

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

The Whitehouse Dental Practice

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Date of Inspection: 06 December 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. Ruth Debney
Overview of the service	The Whitehouse Dental Practice provides private dental treatment for patients. The practice has private treatment rooms and a reception area. It is located in the New Malden area of south west London.
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 6 December 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

People using the service told us they were satisfied with the way the practice was run and the service it provided.

We spoke to three patients and they said "All the treatment received has been good, quick and effective", "The receptionist was friendly, dentist thorough in the way they outlined the treatment and prepared to answer questions" and "Very friendly, professional and well presented".

They confirmed they had the consultation procedure, cost of treatment and any risks attached explained to them.

They told us they were treated with dignity and respect by staff.

They said they thought the practice was kept clean, tidy and observed their right to privacy.

We saw that patients had access to verbal, visual and written information regarding available treatments and why they might require them.

There were suitable numbers of qualified staff who treated people in a helpful, friendly and knowledgeable way.

The practice was clean and there were infection control and quality assurance systems in place that were followed.

Records were kept up to date and there was an effective complaints procedure that was accessible to patients and implemented as required.

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 were given appropriate information and support regarding their care or treatment.

Patients told us "My teeth haven't dropped out yet" and "Happy to be on first name terms but they still address me as Mr".

They said the dentists and staff team were helpful, friendly and told them what they could expect from the treatment.

They said the treatment and consultation rooms gave them privacy and dignity.

Patients' were comfortable asking questions and felt the dentists and staff took the time to answer their questions about the recommended treatment and reasons why it was chosen. "Lovely staff, friendly and helpful".

They were provided with good information about the treatments available and their cost. The treatment information also included any risks attached to them.

We saw that the verbal information provided during consultation was supported by written, visual and web site information about treatments, cost and the practice.

The practice had a policy and procedure regarding treating patients' with dignity and respect that we saw was followed.

People were given written treatment plans. This was after the treatment was explained to them and discussed.

They were given the opportunity to take a copy of the treatment plan away to consider further before deciding if they wished to have the treatment.

The dentists were accessible and could be contacted if patients had queries about the proposed treatment.

We saw that patients' were provided with the opportunity to decide if the type of treatment recommended was what they wanted.

We saw staff interacting with patients' face to face in a friendly, knowledgeable and helpful way.

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 care and treatment was planned and delivered in line with their individual care plan.

Patients' said the dentists and other staff explained all the different treatment options. People said that the practice environment was comfortable, relaxed and that appointments were made flexible to meet their needs.

They said "Very happy here, my wife also comes". "They treat you like a human being". "My children love the dentist" and "They have put in more useful and better equipment".

The patient experience was explained by the dentist and other staff from the first point of contact. The treatment and any possible risks attached to them were discussed with the patient as part of the consultation process.

The reasons why treatment was required was explained verbally, by using a digital camera, x-rays and a treatment plan. The treatment was discussed during consultation and gave patients the opportunity to fully understand the care and treatment provided.

Patients were required to complete a medical history prior to consultation or treatment that was refreshed at each visit. We also saw samples of written consent by patients in the records we looked at.

We saw that care and treatment procedures followed up to date published research and good practice guidelines.

Staff working at the service had the relevant qualifications and experience to deliver the service provided. The practice made follow up treatment calls to make sure patients were happy with their treatment.

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 cared for in a clean, hygienic environment.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection.

Patients did not tell us about the infection control measures the practice had in place. They did say "Always very clean".

During the inspection we saw that all areas of the practice including the reception, treatment and decontamination rooms were clean and well maintained.

There were separate sinks used for hand washing and used instruments. Clothing and equipment such as aprons, gloves and goggles were available to staff and dental chairs kept clean and well maintained.

Staff were trained and qualified in a number of areas including instrument decontamination, cross infection control and resuscitation. This training was updated as required.

A dental nurse demonstrated the process from opening the practice each day, to decontaminating instruments and treatment rooms following each patient's treatment. They told us how re-usable instruments were checked for debris and residual matter after washing and before sterilisation. This included magnification. There was a clear process followed to make sure clean instruments were not contaminated by dirty ones.

The process included checking daily autoclave readings. Regular infection control audits took place and legionella tests were also recorded.

The dental equipment used was serviced and checked by engineers regularly. There were Sharp boxes that were emptied when three quarters full and clinical waste appropriately stored and disposed of every three weeks under contract.

Medication was securely kept and regularly audited to make sure it was within date and safely disposed of, as required.

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.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

There were enough qualified, skilled and experienced staff to meet people's needs.

Patients' did not tell us about the number of staff at the practice. They did say "Lovely staff, very nice and very kind". "Pleasantly surprised, very good".

During our visit we saw that there were suitable numbers of staff to meet patients' treatment and support needs during the consultation process, the treatment they had chosen and throughout the patient experience.

There were two dentists, one hygienist, one dental nurse, a trainee dental nurse, practice manager, receptionist, and a cleaner.

The dentists were GDC (General Dental Council) registered. Staff who came into contact with patients had been Disclosure and Barring Service (DBS) checked.

We saw staff giving patients information in a clear, patient, knowledgeable and helpful way.

The atmosphere was calm and relaxing with staff friendly and professional throughout our visit.

Staff had access to appropriate training and were suitably qualified for the posts they held. This included safeguarding, medical emergencies, infection control and resuscitation.

Appropriate guidance and support was in place to enable staff to keep their Continuing Professional Development up to date and regular meetings where training was discussed and carried out.

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 were made aware of the complaints system. This was provided in a format that met their needs.

Patients did not comment on the complaints system although they were aware of it.

We saw that patients had access to the practice complaints policy and procedure. There was a copy prominently located in the reception area.

We looked at the complaints record and found there were no current complaints.

Previous complaints had been recorded, investigated appropriately and the complainants informed of the outcome.

There was a clear investigation pathway in place with identified responsibilities for complaint investigation and response. This included complaints being logged and response times.

The practice also had a whistle-blowing procedure.

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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