

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

Greenleaves Dental Practice

244 High Street, Potters Bar, EN6 5DB

Tel: 01707654328

Date of Inspection: 11 December 2013

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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
Requirements relating to workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	The Toothfairy Dental Company Limited
Registered Manager	Mrs. Johanna Maria Whelan
Overview of the service	Greensleaves Dental Practice provides NHS and private dental care including orthodontics, implants, and general dentistry. They also provide other treatments such as Botox.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

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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 11 December 2013, talked with people who use the service and talked with staff.

What people told us and what we found

We inspected Greenleaves Dental practice on 11 December 2013, we found the practice to be visibly clean and the reception area provided areas of people to sit and read material about the treatments available in the practice. We saw that the reception staff was curious and happy to assist people as they entered the practice.

When we spoke to people who used the service they told us that the practice was 'very good' and they had recommended it to friends and family. We were told that the dentist was 'better and quicker' than any other dentist they had seen and the treatment was virtually 'painless'. They told us that the dentists 'explained everything' and 'made you feel at ease' when providing treatment.

We found that the provider was meeting the regulations that we inspected but due to them recently setting up a second practice, the provider had not kept up to date with the reviewing of risk assessments which was putting people at risk. Infection control procedures were in place and staff at the service had received the training required for their roles. Checks had been carried out prior to employment. The provider had a robust complaints procedure in place and acted on any complaint that was received.

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

We spoke to staff at the service and were told that the dentist would always ask people for their verbal consent before carrying out any procedure. We saw that people who opted for NHS treatment were asked to sign an NHS treatment plan to confirm their consent to the treatment and people who chose to have private treatment were given a separate treatment plan to sign.

People we spoke to said that the nurses and dentists would always make sure they were comfortable with the procedure and ask for their consent before any procedure was carried out. People told us that the dentist would answer any questions they had and also allowed for them to go away and think about the procedure if they had any doubts before providing consent.

This showed that before people received any care or treatment they were asked for their consent.

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

We reviewed the treatment records of people who used the service and saw that the dentist would always ask people if they had any changes to their medical history. People told us that the dentist would always check this with them at the start of any new procedure. We saw that people were provided with detailed treatment plans which included an illustration of the work that was to be undertaken, the date the treatment was to be provided and the location of the tooth. They also detailed on the plan if it was a private or NHS treatment and what the cost would be. If the procedure would take longer than one appointment the dentist provided this information in the plan. We saw that people were asked to sign the treatment plan to confirm they understood the treatment that was offered to them. The dentist told us that if a person wanted to think about the treatment then they would arrange for them to go away and consider the options and then book an appointment at a later date. People could also phone the practice or come into the practice to discuss the treatment further with the dentist.

We saw that the provider had completed risk assessments for the practice; these included a general risk assessment, pregnant nursing mother's assessments, fire risk assessments and hazardous substance risk assessments. We noted that although these should have been reviewed annually the provider had last reviewed the assessments in August 2012. We spoke with the manager at the service who advised that this had not been done because they had recently been setting up a second practice but that they would ensure that all risk assessments were reviewed. We also noted that the training for the fire marshal had also expired in June 2013. We were told by the provider and we saw evidence that they were in the process of transferring their training to an external provider and that this training would be updated in due course. We also noted that the fire procedure for the provider stated that fire alarm checks were carried out every Wednesday at 13:00, but there was no record of these checks. Staff confirmed that this was not done; we discuss this with the provider who advised that this would be done regularly and recorded in the future. The provider may find it useful to note that by not reviewing risk assessments and fire training regularly they are putting staff and people using the service at risk because they may not have identified key risks that would have been picked up by the risk assessments and fire tests.

We saw that staff at the service had received training in cardiopulmonary resuscitation (CPR) and medical emergencies. We saw that the provider had a 'resuscitation pod' to be used in a medical emergency. We saw that the 'pod' also included four separate pouches labelled asthma, hypoglycaemia, generic, and anaphylactic, there were also crib sheets for each pouch. We noted that each pouch contained the medication that would be required for each condition and the crib sheets talked people through the actions they needed to take in the event of an emergency. This showed that there were arrangements in place to deal with foreseeable emergencies.

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

Staff talked us through the decontamination process of the instruments. We saw that the decontamination room had a 'dirty' entry door which staff used when bringing dirty instruments to be cleaned and a 'clean' exit point to take clean instruments back to the surgeries, this meant there was a clear flow of clean and dirty instruments through the decontamination room. Staff talked us through their daily cleaning checks and the processes carried out between patients. We saw that a checklist and record was kept in each surgery which staff kept up to date.

The provider stored all medical waste in sealed bins away from public access and had arranged for the suitable disposal of all clinical waste.

All staff used (PPE) person protective equipment to limit the spread of infection and staff had all received immunisation for Hepatitis B.

This showed that there were effective systems in place to reduce the risk and spread of infection.

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

We reviewed the staffing files for the service. We saw that the provider had carried out criminal bureau checks (CRB) on staff and that General Dental Council certificates were also available to view. We saw evidence that staff had received regular training including radiography and infection control and that the provider was now moving to a new training provider to carry out training in the future. We saw that people had provided curriculum vitae's when applying for roles in the practice. We were told by the provider and staff also confirmed that the majority of staff at the service had been with them for several years prior to the need for formal applications, therefore they had provided C.V's. we saw that the newest member of the team was an 'apprentice' and had therefore also not completed any formal application. However they had continuously been assessed and supported by the provider to ensure they were competent. The provider may find it useful to note that for any future vacancies at the practice there should be a formal recruitment process applied to show that they have a fair recruitment and selection process in place.

This showed that appropriate checks were undertaken before staff began work but that for future application a formal recruitment process should be followed.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

Comments and complaints people made were responded to appropriately.

Reasons for our judgement

We reviewed the staffing files for the service. We saw that the provider had carried out criminal bureau checks (CRB) on staff and that General Dental Council certificates were also available to view. We saw evidence that staff had received regular training including radiography and infection control and that the provider was now moving to a new training provider to carry out training in the future. We saw that people had provided curriculum vitae's when applying for roles in the practice. We were told by the provider, and staff also confirmed that the majority of staff at the service had been with them for several years prior to the need for formal applications, therefore they had provided C.V's. We saw that the newest member of the team was an 'apprentice' and had therefore been employed through an apprentice programme and had continuously been assessed and supported by the provider to ensure they were competent in the role. The provider may find it useful to note that for any future vacancies at the practice there should be a formal recruitment process applied to show that they have a fair recruitment and selection process in place.

This process of recruitment showed that appropriate checks were undertaken before staff began work but that for future applications a formal recruitment process should be followed.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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