Inspection Report

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

Cambridge Court Dental Centre

4 Sussex Gardens, Paddington, London, W2 1UL

Tel: 02072623334

Date of Inspection: 12 December 2013

Date of Publication: January 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
Complaints	✓ Met this standard

Details about this location

Registered Provider	Dental Magic (Care) Limited
Registered Manager	Mr. Peter Ziderman
Overview of the service	Cambridge Court Dental Centre provides general and cosmetic dental care to NHS and private patients. The practice provides treatment to adults and children.
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 12 December 2013, talked with staff and reviewed information given to us by the provider.

We also spoke to one person using the service.

What people told us and what we found

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People's dental needs were assessed before any treatment was planned.

People who use the service were given appropriate information regarding their care or treatment. The provider had a website which informed people of the range and costs of dental treatments on offer. One person we spoke with on the day of the inspection described their overall experience of the service as "fine" and "efficient" and that they had never had a problem. They felt staff were approachable.

There were systems in place to reduce the risk and spread of infection. The practice appeared clean and well maintained on the day of the inspection. There was an infection control policy and an infection control lead who was responsible for ensuring that all protocols were followed.

New dental nurses were required to complete an induction programme of training and shadowing of experienced dental staff.
There was a complaints lead and this was detailed within the complaint's leaflet for people using the service.

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.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People who use the service were given appropriate information regarding their care or treatment. The provider had a website which informed people of the range and costs of dental treatments on offer. Printed information was available on the various dental treatments. The dentists took pictures of people's teeth when required and used these to explain treatment options. Written consent was obtained for certain dental treatments, for example, teeth whitening. The dentist we spoke with confirmed they would always verbally explain the risks and benefits involved in treatment and one person we spoke with confirmed this.

One person we spoke with told us they were informed of costs and "always" given a receipt. They had had consultations with a range of dentists over the years and confirmed that there was continuity in the care they received. They said that the dentists' always asked for updates on their medical and health status and x-rays were shown via a screen. They told us they had sufficient times during appointments to discuss their dental issues. They confirmed they regularly saw the hygienist and dentist and knew when to expect their appointments.

People's diversity, values and human rights were respected. All consultations took place in private. We were told that most people using the service spoke English. Where English was not a person's first language, they would usually bring someone to their appointment to translate on their behalf. People who required wheelchair access could gain entry to the building and were treated on the first floor of the practice.

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.

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's dental needs were assessed before any treatment was planned. They were required to complete a medical history form prior to their initial consultation. Any health conditions, allergies and hygiene habits were discussed and updated, when required, in people's treatment records following each visit. A full oral clinical examination would be carried out and a digital x-ray and picture of their teeth would be taken if required. We looked at one person's treatment record and saw this information was documented electronically.

There were arrangements to refer people onto specialists and follow-up appointments were arranged with people within set timeframes determined by their oral health needs. We were told that if a person required sedation they usually referred them on to a sedationist who would deal with all the procedures involved. Normal or emergency appointments could be booked by phone, face to face or by email. People who were new to the service had the facility to book their appointment online via the provider's website.

One person we spoke with on the day of the inspection had used the service for approximately 23 years. They described their overall experience of the service as "fine" and "efficient" and that they had never had a problem. They felt that staff were approachable.

There were arrangements to deal with foreseeable medical emergencies. We saw a completed training certificate for a member of staff in medical emergencies and cardiopulmonary resuscitation training from November 2012. There were emergency drugs and equipment and two oxygen cylinders. The emergency drugs and oxygen were found to be in date in good working order. However the provider may wish to note that three of the emergency equipment pieces we checked were not in date and both oxygen cylinders had not been serviced since 2008. The emergency equipment items were removed and we were informed that new items had been ordered. There was a defibrillator which was new in the service but staff had not received training on how to use this at the time of the inspection. This trained was booked for June 2014.

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.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

There were systems in place to reduce the risk and spread of infection. The practice appeared clean and well maintained on the day of the inspection. There was an infection control policy and an infection control lead who was responsible for ensuring that all protocols were followed. There were adequate hand washing facilities and personal protective equipment, such as gloves, which were accessible to staff. Non-clinical areas were cleaned daily by a cleaner and they were required to complete and sign a cleaning checklist when they had finished their duties. Dental nurses were responsible for cleaning all clinical areas of the practice. The chair and surrounding surfaces were cleaned in between appointments.

There was a separate decontamination room and clearly defined ''dirty'' and ''clean'' areas. One dental nurse talked us through the process for the decontamination of reusable dental instruments. They explained how they decontaminated instruments after each session and how they used, checked and maintained the equipment for decontamination and sterilization. Staff manually cleaned and rinsed instruments. The instruments were then checked under a magnifying glass, and placed into a steam steriliser. The instruments were then checked again and packaged. We saw daily records were maintained to evidence the sterilizer was sterilizing properly and in good working order.

Infection control audits were not completed every six months as recommended by the Health Technical Memorandum 01-05: Decontamination in primary care dental practices guidance. In addition it was not detailed within the provider's policy on how often these audits should be completed. They last completed an audit in December 2013. Where issues had been identified we saw actions were taken. However when we looked through the drawers of one of the treatment rooms, we found that a number of dental items used for dental treatment had expired. The provider may wish to note that there were no arrangements in place to verify when these dental items were due to expire.

A legionella risk assessment was last completed in 2011 by an external agency. All results indicated the water was of satisfactory quality. These checks were completed to monitor

the growth of legionella and other microorganisms in the water and take action if required. The next legionella risk assessment was booked for 25 January 2014. The practice used the alpron system to purify the water in its dental lines and staff told us they were flushed daily.

There were procedures for dealing with blood borne viruses and the safe transfer of dental instruments to keep staff safe. The practice had arrangements for the storage and disposal of clinical and sharps 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

New dental nurses were required to complete an induction programme of training and shadowing of experienced dental staff. One dental nurse discussed their induction and ongoing training at the practice. Agency dental nurses were accessed via a dental agency. The agency provided assurances to the provider that the dental nurses were qualified, appropriate trained and had received their criminal record bureau (CRB) clearance.

We saw one dentist's certificate of registration of membership with the General Dental Council (GDC) and we saw certificates to demonstrate that staff had completed mandatory training relevant to their practise.

Staff received appropriate professional development. We were told that staff usually received formal annual appraisals. All of the dental nurses in practice were new and had not received their appraisal yet, however they were able to tell us when this was due.

Regular staff meetings were held at the practice. Staff we spoke with confirmed they kept informed of new policy developments by email and that they were able to raise questions or discuss issues with the managers and in staff meetings.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

There was a complaints lead and this was detailed within the complaint's leaflet for people using the service. On the provider's computer system there was a pop up box reminding staff of the protocols for dealing with either a verbal or written complaint. We saw a copy of the complaints leaflet given to people and saw this documented the formal complaints process and how to escalate a complaint if the person was not satisfied with the outcome. We saw a copy of the template acknowledgment complaint letter that would be sent to people within three days of a complaint being raised. However the timescales for when a complaint would be acknowledged and investigated by were not recorded in the leaflet we were given. We told that the provider would aim to report back following the investigation of a complaint within 10 days. Staff told us any complaints would be discussed in staff meetings. We looked at the provider's complaints log but no formal complaints had been recorded within the last 12 months. One person we spoke with told us they would know how to raise a complaint.

If people raised concerns informally we were told that staff would take details of the complaint and resolve if possible and these would be recorded within the person's treatment record. If staff were unable to resolve the issue they would refer the concerns to the complaints lead. The provider did not formally obtain feedback from people who use the service, for example through satisfaction surveys or a suggestion box, therefore it was not clear how the provider made appropriate changes or improvements to meet people's needs in the service. They had last carried out a satisfaction survey over 12 months ago; however we were informed these results had not been analysed.

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

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