stated that people could bring a chaperone with them if required. There was no step free access, but the dentist told us that they could refer people to other practices if required. The practice had an agreement with an interpreting agency for people who required these services. The dentist also explained that he had access to translation technology which he could also use in his treatment plans for people who needed further explanation of the occasional word.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People using the service were required to complete a medical history form prior to their initial consultation. Any health conditions or known allergies were then discussed and documented on their records. The dentist confirmed that a person's medical history was verified at each follow-up appointment and any changes were recorded. We were also shown the practice computer system which alerted the user to obtain an updated medical history when required.

People were always examined and treated by the dentist. People were given post-treatment advice, any supporting written information and an emergency telephone number. The manager explained that the practice had an agreement with another clinic who would see people if staff were away on holiday.

We spoke with two people who used the service. They were satisfied with the care and treatment they had received and were complimentary about staff. One person said "the follow up care is great. The dentist always emails or phones me after I have had treatment to check that I am ok". Another person said "all staff are brilliant".

There were arrangements in place to deal with foreseeable emergencies. There were emergency procedures and health and safety policies to keep people safe. All staff had received basic life support training which was repeated annually. An audit of emergency procedures and a health and safety audit had been completed in 2013. These were completed annually and did not identify any concerns.

An emergency drugs kit and resuscitation equipment was available. These were checked by staff on a monthly basis by and these checks were recorded and up to date. We saw that all items were in date and in good working order.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

There was an infection control policy in place and the dental nurse ensured that all protocols were followed. There were effective systems in place to reduce the risk and spread of infection. On the day of the inspection the practice was clean and well maintained. However, the provider may wish to note that there were numerous boxes and disused items stored in the hygienist's decontamination room. These were stored far from the hygienist cleaning area and did not appear to be dirty, but risked gathering dirt as the stored items were not cleaned regularly. There were adequate hand washing facilities and personal protective equipment, such as gloves and protective eye wear which were accessible to staff.

There was a checklist of what tasks should be completed every day and these included start, middle and end of day cleaning tasks. Non-clinical areas were cleaned every day by a cleaner and a deep clean was conducted once a month. The chair and surrounding surfaces were cleaned in between patients. Infection control audits were completed every six months and we saw that these did not identify any concerns.

There were appropriate decontamination procedures in place. The cleaning of the dentist's instruments took place in the dentist's treatment room which had clearly defined "dirty" and "clean" areas. The hygienist cleaned their instruments in a separate room.

The dentist explained how the nurse decontaminated instruments after each session and how they used, checked and maintained the equipment for decontamination and sterilisation. We were told that instruments were soaked in a solution before being scrubbed and rinsed in a sink with two separate bowls. They were then placed in a steamed steriliser, inspected and then packaged and dated.

We saw that instruments had been packaged and dated correctly. Daily checks were carried out on the steriliser machine to ensure it was working correctly and these checks were recorded and up to date.

There were procedures for dealing with blood borne viruses and health and safety policies to keep staff safe. Sharps bins were in use and had been assembled correctly. There were suitable arrangements in place for the disposal of clinical waste and this was collected when required.

Water temperature checks were completed every day. The practice used purified water in its dental lines and flushed them daily. However the provider may wish to note that their last legionella risk assessment was completed over two years ago on 21 January 2011.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

There were effective recruitment and selection processes in place. Prospective employees were short-listed and interviewed before an offer of employment was made.

We were told by the dentist that appropriate checks were undertaken before staff began work. Clinical staff were also required to provide evidence of their professional qualifications and registration. Staff were also required to undergo a Disclosure and Barring check (formerly a Criminal Records Bureau (CRB) check) and to provide two references before they could start work.

The dentist explained that he had not arranged for his nurse to have a Disclosure and Barring check. He explained that he had worked with her for many years and had undertaken a risk assessment at the conclusion of which he had not deemed this to be necessary.

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.

Reasons for our judgement

People who use the service were asked for their views about their care and treatment and they were acted on. Satisfaction surveys were conducted annually and the results were collated and analysed by the dentist. Staff meetings took place every month to discuss feedback and other matters. Minutes were taken of staff meetings.

All decisions about care and treatment were made by the dentist or hygienist. People who use the service had a comprehensive consultation and dental examination by the dentist. A procedure was in place for logging and investigating incidents, accidents and complaints. However, at the time of our visit no official complaints had been received.

Various audits were undertaken every six or twelve months. These included infection control, treatment standards, emergency procedures and a health and safety audit.

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.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
