

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

Maison Smile

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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
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Dr. Alkesh Patel
Overview of the service	Maison Smile is an NHS practice which provides some private treatment in general dentistry. The practice consists of three treatment rooms.
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 11 October 2013, talked with people who use the service and talked with staff.

What people told us and what we found

We spoke with two people who said that they were satisfied with the care and treatment they received. They felt that they had been given sufficient information about their care and treatment.

A detailed medical history was taken from each person and any allergies or medical conditions were recorded and discussed during the initial appointment. People were given aftercare advice following treatment, which included an emergency telephone number. There was emergency equipment available and all staff had received basic life support training.

There were effective systems in place to reduce the risk of infection. Staff were able to describe the decontamination process to us and provided evidence to show that checks were carried out on the equipment used.

There were effective systems in place to monitor the quality of the service. Staff meetings took place once or twice a month to discuss the feedback that people had provided.

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 who use the service were given appropriate information and support regarding their care or treatment. New patients had an initial consultation with the dentist. Printed information was available on different treatments, but staff told us that they would explain the treatment options with the person at the initial consultation and answer any questions. We spoke with two people who use the service and they told us that they had been given sufficient information about their care and treatment. We also looked twenty completed feedback forms from 2013 which gave positive results about the quality of treatment. One of the questions on the survey asked whether explanations provided by staff were adequate. We saw that that the practice scored highly on this point.

People who use the service understood the care and treatment choices available to them. The dentist took x-rays of the person's teeth and used these as well as animated videos, leaflets or a mirror to indicate to the person's teeth to explain the treatment required. People who use the service confirmed that staff explained everything to them in a way that they could understand. One person said "detailed explanations are given" and another person said "the dentist explains everything". Staff told us that they spoke a range of languages between them but could also arrange interpretation services if required. They could also translate written information for people in a language of their choice if required.

People's diversity, values and human rights were respected. All consultations took place in private and the dentist was always accompanied by a nurse. There was step free access to the clinic and the practice also had wheelchair access to the toilets. Staff showed audits which monitored access to the building outside, including suitable car parking and ease of movement within the building for people using wheelchairs. The most recent audit was completed in May 2013 and did not identify any issues.

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 using the service were required to complete a medical history form prior to their initial consultation. Any health conditions or known allergies were then discussed and documented on their records. The manager confirmed that a person's medical history was verified at each follow-up appointment and any changes were recorded. There was also a section at the bottom of the medical history form which people were asked to sign for a second time after three months, confirming that there were no changes. People were always examined and treated by the dentist. People were given post-treatment advice, any supporting written information and an emergency telephone number. This was also displayed on the wall of the reception area and on the practice telephone answering machine.

We spoke with two people who used the service. They were satisfied with the care and treatment they had received and were complimentary about the dentist and other staff. One person said "I feel secure- it feels like I am coming to another home".

There were arrangements in place to deal with foreseeable emergencies. There were emergency procedures and health and safety policies to keep people safe. Staff had received basic life support training which was repeated annually.

An emergency drugs kit was available. This was checked every month and all checks were recorded. The company which had provided the kit would also contact the practice to inform them of the upcoming expiry of any medications.

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 infection control policies in place and staff ensured that all protocols were followed. There were effective systems in place to reduce the risk and spread of infection. On the day of the inspection the practice was clean and well maintained. There were adequate hand washing facilities and personal protective equipment, such as gloves and protective eye wear which were accessible to staff.

There were checklists of what tasks should be completed every day and these included start, middle and end of day cleaning tasks. These tasks were printed on daily checklists which were displayed in each treatment room and the decontamination room. They were filled in and signed on a daily basis and stored. We saw that these checks were up to date. Non-clinical areas were cleaned every day by a cleaner who also conducted weekly deep cleans. We were shown a copy of their contract which showed all tasks that were required to be completed. The chair and surrounding surfaces were cleaned in between patients by the dental nurse. An infection control audit had been completed on 17 September 2013 and this did not identify any concerns. We saw copies of previous audits which showed that these were being completed every month and further actions arising from previous audits had been completed.

There were appropriate decontamination procedures in place. The cleaning of instruments took place in a separate decontamination which had clearly defined "dirty" and "clean" areas.

The manager explained how staff decontaminated instruments after each session and how they used, checked and maintained the equipment for decontamination and sterilisation. We were told that instruments were scrubbed and rinsed in separate sinks before being placed in an ultrasonic cleaner. The instruments were then inspected under a light, pouched and then placed in a vacuumed steriliser machine. Instruments were then stamped with the expiry date after sterilisation.

We saw that instruments had been packaged and dated correctly. Daily checks were carried out on the steriliser machine and the ultrasonic cleaner to ensure they were working correctly and these checks were recorded and up to date.

There were procedures for dealing with blood borne viruses and health and safety policies to keep staff safe. Sharps bins were in use and had been assembled correctly. There were suitable arrangements in place for the disposal of clinical waste and this was collected every two weeks.

Water temperature checks were conducted every month and we saw records of these. Water temperatures were consistently at safe levels. The practice used purified water in its dental lines and flushed them daily. A legionella risk assessment had been conducted on 8 October 2013 and we were told that this did not identify any concerns.

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

There were effective recruitment and selection processes in place. The practice advertised vacancies when recruiting staff and asked prospective employees to an interview before offering a position.

We saw records to indicate that appropriate checks were undertaken before staff began work. Staff were required to undergo a Disclosure and Barring check (formerly a Criminal Records Bureau (CRB) check) and to provide two references before they could start work. Clinical staff were also required to provide evidence of their professional qualifications and registration.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who use the service were asked for their views about their care and treatment and they were acted on. Feedback surveys were given to people and the results were collated onto a spread sheet when a suitable amount had been received. We saw twenty copies of feedback surveys from 2013 and these were positive about staff and the services provided. Formal staff meetings took place once or twice a month to discuss feedback and other matters and we were shown minutes of these meetings.

All decisions about care and treatment were made by the dentist. People who use the service had a comprehensive consultation and dental examination by the dentist. A procedure was in place for logging and investigating incidents, accidents and complaints. At the time of our visit the practice had never received any complaints or had any incidents.

The practice undertook numerous audits. These included infection control, patient waiting times, dental radiograph, patient record keeping and Disability Discrimination Act Access audits among others. The audits undertaken had been completed in 2013 did not identify any concerns.

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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