

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

## Highbury Dental Practice

3 Hamilton Park, Islington, London, N5 1SH

Tel: 02072263848

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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
<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>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Dr Mehrshad Otifeh
Overview of the service	Highbury Dental Practice provides a range of NHS and private primary dentistry services.
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'.*

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## 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 3 July 2013, talked with people who use the service and talked with staff.

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### What people told us and what we found

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People who use the service told us that "I have been coming here for years and am very happy with the service", "I can usually get a quick appointment at a time that suits me", "the staff are really friendly and helpful" and "my treatment is always clearly explained to me".

We found that people's privacy, dignity and independence were respected, and that they experienced treatment that met their needs and protected their rights.

People were cared for by staff who were supported to deliver treatment safely and to an appropriate standard and received treatment in a clean, hygienic environment.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

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 privacy, dignity and independence were respected.

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### Reasons for our judgement

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We found that people who use the service understood the care and treatment choices available to them. Patients we spoke with told us that their treatment options and the costs had been clearly explained to them. They also told us that staff took the time to answer their questions, and that they were given realistic expectations about the treatment they were receiving.

Patients told us that they felt their privacy and dignity were promoted during their treatment. The practice had an open plan reception area. We were told that all treatments and consultations along with discussions regarding treatment were conducted in private in the treatment room.

We spoke with staff who told us that after each examination the treatment options were discussed with the patient, along with the costs. A treatment plan with costing was produced for the patient. We looked at a number of patient records and found copies of completed treatment plans on each.

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 treatment that met their needs and protected their rights.

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### Reasons for our judgement

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We found that people's needs were assessed and treatment was planned and delivered in line with their individual care plan. Patients we spoke with told us that staff were polite and helpful. They also commented that they had been able to book an appointment at a time that suited them and were seen promptly when they arrived at the practice.

Patients also told us that they felt they were given sufficient information about their treatment and its costs. We looked at a number of patient records. We found that appropriate personal details and an initial assessment were recorded in each patient's notes. The assessment included past dental and medical history. Details of a comprehensive dental examination were also recorded in the notes.

The records we looked at indicated that the diagnosis and treatment plan were discussed with the patient, and their consent obtained. We also found that patient records showed that practice staff gave appropriate follow up advice to patients after their treatment.

**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 received treatment in a clean, hygienic environment.

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**Reasons for our judgement**

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We found that there were effective systems in place to reduce the risk and spread of infection. Patients we spoke with told us that they had found the environment clean, hygienic and well maintained.

During our visit we toured the premises. We found these to be clean and well maintained. During our visit we spoke with staff. They told us that disposable gloves and aprons were provided and that appropriate face and eye protection was also available. Staff we spoke with told us that their uniforms were regularly cleaned and not worn outside of the practice.

We were told that a private contractor regularly collected clinical waste and sharps. We saw that appropriate disposal arrangements for sharps and clinical waste were in place in the treatment room. We also observed that appropriate hand washing facilities were available in the treatment room, and that these were separate from sinks used for cleaning instruments.

The staff we spoke with were able to describe the steps taken to set up the treatment room at the start and end of each day and the steps taken to clean the treatment room between each patient. Staff were also able to describe the pathway taken by used instruments to clean and sterilise them before they were returned to the treatment room. The treatment room and decontamination room had clearly designated "dirty" and "clean" zones.

We were told that the treatment room has a receptacle for storing used instruments. Staff described how used instruments were initially cleaned in the sink area and then placed in a storage box. Used instruments were then transported to the decontamination room for cleaning. The practice used an autoclave to sterilise re-usable instruments.

Staff also told us how after decontamination instruments were visually checked for cleanliness and then packaged and date labelled before being returned to the treatment room for use. We were satisfied that there was a clear procedure in place that ensured clean and dirty instruments were kept separately and did not contaminate each other.

We looked at a range of records relating to the cleaning and decontamination of instruments. These showed that the autoclave and other equipment used in the cleaning of

instruments was regularly serviced and maintained and daily checks were carried out by staff to ensure they were properly working.

**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.

People were cared for by staff who were supported to deliver treatment safely and to an appropriate standard.

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## **Reasons for our judgement**

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We found that staff received appropriate professional development. Patients we spoke with told us that in their view staff seemed to have the right skills and experience for their roles.

We spoke with staff and looked at the practice's recruitment and training records. We found that staff had received recent training in core areas such as basic life support and infection control. We also found evidence of staff's continuous professional development.

A current Criminal Records Bureau check had been obtained for dental staff, along with appropriate checks related to their professional registration.

## 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

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

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### Reasons for our judgement

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We found that people who use the service were asked for their views about their treatment and that these were acted upon. A patient comment and suggestion box was available in the reception area. We were advised that no complaints had been received by the practice.

The provider had carried out a recent infection control audit, and legionella water testing had been carried out. The practice had a medical emergency kit on site, we saw that this was regularly checked by 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

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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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