

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

Dr Jonathan Lack Ltd - 1 Harley Street

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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
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Dr Jonathan Lack LTD
Registered Manager	Dr. Jonathan Lack
Overview of the service	<p>Dr Jonathan Lack Ltd - 1 Harley Street is a private specialist dental practice that offers periodontology (treatment of gum disease) and implant surgery. Both adults and children over the age of nine are treated and two hygienists are available on-site.</p> <p>There are two other dentists who work as associates at the practice. They work independently of Dr Lack, but are not registered separately. They are Dr Nicola Di Vitale and Dr Richard Lewis.</p>
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

Contents

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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 carried out a visit on 11 January 2013, observed how people were being cared for, talked with people who use the service and talked with staff.

What people told us and what we found

Information, instructions and advice were given to people following dental surgery. One person who uses the service told us that staff gave them sufficient information about their treatment and its cost. They told us that they were treated with "respect" and had so far had a "pleasurable experience" at the practice.

The dentist told us that he completed people's medical history questionnaire before full dental examinations were carried out. Written summaries of treatment plans were routinely sent to people who use the service by letter and follow up appointments were made as appropriate. One person who uses the service told us that they received a "high standard" of care.

The environment was clean and tidy on the day of the inspection and one person who uses the service told us that practice was always clean. There were appropriate arrangements to decontaminate, sterilize, package and store instruments.

Staff had undertaken training on various courses including infection control, basic life support and safeguarding vulnerable adults. Dental nurses were supervised on an ongoing basis and appraised on their performance annually. The dentist had attended study clubs and evening lectures as part of his continuing professional development.

Satisfaction surveys were carried out on an annual basis and action was taken to resolve issues that were raised. Clinical audits were carried out, for example on people's record cards.

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 regarding their treatment in their appointment letter as well as in their treatment plan. Information about who people should contact in an emergency was available on the practice's answerphone. Information, instructions and advice were given to people following dental surgery.

One person who uses the service told us that staff gave them sufficient information about their treatment and its cost. They told us that they were treated with "respect" and had so far had a "pleasurable experience" at the practice.

Peoples' diversity, values and human rights were respected. People who use the service were treated in private and with a dental nurse present. The practice was not accessible to people who used wheelchairs but there were arrangements in place to treat such people at alternative practices. If people spoke limited or no English, they either attended with their own interpreter, or one could be accessed by the practice.

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

Peoples' needs were assessed and care and treatment was planned and delivered in line with their individual treatment plan. People must be referred by another dentist in order to be treated by the practice. The dentist told us that he completed people's medical history questionnaire before full dental examinations were carried out. Investigations, including head and neck screening and x-rays were carried out if necessary.

The dentist told us that he explained and discussed his findings with people who use the service. Written summaries of treatment plans were routinely sent to people who use the service by letter and follow up appointments were made as appropriate. Records of consultations and treatments were made electronically and paper copies of tests were filed in people's records. One person who uses the service told us that they received a "high standard" of care.

There were arrangements in place to deal with foreseeable emergencies. The practice had a medical emergency protocol and staff knew what to do in the event of an emergency. Staff had attended training on emergency procedures including basic life support as well as the management of anaphylaxis. There was suitable equipment and medicines to deal with medical emergencies including oxygen and staff knew where these were kept. Emergency medicines were checked and recorded on a weekly basis.

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 effective systems in place to reduce the risk and spread of infection. The dentist was the nominated person to lead on infection control which ensured there was a named person responsible for overseeing standards and practices. There was an infection control policy that included procedures for the decontamination of instruments and staff had attended infection control training.

The environment was clean and tidy on the day of the inspection and one person who uses the service told us that practice was always clean. There was a separate decontamination room that had clearly identified areas to ensure that clean and dirty instruments were kept separate. Used instruments were cleaned and rinsed in separate sinks and there were dedicated sinks for hand washing only. An ultrasonic bath was used to clean instruments before being washed in a washer/disinfector. Instruments were inspected using an illuminated magnifying glass prior to sterilization in a vacuumed autoclave. Sterilized instruments were packaged, dated and stored for a maximum of 60 days, which ensured that they would not become contaminated before re-use. Disposable gloves and aprons were available for staff to use during the decontamination process.

Decontamination audits in accordance with Health Technical Memorandum 01-05 were carried out. This audit details the government standards for decontamination in dental practices. The autoclave was checked daily to ensure that it was working effectively. Tests for potential causes of legionella bacteria in the water supply system at the practice were carried out in December 2012. The report is currently pending. Staff told us that people only ever ingested purified or bottled water and water lines were flushed on a daily basis.

Supporting workers

✓ Met this standard

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

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. Staff had undertaken training on various courses including infection control, basic life support and safeguarding vulnerable adults. Dental nurses were supervised on an ongoing basis and appraised on their performance annually.

There were staff meetings where relevant clinical issues were discussed. The dentist had attended study clubs and evening lectures as part of his continuing professional development. He had also attended courses on radiography updates and medical emergencies in dental practice.

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.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

Reasons for our judgement

People who use the service were asked for their views about their care and treatment. Satisfaction surveys were carried out on an annual basis. The last survey in May 2012 had 70 respondents and people stated that they found the practice welcoming, friendly and helpful. Action was taken to resolve issues that were raised in the survey, for example, displaying a notice that Wi-Fi was available.

Clinical audits were carried out, for example on people's record cards. The autoclave, ultrasonic bath and washer/disinfector were checked annually and there were service maintenance records for all equipment.

There was a complaints policy in place, but no complaints had been made. There were systems in place for reporting and recording incidents, but there had been no such incidents.

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.

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