

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

UK Smiles Dental Practice Limited - Romford

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Date of Inspection: 09 January 2014

Date of Publication: February
2014

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

Supporting workers ✓ Met this standard

Records ✓ Met this standard

Details about this location

Registered Provider	UK Smiles Dental Practice Limited
Registered Manager	Mr. Linas Bielskis
Overview of the service	UK Smiles Dental Practice Limited, Romford is a private dental practice.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an 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 9 January 2014, sent a questionnaire to people who use the service and talked with staff.

What people told us and what we found

At the time of our inspection there were no patients in attendance at the practice so we were unable to speak to people on this occasion. We reviewed the service's patient questionnaires which the service asked people to complete. People were asked about the helpfulness of staff, if they felt the service was welcoming, caring and whether they felt staff listened to them. People were very positive about their experiences of the service.

We found that treatment had been planned and delivered in a way that ensured people's safety and welfare. There were effective systems in place to reduce the risk and spread of infection. Staff had received suitable training and professional development. Records were accurate and stored securely.

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's privacy, dignity and independence were respected. There were posters and leaflets in the reception and waiting area which gave people information on different treatment options and their costs. People's treatment plans also included details of proposed treatments and their costs. These were signed by patients. Consent forms were also held on file and signed.

At the time of our inspection there were no patients in attendance at the practice so we were unable to speak to people on this occasion. We reviewed the service's patient questionnaires which the service had asked people to complete. People were asked about the helpfulness of staff, if they felt the service was welcoming, caring and whether they felt staff listened to them. People were very positive about their experiences of the service. We were told that survey comments were discussed in team meetings. Team meeting records verified this.

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

Treatment was planned and delivered in a way that ensured people's safety and welfare. Treatment plans set out treatment that was to be provided which were signed by each person. Treatment that had been carried out had also been documented. A medical history had been updated at each visit or every six months if people came more often. This meant the service was aware of any health issues that may affect dental treatment and any medication the person was taking.

There were arrangements in place to deal with foreseeable emergencies. Medication and equipment to be used in the event of an emergency was kept within easy reach of the treatment rooms. This included medication such as adrenaline and oxygen and masks. A record was kept of all the emergency drugs it contained and their expiry dates to ensure they were safe to use. We found all medications were in date when we checked. All staff had received annual training in dealing with medical emergencies which included resuscitation.

At the time of our inspection there were no patients in attendance at the practice so we were unable to speak to people on this occasion. The service's patient questionnaires asked people to comment on aspects of their treatment. We found these to be positive.

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. People were cared for in a clean, hygienic environment.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection. A dental nurse showed us the procedure they followed to clean the surgery room between patients. This included spraying and wiping down surfaces with disposable wipes so they were clean for the next patient. We were also shown the process that was followed to clean dental instruments. This involved scrubbing instruments and checking they were free of debris under a magnifier before placing them in an autoclave to ensure they were clean and sterile. An autoclave is a device used to sterilize equipment.

There were specified areas for clean and dirty instruments to avoid cross infection. All instruments were pouched after sterilising and dated with a use by date. Audits showed that the service was checking that the correct procedure was being followed. This included testing instruments to ensure they were free of bacteria and that the autoclave was functioning properly. We also saw records that demonstrated the autoclave had been serviced to ensure it was safe.

All areas of the premises were clean and hygienic. Members of staff had responsibility to ensure areas of the premises were clean such as the surgery rooms and waiting area. A contract was in place for safe disposal of clinical waste.

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

Staff received appropriate professional development. Staff had been trained in a variety of topics such as safeguarding children and adults, decontamination, first aid and medical emergencies. Records demonstrated that dentists and nursing staff had up to date registrations with the General Dental Council which meant they were fit to practice. The service was also supporting one student dental nurse with their training.

Practice updates and information regarding best practice was shared with staff at team meetings. Records showed items discussed included the fire drill, dealing with complaints and reading policies.

Records

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People's personal records were kept securely and were fit for purpose.

Reasons for our judgement

People's personal records were accurate and kept securely. Patient records were located in locked filing cabinets behind reception. We found these to be accurate and up to date. For instance, medical histories were recorded and a record of treatment carried out had been updated at each visit.

Staff records showed that details of qualifications and a record of continuing professional development such as attendance on training courses. These were well organised and up to date.

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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