

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

The Dental Surgery

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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 Stephen Fenny
Overview of the service	The Dental Practice is a private dental practice providing routine dentistry to adults and children.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

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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 announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 6 August 2013, talked with people who use the service and talked with staff. We reviewed information given to us by the provider.

We also reviewed recent survey satisfaction results from people who use the service.

What people told us and what we found

The provider carried out satisfaction surveys. All respondents expressed high levels of satisfaction with the care and treatment they received. They said they had been given sufficient advice and information about their condition and treatment.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. When people first attended the practice details were taken of their history, current health conditions and allergies.

People were treated in an environment that was clean and hygienic. All dental staff had undertaken training in infection control and understood their responsibility in reducing the risk and spread of infection.

Staff received appropriate professional development. All staff carried out training relevant to their practice.

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. The provider's website published information for example, on how they could be contacted, the treatments offered and the cost of fees for consultations and treatments. One person we spoke with who used the service and recent survey results demonstrated that people were satisfied with the information the practice provided to them. One person told us they were given information on the costs, risks and benefits of treatment upfront and instructions before and following treatment. They felt they had had enough time to discuss their issues during appointments.

People's diversity, values and human rights were respected. People who use the service were treated in private. People could bring a chaperone with them to an appointment if they wished and we were informed that people had done so in the past. Where English was not a person's first language they usually brought their own interpreter to appointments. Staff told us they could offer interpreter services if required.

The provider carried out satisfaction surveys in 2013. All 20 respondents expressed high levels of satisfaction with the practice. They said they had been given sufficient advice and information about their condition and treatment.

People who required wheelchair access could gain entry to the building with assistance from staff. However there was no ramp available. This has been identified as an action and the practice were looking into how they could improve the access for people with mobility difficulties.

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

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. When people first attended the practice details were taken of their history, current health conditions and allergies. The dentist would then discuss these details and what their specific issues were. A full examination would be carried out and an x-ray would be taken if required. We saw from treatment records that the dentist and dental hygienist recorded their findings and discussed options with people before agreeing a treatment plan. There were arrangements to refer people onto specialists. Follow-up appointments were arranged at the practice. There was a hygienist at the practice who would assess people's oral hygiene and would advise an appointment with the dentist if they felt the person had dental issues that required treatment.

We were informed that the practice could accommodate emergency appointments if required. They had arrangements to refer people on to another practice if they were not able to accommodate an emergency appointment.

From the provider's own satisfaction survey results people responded that staff were "friendly", "professional" and "it feels like seeing a friend." One person told us when speaking about one of the dentists "she is the best private dentist I've been to" and "she is the most careful".

There were arrangements in place for foreseeable medical emergencies. All staff had received training in medical emergencies in March 2013 and we saw certificates for this. There was a first aid kit, an emergency drug kit, anaphylaxis kit, and an oxygen cylinder available and these were all fully stocked and up to date. In the event of a medical emergency staff would call for an ambulance.

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

People were treated in an environment that was clean and hygienic. There was an infection control policy in place and staff were responsible for ensuring that all protocols were followed. All dental staff had undertaken training in infection control and understood their responsibility in reducing the risk and spread of infection. There was a cleaner who came in twice a week to clean the floors. The dental nurses were responsible for cleaning the clinical areas of the treatment rooms.

Staff maintained appropriate checks on the infection control processes. We were informed that infection control audits were carried out every six months. We saw an audit completed in May 2013. Where issues had been identified an action plan was drawn up to address the issues. For instance training had been identified for staff on the prevention and management of blood borne viruses.

There was a separate decontamination room with a clear flow from the dirty to clean areas. There were records for the servicing and maintenance of the decontamination equipment the practice used and checks on the quality of the water were being carried out using dip slides and the waterlines were flushed every morning and in between appointments. There were records to show that staff undertook daily and weekly tests to check that the equipment and instruments used were cleaning and sterilizing properly.

There were appropriate arrangements in place for the storage and disposal of clinical, non-clinical, amalgam and sharp item waste.

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

New dental nurses were required to follow an induction period and this was followed by a three month review of their progress. We were told by a dental nurse that they had shadowed an experienced dental nurse when they started working at the practice and had been introduced to the procedures used at the practice.

Staff received appropriate professional development. All staff carried out training relevant to their practice. We saw training certificates for both a dentist and dental nurse. This ensured they met their continual professional development (CPD) points in order to maintain their professional membership with the General Dental Council (GDC). Staff received informal appraisals however these were not documented. Their performance, training needs and any issues would be discussed.

We looked at staff meeting minutes from April 2013. Staff meetings were used an opportunity for management to discuss specific areas related to staff's clinical practice and the operational running of the practice. Staff told us they could informally discuss issues and raise questions they had with the dentist.

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 who use the service and others.

Reasons for our judgement

The provider had an effective system to regularly assess and monitor the quality of service that people receive. The provider carried out satisfaction surveys and respondents had rated the service with high levels of satisfaction. This demonstrated that the quality of the provider's service was monitored and that the views of people were sought to identify areas for improvement.

The complaint's policy was displayed in reception. We were informed that if a person had a query or wanted to raise a concern with the service they could first speak with the receptionist and they would look into this. If a complaint was more serious this would be passed on to the complaint's lead and investigated further. We saw the log that staff used to record complaints. The complaints were documented along with the outcome and whether this had been resolved to the person's satisfaction. One person we spoke with told us they would know how to raise a complaint if they needed to.

The provider had systems to identify, assess and manage risks to health, safety and the welfare of people using the service. The emergency drugs were checked weekly and there was a log to record any accidents or incidents. However there were none recorded to date.

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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