

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

Clive Zane Limited

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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	Clive Zane Limited
Registered Manager	Mr. Clive Zane
Overview of the service	Mr Clive Zane provides general dental services to adults and children on a private fee paying basis. Other dental professionals operate from the same address and share the waiting room and reception areas.
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

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 5 August 2013, observed how people were being cared for and talked with staff.

What people told us and what we found

We were unable to speak to people using the service and have used their written feedback to support our findings. People did not make specific comments but rated the service highly.

People received sufficient information about the services provided and their individual treatment options to enable them to make a decision about treatment. A detailed medical history was taken for each person and discussed during their appointment. There were suitable arrangements in case of a medical emergency and staff had received life support training.

There were effective systems in place to reduce the risk of infection. Staff were able to describe the decontamination process to us and provided evidence to show that checks were carried out on all aspects of infection control and prevention.

Staff received suitable training and were registered with their professional bodies. There were systems in place to monitor the quality of the service.

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 privacy, and dignity were respected and their 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 understood the care and treatment choices available to them. The provider had a comprehensive website to inform people of the treatments, staff, fees, facilities and contact details of the surgery. We saw new patient's were sent a welcome letter with the contact details of the dentist and completed a registration form and medical history at their first appointment.

People who use the service were given appropriate information and support regarding their care or treatment. The dentist told us he explained his examination findings using x-rays to demonstrate if taken and discussed treatments and fees with people. He also told us he would make referrals to other dental professionals for treatments and procedures he did not provide.

People's privacy and dignity were maintained at all times. Consultations and treatments were conducted in private in the surgery with a dental nurse in attendance. The waiting room was situated away from the reception so people's conversations could not be overheard.

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

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. People completed a medical history questionnaire on registering with the service and the dentist confirmed their health status was checked at each visit for any changes. Alerts, for example allergies or adverse health issues were noted on the person's dental record. The dentist confirmed he undertook periodontal examinations and oral cancer screening to assess people's gum and oral health status. X-rays were carried out only as necessary.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People were not always provided with a treatment plan for routine dental examination and treatment. The dentist told us treatment plans were provided if a person requested one or when more complex treatment was proposed and this included an explanation of the associated costs. People were provided with the dentist's telephone number and were able to contact the dentist directly out of hours.

There were arrangements in place to deal with foreseeable emergencies. The dentist explained he maintained a 'virtual office' online and would be able to contact people if the service wasn't able to operate as normal. There were emergency policies and procedures available to assist staff in dealing with situations. We saw there was a first aid kit, emergency drugs and oxygen were available in the event of a medical or dental emergency. There were records of the weekly checks made to ensure the emergency equipment and drugs were in date. We saw evidence, in the form of attendance certificates, to show the dentist and dental nurse had attended update training in basic life support and medical emergencies.

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

There were effective systems in place to reduce the risk and spread of infection. We saw an infection control policy and procedures that showed evidence of review within the last twelve months. The surgery was visibly clean and adequately maintained. People in their feedback said they were happy with the standard of cleanliness.

The surgery was designated into clean and dirty areas to prevent cross contamination. There was a designated hand wash basin with soap and disposable towels available. Decontamination of reusable instruments was carried out in the surgery. We saw clinical waste was kept in a foot operated covered bin and sharps containers were dated and signed on assembly. The dentist confirmed the landlord was responsible for the collection and disposal of clinical waste and we saw consignment records and the contract to provide the service from a recognised waste contractor. A waste audit had been carried out in June 2013 and no issues had been identified.

There was a protocol for the dental nurse to follow to prepare the surgery at the start and end of each day and between patients that included the cleaning of the clinical area. The provider told us the landlord provided the general cleaning services to the communal areas of the location. There was evidence of environmental audits to monitor the standard of cleaning. The dental nurse maintained a weekly audit and review of the standards of cleaning.

The dental nurse showed us how reusable instruments were cleaned and sterilized after use. Personal protective equipment such as heavy duty gloves and eye protection were available. There was a sink and bowl for cleaning and rinsing instruments prior to cleaning in an ultrasonic washer. The nurse told us the instruments were dried and then inspected under a magnified lamp before being sterilized in the autoclave. Instruments were all sealed into packages and dated with the date of processing. An audit of the decontamination process had been carried out in March 2013 and we saw action had been taken to address identified shortfalls. We looked at the maintenance and periodic testing results of the decontamination equipment to show it was operating effectively.

We saw the landlord had undertaken water safety testing and there was evidence of annual Legionella testing in January 2013. Microbiology reports showed the water supply

was free from bacteria in March 2013. The dentist told us the dental water lines used purified water with a sterilizing agent and the lines were purged as part of the daily process.

There was evidence the dentist and dental nurse had attended infection control training in June 2013. Records were kept to ensure staff were protected against the risks of blood borne viruses.

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

Staff received appropriate professional development. There were processes in place to induct new staff when needed. There had been no new staff employed in the previous 12 months. Records were available to show staff attended continuous professional development (CPD) in sufficient amounts to maintain their registration with the professional body. Annual certificates of registration were available to show staff were active on the General Dental Council (GDC) register.

Staff were able, from time to time, to obtain further relevant qualifications. The dental nurse told us she was being supported to complete further education to become a dental hygienist.

There were policies and procedures available to support staff in carrying out their duties. We were told issues were discussed informally between the two practitioners. If concerns could not be raised directly with the dentist, the nurse could approach one of the other dental practitioners operating at the same address.

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

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. The provider carried out a rolling satisfaction survey. The returns were collated and we saw the results of the May 2013 analysis. The majority of people rated the service as above average/excellent which were the two highest options available on the form.

Decisions about care and treatment were made by the appropriate staff at the appropriate level. All decisions about treatment were made by the dentist in agreement with the person. The dentist told us he referred people to other dental professionals for treatments and care he didn't provide.

The provider took account of complaints and comments to improve the service. We saw the dentist received thank you letters and cards from people who had received treatment in the service. There were no complaints logged for the service in the previous 12 months.

We saw there was a rolling programme to review policies and procedures to ensure they were up to date and followed the most recent professional guidance. The provider had employed the services of a Radiation Protection Advisor to ensure x-rays were carried out safely and effectively. We saw local rules were available and the results of the RPA's last assessment. The dentist carried out an annual review of the quality of x-rays to evaluate his practice.

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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