

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

Northwood Hills Dental Practice

141 Pinner Road, Northwood, HA6 1DB

Tel: 01923823148

Date of Inspection: 14 March 2013

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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
Staffing	✓	Met this standard
Complaints	✓	Met this standard

Details about this location

Registered Provider	Dr. Janita Patel
Overview of the service	Northwood Hills Dental Practice provides primary dental care services to NHS patients. Private dental treatment is also available.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

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

What people told us and what we found

We spoke with four people using the service and six members of staff.

People said the different treatments available to them had been explained, along with the costs involved, so the information provided enabled them to make an informed choice. Treatment plan was completed and given to people and the number of appointments required to complete the course of treatment was explained. People said they could get appointments to suit them and where needed emergency appointments were available on the same day. People said they received text message reminders of their appointments. People said they were happy with the service they received at the practice.

Comments received from people during the inspection included "I can't speak highly enough of them", "100% and I wouldn't go anywhere else" and "Very satisfied with the practice. I wouldn't want to change".

The practice was clean and tidy and people confirmed staff used protective clothing and equipment during their treatment. Staff were knowledgeable about their work and received training to keep their knowledge and skills up to date. People said the dentists kept them informed of the treatment they were receiving throughout their appointment. People said they would raise any concerns they might have and felt that these would be addressed appropriately by the practice.

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 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 understood the care and treatment choices available to them. Information leaflets were available and NHS charges were displayed in the waiting room. People said the dentists clearly explained the treatment they needed and the options available to them, so they could make a choice. Treatment plans recorded the treatment and costs involved, and people signed to agree to these and received a copy.

People expressed their views and were involved in making decisions about their care and treatment. Six monthly satisfaction surveys were carried out and summaries of the results were available. We saw surveys completed in February 2013 and the results were very positive, with people expressing a high level of satisfaction with the service they received. Survey comments included, "my dentist always takes the time to see to my problem", "excellent, friendly service" and "This is my first time here and it was nice and relaxed and a friendly place. I did not feel nervous about dentists for the first time". People we spoke with reiterated this and said the staff were friendly and treated them with respect.

We heard staff speaking with people in a gentle and courteous manner and people received their treatment in private. The practice had a surgery on the ground floor and people with mobility needs or who were wheelchair users could be seen in this room. The provider said they had people with access requirements so they ensured they were able to meet these.

The dental nurse working on the reception desk offered people appointments to fit in with their wishes. Emergency appointments were available daily and a verbal check was done to identify emergency and urgent cases so appointments could be allocated appropriately. People confirmed they could get emergency appointments, plus they could arrange routine appointments to suit their daily lives.

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

People's needs were assessed and treatment was planned and delivered in line with their individual care plan. A medical history questionnaire was completed by each person prior to treatment so the dentist was aware of any medical conditions they might have and any medicines they were taking prior to giving them treatment. People confirmed they were asked about any changes to their medical details at each visit. At the initial visit, a full external and internal oral examination was carried out for each person to identify any issues, so that treatment could be planned accordingly. People were also given advice on lifestyle choices that affected their oral health, for example, smoking, and the practice had staff trained to offer 'smoking cessation' advice.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We viewed the records for three people, which are stored on the computer system. These were comprehensive, providing the dentist with the information they required to plan a course of treatment and identifying any issues immediately, for example, allergies or medical conditions, so the dentist was always made aware of them. If conditions were identified that required specialist treatment, people were referred to a relevant healthcare professional to ensure they received the treatment they required safely. Appointment histories were recorded and records clearly detailed the treatment people received at each visit.

There were arrangements in place to deal with foreseeable emergencies. Safety equipment was available for use in the event of a medical emergency including oxygen, a first aid box, and an emergency medicines kit. Weekly checks were carried out and the expiry dates of the emergency medicines recorded, so replacements could be obtained when needed. Staff had received annual training and updates in cardio pulmonary resuscitation (CPR) and medical emergencies. Procedures and instructions for managing emergency situations were in place and were displayed in staff areas.

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

People were cared for in a clean and hygienic environment. Cleaning schedules were in place and covered all areas of the practice, with records to evidence cleaning had been completed. Surfaces in the surgery rooms were cleaned between people and disposable covers were in use on some of the equipment, for example head rests and lamp handles. Protective clothing and equipment was available, including gloves, masks, visors and uniforms for staff and protective glasses for people to wear during treatment.

The service had a designated decontamination room. Two separate sinks were available for cleaning and rinsing of instruments, plus a separate hand washing sink was in place. The dental nurses were responsible for the decontamination and sterilisation of instruments and equipment used by the dentists. One of them described the process by which used instruments were disinfected, inspected under a magnifier, sterilised and stored in pouches with expiry dates. Records were maintained of all the checks and sterilisation cycles carried out and of the annual servicing, to ensure the decontamination and sterilisation equipment was functioning correctly and maintained in good working order.

Staff completed annual infection control training and updates, to keep their knowledge up to date. An infection control policy and code of practice was in place and had been reviewed in March 2013. An infection control audit had been carried out in January 2013 and covered all aspects of infection control within the practice. The practice manager explained the actions that had been taken to address any issues, and said this would be recorded in future. A contract and records were in place to evidence that all clinical waste was being disposed of appropriately.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

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. New staff undertook induction training and the checklist for this covered all aspects of the practice and training to be completed. We looked at the training records for staff and saw they had attended training in infection control, cardio pulmonary resuscitation (CPR) and dealing with medical emergencies and additional training specific to their roles. Staff said they were provided with the training they needed to increase their knowledge and skills and the provider was very supportive and recognised the importance of identifying and meeting staffs ongoing training and development.

Staff meetings took place each week and in-house training and updates were included in this. Dentistry journal articles were available to staff and these were then discussed at meetings to ensure staff had read and understood them to enhance their knowledge. The provider highlighted the care and treatment of people using the service as paramount, and understood the importance of ongoing staff training and development to ensure they could do this effectively at all times. Staff meetings were recorded and any staff not present were able to read these to keep up to date with the information discussed.

The practice manager said staff appraisals were carried out every three months, and these sessions would include discussion about individual staff members training and development needs, so future training could be planned. Staff said they were well supported by the provider, who encouraged and facilitated them to undertake training for their continual professional development.

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. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People's complaints were fully investigated and resolved, where possible, to their satisfaction. People said they would be confident to raise any concerns and that they would be listened to. We viewed the complaints file and saw evidence that complaints were recorded, investigated and responded to. The practice manager was responsible for dealing with any complaints received. He said any incidents were discussed at practice meetings, to analyse what had happened and identify if there was action to take to minimise the risk of recurrence.

The practice manager said all concerns were treated seriously and people were provided with a copy of a comprehensive complaints procedure. This included timelines for dealing with the complaint and contact details for the practice and for outside agencies who dealt with complaints. We discussed having a complaints procedure on display in the practice for people to access easily, and the practice manager has since confirmed this had been completed.

Staff had undertaken safeguarding training and were clear to report any concerns to the provider. The new complaints notice included telephone contact details for the local authority teams for the safeguarding of children and vulnerable adults, so that this information was easily available.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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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