

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

Gentle Dental Care

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Date of Inspection: 26 September 2013

Date of Publication: October 2013

We inspected the following standards to check that action had been taken to meet them. This is what we found:

Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Mr Adam Jarvid
Overview of the service	This dental practice is provided by one dentist and a dental nurse five days a week in a suite of rooms in central Golders Green.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Gentle Dental Care had taken action to meet the following essential standards:

- Care and welfare of people who use services
- Cleanliness and infection control
- Assessing and monitoring the quality of service provision

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 26 September 2013, observed how people were being cared for and talked with staff. We reviewed information given to us by the provider.

What people told us and what we found

During our inspection on 6 August 2013 we found the dentist to be non-compliant and served a warning notice on 16 August 2013 with respect to infection control practices. At our follow-up inspection on 26 September 2013 we found that the dentist was compliant with the warning notice and people were protected from the risk of infection because appropriate guidance had been followed and action taken. People were cared for in a clean, hygienic environment.

For example, we found that most items of emergency medication and equipment recommended by the Resuscitation Council UK were in place. Policies and procedures were in place with regard to, for example, the decontamination of instruments and the cleaning of the practice. We observed that the decontamination process was compliant with requirements. The autoclave, which sterilized instruments, had been serviced and tests to provide the required validation certificate were booked.

Risk assessments had been undertaken and the dentist was firming up a plan to audit practices. The dentist had audited their decontamination processes using the tool recommended by the Department of Health's Health Technical Memorandum 01-05. This meant that people could be assured that the dentist was minimizing any risks they could face and continuously working to improve practices and the quality of service offered.

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

Care and welfare of people who use services

✓ Met this standard

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. During our inspection on 6 August 2013 we saw that treatment plans were in place and people's medical histories were recorded and kept up to date.

During our inspection on 6 August 2013 we found that the practice did not have any of the emergency equipment or medication recommended as a minimum by the Resuscitation Council UK. At our inspection on 26 September 2013 we saw that the dentist had a case of emergency medication and most of the required equipment, such as a self-inflating oxygen bag and mask. The dentist told us they had ordered an oxygen tank and we saw an email confirming this from the company concerned. This was due to arrive shortly. The dentist sent us evidence immediately following the inspection confirming they had purchased the remaining recommended items of emergency equipment and medication.

The dentist had not taken any additional training since our inspection on 6 August 2013. However, he told us that he had undertaken training in basic life support and although the dentist could not show us the certificates, he could describe what they would do. These findings indicate that, should a patient collapse in the surgery, the dentist would know what action to take.

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. People were cared for in a clean, hygienic environment.

Reasons for our judgement

Adequate systems to reduce the risk and spread of infection were in place. During our inspection on 6 August 2013 the dentist had said he was unaware of the Department of Health's Health Technical Memorandum 01-05 (HTM 01-05), with which dentists were required to be compliant by December 2010. At our inspection on 26 September 2013 we saw that the dentist had familiarised himself with this document, identified what was needed, and had taken appropriate action to meet HTM01-05 guidance.

During our inspection on 6 August 2013 we found there were no written policies or procedures and there was no evidence of the dentist's Hepatitis B immunisation status. At our inspection on 26 September 2013 we saw that policies and procedures were in place including, for example, on infection control and the decontamination of instruments. We also saw policies relating to the management and disposal of clinical waste and the cleaning of the practice.

During our inspection on 6 August 2013 we observed that the process followed by the dentist to decontaminate instruments was not compliant with the specifications of HTM01-05, including the hand washing technique used. At our inspection on 26 September 2013 we observed that the decontamination process was compliant. The dentist had also since produced a brief written plan, as required by HTM01-05, confirming his intent to consider the feasibility of moving the decontamination process to a separate room.

During our inspection on 6 August 2013 we found that the autoclave had not been serviced. At our inspection on 26 September 2013 we saw paperwork which showed that the autoclave had been serviced on 30 August 2013. We saw that a schedule of daily and weekly tests required had been produced and completed. The dentist provided evidence they had booked for a further test on the autoclave to be undertaken during the week commencing 30 September. This would provide the validation certificate required by HTM01-05. The tests and validation provided assurance that the autoclave was sterilizing instruments effectively.

During our inspection on 6 August 2013 we were not provided with evidence of a clinical waste disposal contract. We had observed that the room in which clinical waste was kept,

whilst awaiting collection, was open. At our inspection on 26 September 2013 we found that clinical waste was appropriately managed. We saw a clinical waste disposal contract and waste consignment notes dated after our 6 August 2013 inspection. We saw that the room in the practice where the clinical waste was kept was bolted.

These findings show that the dentist was compliant with the Department of Health's HTM 01-05 government directives and patients were protected as the risk of people acquiring a health care associated infection had been minimized.

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

During our inspection on 6 August 2013 there was no quality assurance process and no audits had been undertaken other than a 2011 audit of X-ray processes and a brief review of decontamination processes. Since this inspection the dentist had implemented a system to regularly assess and monitor the quality of services provided. Immediately following our inspection on 26 September 2013 the dentist sent a completed audit of their decontamination practices using the thorough IPS audit tool recommended by HTM01-05. The dentist had not yet issued patient satisfaction questionnaires but was intending to introduce these shortly. We were told that a plan was being developed to audit key practices, such as when to put on and remove gloves during the stages of the decontamination process. The dentist intended to use audits to note any changes in practice needed and to implement these.

During our inspection on 6 August 2013 we found that systems were not in place to identify hazards and protect staff and patients from them. At our inspection on 26 September 2013 we saw a brief risk assessment had been developed. Immediately following the inspection the dentist sent us an expanded version of this in which each potential hazard had been systematically assessed. Actions the dentist had taken to mitigate these risks were also recorded and we saw, for example, that chemicals were kept in a locked room.

These findings meant that people could be assured that the dentist was minimizing any risks they could face and continuously working to improve his practices and the quality of service offered.

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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