

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

## Dental Visage

Unit D, Port East Building, Hertsmere Road, West  
India Quay, London, E14 4AE

Tel: 02075311717

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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>Cleanliness and infection control</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Records</b>	✓ Met this standard

## Details about this location

Registered Provider	Sher Healthcare Limited
Overview of the service	Dental Visage is a wholly private practice located in a commercial shopping centre. It has one functioning surgery, and various storage rooms, a reception and waiting room, decontamination room, office and small kitchen area.
Type of service	Dental service
Regulated activities	Diagnostic and screening 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'.*

	Page
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
<b>Our judgements for each standard inspected:</b>	
Respecting and involving people who use services	5
Care and welfare of people who use services	6
Cleanliness and infection control	7
Supporting workers	8
Records	9
<b>About CQC Inspections</b>	<b>10</b>
<b>How we define our judgements</b>	<b>11</b>
<b>Glossary of terms we use in this report</b>	<b>13</b>
<b>Contact us</b>	<b>15</b>

## 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 looked at the personal care or treatment records of people who use the service, carried out a visit on 18 February 2013, observed how people were being cared for 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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Patients told us that the dental team were "very helpful, friendly and nice".

We found a young dental practice with a supportive, caring environment which places patient care centrally. The Provider has plans to make some further changes to the practice as it continues to grow.

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.

Patient's privacy, dignity and independence were respected.

Patient'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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Patient's understood the care and treatment choices available to them. We spoke with two patients by telephone. Both patients told us the staff were helpful and considerate. One patient had recently had treatment and was "very happy" with the care provided. They told us they had received "good oral hygiene advice such as how to brush my teeth and which toothpaste to use". The second patient explained it was "relatively easy" to make an appointment when they needed one and they received "very good verbal and written instructions" about the treatment options available. We were told the "dentist was very friendly" and that the practice was "very clean". Both patients indicated they always understood they were being treated privately and they were very happy with the care they received.

Patients were given appropriate information and choices about their treatment options. Consultations took place in the surgery with the door closed. We were told that patient confidentiality was an important part of patient care. Patient's diversity, values and human rights were respected.

Patient's expressed their views and were involved in making decisions about their care and treatment. The practice had a patient satisfaction survey constantly running and patients were encouraged to participate. The results were positive and were discussed by the team. We were told that as a result of patient feed back a different phone system was now in use.

**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.

Patients 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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Patient's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. There was an awareness of national guidance on risk assessing patients and providing care for patients.

All patients had a written confidential medical history which was completed at their first visit and then updated in the dental records at each visit. We were told how the dentist discussed their social and dental history in the surgery to ensure all their dental needs were met. Patients were given a detailed written treatment plan which was discussed with them in the surgery.

Patients were risk assessed using National Institute for Health and Clinical Excellence (NICE) criteria and recall intervals were discussed with patients in the surgery. The practice uses digital radiography and the audit results were recorded in the patient records. All the dental records were stored on a computer system which had different levels of access and was password protected. The computer system was backed up daily off site.

There were arrangements in place to deal with emergencies. All staff had received basic life support training and there was emergency equipment available. This included emergency medication and oxygen and we saw evidence that this was checked regularly. There was a log book for any adverse incidents or accidents, but there had been none recorded at the time of the inspection.

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

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**Our judgement**

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The provider was meeting this standard.

Patients were protected from the risk of infection because appropriate guidance had been followed.

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**Reasons for our judgement**

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

At the time of the inspection the clinic appeared to be clean and well maintained. There was an infection control policy in place and a dedicated infection control lead. A Legionella risk assessment had been done for the whole of the building and the provider had booked for a further test of the surgery. The surgery used purified water in its dental lines.

There were dedicated hand-washing facilities and sharps boxes were available. There were arrangements in place for the disposal of clinical waste. Patients we spoke with confirmed that they had observed staff using personal protective equipment.

There were daily cleaning and decontamination checklists in place, including what should be cleaned between patients. The dental nurse was responsible for cleaning the clinical areas and decontaminating instruments. The decontamination facilities were situated in a separate dedicated decontamination room within the practice. We saw a completed infection control audit. We were given a demonstration of the decontamination procedure which was consistent with those audit results.

**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.

Patients 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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Staff received appropriate professional development by the provider.

The nurse was qualified. Personal development plans, appraisals and evidence of continuing professional development for the staff was seen. We saw evidence that all those staff who should have been registered, were registered with the General Dental Council.

We saw evidence of radiation protection registration as well as training in child and vulnerable adult protection.

The staff confirmed that the practice was a supportive environment in which they were encouraged to develop themselves as part of a caring profession. We saw evidence of this via details of courses and training.

## Records

✓ Met this standard

**People's personal records, including medical records, should be accurate and kept safe and confidential**

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### Our judgement

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The provider was meeting this standard.

Patients were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

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### Reasons for our judgement

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Patient's personal records including medical records were accurate and fit for purpose.

We reviewed a number of randomly chosen dental records. There was extensive use of a computer system which ensured the patient information was easily available in the surgery. The dental records seen were of a satisfactory standard. Computer security systems were in place.

We saw evidence of record reviews which had been done and the practice was aware of the importance of the Data Protection Act 1998.

## 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

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### Essential standard

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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)

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### Regulated activity

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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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Phone: 03000 616161

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Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

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Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

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Website: [www.cqc.org.uk](http://www.cqc.org.uk)

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