

Review of compliance

Hainault Gentle Dental Limited Hainault Gentle Dental Limited	
Region:	London
Location address:	434 New North Road Hainault Ilford IG6 3EB
Type of service:	Dental service
Date of Publication:	October 2012
Overview of the service:	Hainault Gentle Dental Care provides a range of NHS and private dental treatment to the public. The practice is situated in Hainault, Ilford, Essex.

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Hainault Gentle Dental Limited was meeting all the essential standards of quality and safety inspected.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 28 August 2012, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

We spoke to two patients on the day of the inspection who told us that staff respected their privacy and dignity when they were having their treatment. Patients told us that they were able to ask questions about their treatment and they were provided with different options that helped them to make decisions about their treatment. One patient we spoke with said, "excellent set of dentists I have been seen by, they provide an excellent service."

What we found about the standards we reviewed and how well Hainault Gentle Dental Limited was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

The provider was meeting this standard.

Patients who used this service were treated with respect and were involved in their treatment. Their dignity and privacy was maintained.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

The provider was meeting this standard.

Patients experienced care, treatment and support which met their needs and protected

their rights.

Outcome 07: People should be protected from abuse and staff should respect their human rights

The provider was meeting this standard.

Patients who use the service were safeguarded from abuse by the working practices of the service.

Outcome 08: People should be cared for in a clean environment and protected from the risk of infection

The provider was meeting this standard.

Patients who use this service were protected from the risk of infection because appropriate procedures had been followed.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that 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.

A moderate impact means that 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.

A major impact means that 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.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

We spoke to two patients who told us the staff at the service respected their privacy and dignity when they were having their treatment. They told us that sufficient information was provided together with options and choices for treatments. They told us that explanations were clear and provided in a way that they could understand.

Other evidence

Patients who use the service understood the care and treatment choices available to them.

The practice manager informed us that patients were provided with different options about the treatments which were available. The dentists confirmed that these were discussed with patients during their examination and treatment plans and quotes for the treatment were provided to all the patients.

The price list for treatments and patient information were available in the waiting room. The service acknowledged the culture of patients from different ethnic backgrounds, for example by employing staff from different backgrounds who could communicate with them effectively. We observed staff speaking courteously to patients and providing information to assist them. We observed that patient confidentiality was respected, including computer screens hidden from patient view and patient records kept securely.

There was a comments box and patient questionnaires were available for patients in the waiting area.

Our judgement

The provider was meeting this standard.

Patients who used this service were treated with respect and were involved in their treatment. Their dignity and privacy was maintained.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

Patients who use the service told us that they were asked about their medical history when they first joined the service and they were asked for an update at each examination.

They told us that there was a good system for booking appointments and they were given a choice about appointment dates and times which suited them. We saw that they did not have to wait long after they arrived for their appointment.

Other evidence

Patients' needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at a sample of five dental records, which showed that a full medical history was taken as part of their initial consultation. Patients were asked if there were any changes to their medical history at each appointment.

Patients' needs were assessed. Their care and treatment was planned and delivered in line with their individual treatment plan. Details of treatment and screening procedures undertaken were included in the records reviewed and patients had signed to acknowledge their consent to the treatment.

Staff informed us that the service was able to provide treatment to patients whose first language was not English. The practice's information leaflet stated that their staff could speak Russian, German, Albanian, Spanish and Romanian. The facilities were located on the ground floor, ensuring that they were suitable for disabled patients.

The practice manager told us that there were slots for emergency appointments each

day. Staff had received training about basic life support and the service had an oxygen cylinder, a face mask for emergency use only and a first aid box. Records of monthly checks for this equipment were maintained.

Our judgement

The provider was meeting this standard.

Patients experienced care, treatment and support which met their needs and protected their rights.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

Patients told us that they felt safe when receiving treatment at the service. There were always at least two members of staff present during treatments.

Other evidence

Patients who used 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.

All staff had completed safeguarding training provided by the local primary care trust (PCT). Staff were aware of the safeguarding policy for children and adults. There was a safeguarding policy in place and details of safeguarding contacts and other information was available. This included the local safeguarding children and vulnerable adults teams. We were informed that the practice policy was to carry out Criminal Records Bureau (CRB) checks on all staff working at the practice.

A complaints procedure was available which was displayed at the surgery and complaints leaflets were available in the reception area.

Our judgement

The provider was meeting this standard.

Patients who use the service were safeguarded from abuse by the working practices of the service.

Outcome 08: Cleanliness and infection control

What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the Code of Practice for health and adult social care on the prevention and control of infections and related guidance.

What we found

Our judgement

The provider is compliant with Outcome 08: Cleanliness and infection control

Our findings

What people who use the service experienced and told us

Patients told us that they had always found the service to be clean.

Other evidence

There were effective systems in place to reduce the risk and spread of infection. There was a separate decontamination room. We were shown the decontamination process by a dental nurse who had lead responsibility for infection control at the practice. She told us about the cleaning and checks that they carried out each morning, between patients and at the end of the day. She was able to confirm that there were systems in place to ensure that surgeries were appropriately cleaned including cleaning between patients. Each treatment room had equipment in place for cleaning and sterilising dental instruments. The dental nurse working in each of the surgeries was responsible for this process and the cleaning of the surgery between patients. We were shown records which were completed daily to confirm that this had been done.

We were told that used instruments were transported from the surgeries to the decontamination room in covered plastic boxes. These instruments were washed by hand, using detergent and clean water and then checked with a magnifying glass for any signs of debris. They were then placed in an ultrasonic cleaner before being sterilised in an autoclave. The instruments were then placed in covered plastic boxes and taken to the surgery for use by the dentists.

Sealed pouched instruments in the surgery were stored in drawers. The pouches had the date of the day they were sterilised and the expiry date when they would need to be re-sterilised. We were informed that daily and weekly checks were carried out on the autoclave to ensure that it was working correctly. We saw schedules to evidence that

this was being done as informed. There was a weekly autoclave checklist which included checks carried out at the start and end of the day. We saw that test strips were kept for every cycle that had been undertaken in the autoclave.

The practice followed the guidance contained in : The Health Technical memorandum 01-05: Decontamination in primary dental care practices. The aim of the guidance is to reduce the risk of cross infection between patients and staff. Staff and dentists had attended infection control training in March 2012 and also kept up to date with other relevant vocational training regularly, some of which was provided in-house.

We saw that appropriate personal protective equipment was available and in use in all areas. We also saw that clinical waste and sharps were disposed of appropriately.

Our judgement

The provider was meeting this standard.

Patients who use this service were protected from the risk of infection because appropriate procedures had been followed.

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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Author	Care Quality Commission
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Care Quality Commission

Website	www.cqc.org.uk
Telephone	03000 616161
Email address	enquiries@cqc.org.uk
Postal address	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA