

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

## La Perla Clinic

44 Marlow Bottom, Marlow, SL7 3NB

Tel: 01628488499

Date of Inspection: 30 January 2013

Date of Publication: February 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>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Medico Healthcare Limited. T/A La Perla Clinic
Registered Manager	Mr. Ali Moasser
Overview of the service	La Perla Clinic provides a private dental service. It offers a range of dental treatments for adults and children
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

*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 reviewed all the information we have gathered about La Perla Clinic, looked at the personal care or treatment records of people who use the service, carried out a visit on 30 January 2013 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 four people who had received treatment at the clinic. People said they were very happy with the care they received. Comments included "I am very happy...will keep coming back" and "the staff are brilliant".

Staff had appropriate training opportunities and were supported to carry out their duties.

The clinic assessed the quality of the service by monitoring the number of referrals from friends and family. They also carried out an annual patient survey; the previous year's results were positive. Complaints were investigated and actions taken, if appropriate. The manager had carried out practice wide assessment of the service in 2010. Changes had been implemented and a re-audit was due in 2013.

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 views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

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We spoke with four people who had received treatment at the practice. Two people had recently joined the practice and two had been with the practice several years. Everyone made positive remarks about their experiences. One person said "information is provided and questions answered". Another person told us "options were discussed and they tell me the cost". We reviewed the practice website; it contained information on the services and prices offered at the clinic. Information including the practice leaflet was on display in the waiting area. Staff spoke different languages including Farsi and Hungarian. The manager said they were pleased to offer services to people who were more comfortable speaking languages other than English. This ensured people who used the service understood the care and treatment choices available to them.

We spoke to the orthodontist and she told us patients were expected to sign an agreement at the start of the treatment course. We saw two examples of orthodontic expert opinion and treatment plans. These were detailed four page documents including technical information and a signed agreement section. The dentist explained she was happy for people to take the plan away and obtain a second opinion before commencing treatment. People who used the service were given appropriate information.

The practice was accessible to people using wheelchairs. We saw and heard people were treated in a friendly and respectful manner by all staff.

**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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Everyone we spoke with said they were happy with service provided at the clinic. One person said "I am very happy...will keep coming back". Another person recounted a recent incident which demonstrated their satisfaction with the service. They said they had been experiencing "tooth pain" and although did not have an appointment "I called into the practice when it was closing and the dentist was leaving but saw me and treated me". Everyone said they obtained appointments when needed. Treatment was delivered in a timely manner.

The practice had general dentists, an orthodontist and two dentists who carried out implant surgery. This meant patients were referred to colleagues in the practice, if appropriate. One of the dentists told us people with "difficult endodontics" were referred to another clinic. New patients were asked to complete a medical history questionnaire, which was updated at each visit. One person confirmed this and we saw evidence of medical history updates on a sample of the medical records. People's needs were assessed and care and treatment was planned and delivered in line with their individual treatment plan.

We saw records to indicate all staff had received update training in basic life support. The practice had emergency equipment available, including oxygen and emergency drugs. These were in date and regularly checked. There were arrangements in place to deal with foreseeable emergencies.

**People should be protected from abuse and staff should respect their human rights**

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### **Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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### **Reasons for our judgement**

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People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse.

The manager told us the practice had designated leads for children and vulnerable adults. These individuals had received specific training in these areas. We spoke with two staff who demonstrated a basic awareness of safeguarding issues; including how to identify and respond to suspected abuse. They said they would seek advice from the clinic's safeguarding leads. Staff said they had discussed safeguarding at the team meetings; we saw evidence of this in the 2012 clinic meeting log.

We spoke with one of the dentist's who said he treated a number of elderly patients, some of whom may have had early dementia. He told us he assessed the capacity of the person to give consent to treatment and he also relied on the carer, if appropriate. He said he referred to the community clinic if necessary, for example if the patient was very confused.

We reviewed the clinic's child safeguarding and vulnerable adult safeguarding policies. The provider may find it useful to note that these policies did not include relevant local contact details or make reference to up to date national guidance.

**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.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## Reasons for our judgement

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The people we spoke with were confident in the abilities of the staff. One person said "the staff are brilliant".

We spoke with one member of staff who had recently joined the service. They said they had a structured induction at the start of their employment. They told us they had "very supportive" colleagues. The manager said all the dental nurses including him were currently training or at near completion of their dental nurse course. The nurses had regular appraisals and supervision as part of their course. Core skills training was also undertaken as part of the course. This included basic life support, safeguarding and cross infection. The manager said additional training needs were identified. For example, all staff were due to attend an infection control course in February to support the practice in implementing Health Technical Memorandum 01-05 Decontamination in primary care dental practices. Staff received appropriate professional development.

The manager said the dentists were responsible for maintaining their continuing professional development as part of their registration. The dentists confirmed this. The service said they maintained records of the dentist's registration. However the records were not all up to date. The provider said they would address this immediately.

One of the assistant managers told us they were pleased to be starting a business development course in 2013. This need had been identified through discussion with the clinic manager. We discussed the appraisal system and we were told nurses had appraisals through their course. Administrative staff did not have regular formal appraisals. However, staff said they felt supported and raised issues with the manager. The manager said the staff appraisal system was due for review in 2013.

The clinic had a small number of staff. The manager said this enabled regular informal communication. Meetings were held to discuss specific training issues for example, consent and safeguarding. This was confirmed by the 2012 meeting log. Staff were supported to ensure they were aware of changes to clinic procedures.

## 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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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The manager told us the key indicator of patient satisfaction was through family and friends referrals. We were told new patients were asked how they heard about the service. The manager monitored this information monthly. He said a gift voucher was sent to the referrer as a 'thank you' after they had made three recommendations.

The practice carried out an annual patient survey; we saw the completed response forms for the 2012 survey. The manager said the results had been very positive, hence no further analysis had been undertaken. The manager said there was a feedback form on the clinic website. He told us the feedback was minimal and it was not very useful in monitoring the quality of the service. People who used the service, their representatives and staff were asked for their views about their care and treatment.

The practice had an incident log; however no incident had been recorded in 2012. The manager said the service received very few complaints. We reviewed the 2012 complaints log; there were two, both of which had been investigated and resolved. The provider took account of complaints and comments to improve the service.

The manager carried out practice risk assessments in 2012 to ensure risks were appropriately managed. We saw the infection control and decontamination plan; it included a number of actions to be undertaken, however no target date was identified. The manager said this was under review. The practice was a dental payment plan organisation (Denplan) member. It had carried out a Denplan audit in 2010. The results identified some recommendations. The manager said a re-audit would be carried out in 2013 to assess improvement.

We asked how the practice monitored the quality of the clinical service. One of the dentists said they conducted an X-ray audit to assess the quality of the X-rays but this was not recorded. The manager showed us evidence that the hygienist had carried out an audit of the records. However, we did not see an analysis or recommendations of the audit. The provider may find it useful to note that there was not a comprehensive assessment of the quality of record keeping in the service.

## 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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