

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

## Avenue Dental

69 The Avenue, Ealing, London, W13 8JR

Tel: 02089973221

Date of Inspection: 28 February 2013

Date of Publication: March 2013

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Cleanliness and infection control</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Complaints</b>	✓ Met this standard

## Details about this location

Registered Provider	Dr. Hina Khaliq
Overview of the service	Avenue Dental provides general dental services to people through the NHS or private fees structure.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

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*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

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 28 February 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

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### What people told us and what we found

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We spoke with three people using the service and three members of staff. People told us clear explanations were provided about treatment options available and their costs, so that they could make an informed choice.

People said they were treated with consideration and respect and the dentist discussed their treatment plan and oral health with them. Some comments we received from people included "everything is always explained", "it's always clean", and that the staff were "kind", "friendly" and "nice".

Effective systems were in place to manage infection control and prevention.

People told us they would be confident to raise any concerns if they had them with the dentist.

You can see our judgements on the front page of this report.

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://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

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### Our judgement

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The provider was meeting this standard.

People's privacy, dignity and independence were respected.

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### Reasons for our judgement

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People who use the service understood the care and treatment choices available to them. We spoke with three people using the service and they told us that the dentist explained all the treatment options available, any risks that were involved and the cost of the treatment, so they could make an informed choice. People told us they were encouraged to ask questions about their treatment and were given time to consider whether they wanted to undertake the treatment offered. Comments we received included "my dentist gave me information on the alternative treatments that were available, so that I could make an informed choice" and "everything is always explained".

Information on the fees payable for both NHS and private dental treatments were clearly displayed in the reception area. A practice information leaflet was also available which detailed the services offered by the practice.

People's privacy, dignity and independence were respected. We were told by the provider that all treatments and consultations were always conducted in private in the surgery rooms with the door closed. People told us the staff treated them with consideration and respect.

People expressed their views and were involved in making decisions about their care and treatment. The provider told us that satisfaction surveys were carried out throughout the year. We viewed a sample of the completed surveys and these showed that overall people were positive about each aspect of the practice and the treatment they received.

People should get safe and appropriate care that meets their needs and supports their rights

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### Our judgement

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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### Reasons for our judgement

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People's needs were assessed and care and treatment was planned and delivered in line with their individual treatment plan. People told us they were asked to complete a medical questionnaire and that the dentist always asked if there had been any changes to their existing medical conditions and the medicines they were taking. One person told us the dentist "always provides oral health advice to my children".

We viewed a sample of dental records which were kept up to date with details of oral examinations, x rays taken and signed treatment plans. People told us the dentist always explained any risks that were involved with the treatment that had been recommended.

There were arrangements in place to deal with foreseeable emergencies. All staff had been trained in dealing with emergencies and training certificates were in place to confirm this. Medicines and equipment for emergency use were available and these were checked monthly to ensure they were fit for purpose. Staff we spoke with told us they had undertaken training and updates in cardio pulmonary resuscitation (CPR) and medical emergencies. Staff we spoke with demonstrated a good understanding of the procedure they would follow in the event of an emergency.

**People should be cared for in a clean environment and protected from the risk of infection**

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**Our judgement**

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The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

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**Reasons for our judgement**

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There were effective systems in place to reduce the risk and spread of infection. The provider had in place policies and procedures for managing infection control. Staff we spoke with confirmed they had undertaken training and updates in infection control. The dental nurse demonstrated how used instruments were decontaminated between each person. The practice had a designated decontamination room. The dental nurse showed us how used instruments were disinfected, inspected under a magnifier, sterilised and stored in pouches with expiry dates. Procedures were in place for cleaning the surgery room before and after a person had received treatment to reduce the risk of cross infection. Protocols were available for the management of clinical waste to ensure infection control risks were being managed.

Risk assessments for infection prevention and control and Legionella were in place to ensure any issues were identified and addressed.

We viewed the infection control audits that were being carried out to monitor infection control practices. Personal protective equipment was available for staff to wear and people we spoke with said they saw staff washing their hands and changing their gloves regularly. People told us they were very satisfied with the service. One person told us "It's always clean, they wear everything", another person told us "clean, I have never seen anything to the contrary".

## Supporting workers

✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

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### Our judgement

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The provider was meeting this standard.

Staff received appropriate professional development and training for their work.

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### Reasons for our judgement

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People we spoke with told us the staff were "kind", "friendly" and "nice". Staff received appropriate professional development and training for their work. We viewed the training records for four staff employed at the service. Registration certificates were available for the dentist and the two dental nurses. Training records we viewed detailed the training that staff had undertaken in line with their professional development requirements. Staff we spoke with said they had undertaken training in first aid, medical emergencies and safeguarding adults and children along with clinical training for their role, so that their knowledge and skills were kept up to date to care for people effectively.

## Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

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### Our judgement

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The provider was meeting this standard.

There was an effective complaints system available.

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### Reasons for our judgement

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We spoke with three people and they told us if they had any concerns they would speak with the dentist. Comments we received included "I'm sure that I would speak to the dentist if I had any complaints, I have never had to" and "I would complain loudly, but I have never had to complain".

There was a complaints procedure in place and this was displayed in the reception area. The provider told they had not received any complaints in the last twelve months.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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