

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

Westminster House Dental Practice

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We inspected the following standards to check that action had been taken to meet them. This is what we found:

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

Cleanliness and infection control ✓ Met this standard

Details about this location

Registered Provider	Rodericks Limited
Registered Manager	Mr. Tinashe Magwenzi
Overview of the service	Westminster House Dental Practice is a general dentistry service that provides treatment to adults and children for the NHS as well as privately. They are based in the Westminster area of central London.
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

We carried out this inspection to check whether Westminster House Dental Practice had taken action to meet the following essential standards:

- Care and welfare of people who use services
- Cleanliness and infection control

This was an unannounced inspection.

How we carried out this inspection

We carried out a visit on 1 May 2013 and reviewed information given to us by the provider.

We reviewed the clinical environment including the facilities and equipment available.

What people told us and what we found

Our last inspection of 28 February 2013 found that, contrary to the practice's medical emergency policy, they did not have a child-sized dosage of adrenaline available in the practice. In addition, this had not been picked up during the regular checks on the emergency drugs undertaken by staff. The practice wrote to us and said that they had now included a child epipen for the emergency delivery of adrenaline in their emergency drugs kit and they had updated their emergency drugs checklist to reflect this.

We inspected the practice again on 1 May 2013 and saw that they now had a child epipen in place. We saw records of weekly checks on the emergency drugs and staff explained to us how this took place. However, the provider may wish to note that at the time of this inspection the new medical emergency drugs check sheet which included the child epipen was not in place.

On our last inspection we also found that appropriate infection control policies and procedures were not being followed, including procedures relating to the dating of sharps bins, availability of alcohol gel and the storage of sterilised instruments. On this inspection we found that these deficiencies had largely been corrected, though there were still some sharps bins that had not been dated.

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

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

Our last inspection of 28 February 2013 found that, contrary to the practice's medical emergency policy, they did not have a child-sized dosage of adrenaline available in the practice. In addition, this had not been picked up during the regular checks on the emergency drugs undertaken by staff. As a result in the event of a medical emergency involving a child appropriate emergency drugs would not be available. The provider wrote to us on 14 March 2013 and told us that they now carried a child epipen for emergency delivery of adrenaline and had updated their medical emergency drugs check sheet to reflect this. They provided us with a copy of the updated sheet.

We inspected the practice again on 1 May 2013 to make sure that the improvements required had been made. In the practice's emergency drugs kit there was a child epipen for emergency delivery of adrenaline which was in date. We saw records of recent checks on the emergency drugs and staff explained how they checked these, including the child epipen, on a weekly basis. However, the provider may wish to note that at the time of this inspection the new medical emergency drugs check sheet which included the child epipen was not in place.

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.

Reasons for our judgement

Our last inspection of 28 February 2013 found that appropriate infection control policies and procedures were not always being adhered to. We saw some hand gels in the practice but these were not available within the decontamination room. The sharps bins within the practice had not been dated to indicate when they had been put together. Whilst there was a tray system in which packaged sterilised instruments were stored according to their expiry date to make sure expired instruments were not used, this system was not being consistently adhered to. There had been previous legionella testing of the water supply at the practice, however this had not taken place within the last year, contrary to the practice's policy.

On 14 March 2013 the provider wrote to us reporting that they had made some improvements and others were in progress. They said that they had put alcohol gels in the decontamination room, that they would ensure that sharps bins were dated in the future, that they would improve their storage of sterilised instruments, that they would hold copies of all relevant legionella testing and monitoring at the practice and that an external company had been appointed to undertake a legionella's risk assessment in 2013.

We inspected the practice again on 1 May 2013. Alcohol gels were available in the decontamination room. We looked at six sharps bins in the decontamination room and two of the consultation rooms. Four of these had been dated when they were put together. However the provider may wish to note that one of the bins appeared to have been dated but using a water-soluble marker and the date had been erased. In addition, another sharps bin in the decontamination room had not been dated.

In line with the national update to HTM 01-05 (which sets out the government standards for infection control in dental practices) the practice now had a new system by which vacuum packed sterilised instruments could be stored for up to one year. We looked at a wide range of sterilised instruments which had the date on which they were packaged stamped on them as well as an appropriate expiry date. These were stored appropriately.

The practice manager showed us audits of the temperature of water supplies that had taken place in March 2013 and April 2013 to ensure that the risk of legionella was minimised. Whilst details of the scheduled legionella risk assessment by the external

company were not available at the practice at the time of the inspection senior staff provided us with written evidence of this which indicated it was to take place in May 2013.

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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