

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

Windsor Road Dental Surgery

3 Windsor Road, Ealing, London, W5 3UL

Date of Inspection: 19 December 2013

Date of Publication: January 2014

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. Mohammed Al-Jubbawy
Overview of the service	Windsor Road Dental Surgery provides both NHS and private dentistry to the local community and also provides dental implant surgery.
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 unannounced inspection.

How we carried out this inspection

We carried out a visit on 19 December 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

We spoke with a dentist, a dental nurse, two reception staff and two people using the service. The people we spoke with also told us that the dentist fully explained all treatment options with them and gave them all the information they needed before they were treated so that they could make an informed decision about their treatment. One person said "he [the dentist] always talks through all my options."

People were asked about their medical history and signed their consent for any planned treatment. We observed positive interactions between staff and the people using the service. The people we spoke with were complimentary about the service. One person said, "the staff are very friendly" and another person told us, "I'm coming here for years, they are very helpful and good."

The surgery was clean and uncluttered and there were effective systems in place for the control and prevention of the spread of infection.

There were adequate staffing levels to ensure that people's needs were met effectively.

There was a system in place for managing and responding to complaints about the service.

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. Information about both NHS and private fees was available and people told us that the dentist discussed the fees for any proposed treatment with them before they agreed to go ahead. The people we spoke with also told us that the dentist fully explained all treatment options with them and gave them all the information they needed before they were treated so that they could make an informed decision about their treatment. One person said "he [the dentist] always talks through all my options."

People's diversity and values were respected. We observed that treatments were being carried out in the surgery room with the doors shut to respect people's privacy. The dentist told us that staff spoke several languages and therefore could support some people who spoke English as their second language. She said that they had not had to request the support of an interpreter but that this could be arranged if the need arose. There were stairs leading down to the service which was situated in the basement of the building. However, people with mobility needs could access the service at the rear of the building as there was level access from the front round to the rear of the property.

People's dental records were stored in a lockable filing cabinet. This meant that people's information was kept confidential in accordance with the confidentiality policy of the service.

The service had a suggestions box in the waiting area and we saw that annual satisfaction surveys were taking place to enable people to share their experiences of the service and suggest improvements. The surveys had been analysed to inform future plans to improve the service.

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

People's needs were assessed and care and treatment was planned and delivered in line with their individual treatment plan. We looked at the treatment records for four people. We saw that a medical history questionnaire had been completed and reviewed at subsequent visits and the people we spoke with confirmed that they were asked about their medical history at each visit. We saw that any significant medical history had been added to the front of people's records to ensure that this was clearly visible. Treatment plans had been completed and people had signed their consent to these.

We observed positive interactions between staff and the people using the service. The people we spoke with were very complimentary about the service. One person said, "the staff are very friendly" and another person told us, "I'm coming here for years, they are very helpful and good."

There were arrangements in place to deal with foreseeable emergencies. Emergency protocols were in place so that staff knew what action to take in a medical emergency. An oxygen cylinder and a variety of emergency medicines were available and ready for use. This meant staff could act promptly in the event of an emergency. Weekly checks had been carried out on the emergency equipment and medicines. This was to ensure that they were in date and fit for purpose. A first aid kit was available. All staff had received training in basic life support and common medical emergencies and the training had been reviewed at regular intervals.

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.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection. The service had an infection control policy available in the surgery and we saw that the policy was reviewed on an annual basis. Regular infection control audits had been carried out to monitor standards and to identify any improvements that could be made. All clinical staff had completed infection control training and were aware of current guidelines.

The surgery room was clean, well maintained and uncluttered. There was a separate decontamination room that had a designated 'dirty zone' for the decontamination of used instruments and a clean zone for processing clean instruments after they had been sterilised. Instruments were disinfected, sterilised and stored in this room in line with the Department of Health's essential standards of infection control. Cleaning schedules were in place for clinical areas of the dental practice and arrangements were in place for cleaning non-clinical areas to ensure they were cleaned routinely and to an adequate standard. We saw that control measures had been implemented in order to minimise the risk of bacterial contamination from the water supply. There was a separate room that was used for implant surgery to ensure that any risk of cross infection was minimised.

Waste was correctly segregated, managed and stored safely and arrangements were in place for its collection and disposal by a professional waste company.

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. The staff team comprised of three dentists, who worked at various times throughout the week, two qualified dental nurses and one trainee dental nurse who worked at the dental practice two days a week. There were also two receptionists working at the practice. Planned leave was scheduled in advance so routine appointments were not made when the dentist was away.

Staff said they undertook training updates to keep their skills and knowledge up to date and we saw training certificates that confirmed this.

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.

Reasons for our judgement

People were made aware of the complaints system. A complaints procedure was displayed in the waiting area and people were advised about external agencies that they could contact if they were not happy with the service provided.

Staff told us that they tried to resolve complaints informally initially and that appointments could be arranged to meet with the dentist to discuss concerns if appropriate. People could also put formal complaints in writing if they wish to do so. We saw that a book was kept with brief details of formal complaints, the dentist told us that further details of any complaints and the action that was taken to resolve the issue was kept in people's personal records for reasons of confidentiality.

People told us that they had not had reason to make a complaint but would feel happy to raise any concerns as they felt the staff were approachable.

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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