

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

## U Smile Dental Practice

156 Old Bedford Road, Luton, LU2 7HN

Tel: 01582415150

Date of Inspection: 04 July 2013

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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
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<b>Care and welfare of people who use services</b>	✓ Met this standard
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<b>Cleanliness and infection control</b>	✓ Met this standard
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<b>Complaints</b>	✓ Met this standard
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## Details about this location

Registered Provider	Dr. Kambiz Gilani
Overview of the service	U Smile Dental Practice provides a comprehensive service to private patients in the Luton area. It is staffed by a single dentist and two dental nurses.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

## Contents

*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
Complaints	8
<b>About CQC Inspections</b>	9
<b>How we define our judgements</b>	10
<b>Glossary of terms we use in this report</b>	12
<b>Contact us</b>	14

## 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 4 July 2013 and talked with staff.

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### What people told us and what we found

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When we visited U Smile Dental Practice on 4 July 2013, we were unable to speak with any people seeing the dentist as no patients were scheduled during the time of our inspection. However, we reviewed patient notes and looked at patient satisfaction questionnaires. These showed that people receiving private dental treatment were satisfied with the service. We saw from patient records that dentist explained people's options and provided information for them to make their own decisions on treatments.

The surgery had effective processes in place to ensure that treatment was delivered safely. All areas of the building were clean and tidy and there were infection control processes in place to ensure people were treated safely.

We observed information to notify people how they could raise any shortfall or complaints with the provider, if it were necessary. We also saw recent patient feedback forms showing high levels of satisfaction.

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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When we visited U Smile Dental Practice on 4 July 2013, we were unable to speak with people receiving treatment as there were no patients due to be seen at the surgery that afternoon. We reviewed patient records to determine how people had been given information to help them make decisions on possible treatment options. We saw that people expressed their views and were involved in making decisions about their care and treatment.

We looked at seven patient records and saw from these that the surgery recorded discussions with people. Records noted what the individual wanted to achieve from treatment, the possible options and the associated costs. They also included discussions on advantages and disadvantages of the options and general dental health advice to assist people in making their decisions. People were asked to agree to a course of private treatment and this was recorded.

We noted that the practice was located on the ground floor of the building, with a ramp to the main doorway and a fully accessible toilet. This meant that people of limited mobility could easily access the facilities of the practice.

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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We reviewed peoples treatment records and noted that people's needs were assessed and care and treatment was planned and delivered in line with their individual treatment plan.

The six patient records we reviewed showed the dentist discussed treatment options with people, including associated costs. They also included details of any dental or general health advice provided to people. We noted that all patients were asked to complete a medical history, and these were regularly updated.

An emergency treatment kit was easily available and we saw that oxygen was available for emergency use. The service had developed appropriate systems and processes to check regularly the effectiveness of all the equipment used in the case of an emergency, and monitor the emergency drug kit for expiry dates.

There was a designated first aid person at the surgery. This meant that there were arrangements in place to deal with foreseeable emergencies.

**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.

People were cared for in a clean, hygienic environment. People 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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When we visited this surgery on 04 July 2013, we saw that all areas, including clinical, non-clinical and waiting areas, were clean and tidy. We noted that protective eye shields and bibs were used in the treatment area.

The single surgery had clearly marked clean and dirty areas. There was a separate, well equipped, decontamination room, with well segregated clean and dirty areas. The dental nurse described to us the cleaning and sterilisation processes and showed us records evidencing the procedures used. This meant that there were effective systems in place to reduce the risk and spread of infection.

All furniture in the treatment room was cleaned appropriately between patients and at the end of the working day. A rubber computer keyboard was in use, which was cleaned appropriately throughout the day.

There was a good supply of dental equipment. We saw that sterilised instruments were correctly bagged, labelled and stored ready for use. We also noted a supply of personal protective equipment (PPE) such as gloves and aprons. There were effective systems in place to reduce the risk and spread of infection

We saw records that confirmed that staff had received infection control training. Waste materials were disposed of correctly, to prevent contamination. We saw evidence of regular decontamination audits.

## Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

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### Our judgement

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The provider was meeting this standard.

There was an effective complaints system available and comments and complaints people made were responded to appropriately.

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### Reasons for our judgement

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When we visited U Smile Dental Practice, we noted that a comprehensive complaints and grievance policy was in place. There was information in the waiting room on how people could make complaints to the surgery and how they would be dealt with. At the time of our visit, there was no suggestions box available in the waiting room, should anyone want to make a less formal comment or suggestion. However, the provider notified us immediately after our visit, that one had been provided.

No formal complaints had been received by the surgery since registration by the Care Quality Commission. In addition, we saw a number of patient feedback forms, most of which had very positive comments. The provider told us he regularly looks at the feedback forms and discusses them with the other staff.

## 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.

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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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