

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

The Red House Dental Practice

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Dr Seema Dewa
Overview of the service	The Red House Dental Practice is a service offering a range of dental care and treatment services for both NHS and private patients.
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
Summary of this inspection:	
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
Our judgements for each standard inspected:	
Consent to care and treatment	6
Care and welfare of people who use services	7
Safety and suitability of premises	8
Requirements relating to workers	9
Assessing and monitoring the quality of service provision	10
About CQC Inspections	11
How we define our judgements	12
Glossary of terms we use in this report	14
Contact us	16

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 27 January 2014, talked with people who use the service and talked with staff.

What people told us and what we found

The service was on the ground floor of a shared, listed building with walking access only. There were two surgeries, a reception area, a waiting room, a decontamination room, a toilet and a storage room in the basement. All areas were visibly clean and well equipped. One treatment room was not being used as it was about to be refurbished. The practice carried out a wide range of NHS and private treatments. On the day of our inspection there were two dentists, and two nurses working at the practice. We spoke with three people that used the service. One person told us "I like it here and I feel comfortable. I would recommend the practice". Another told us "They are very good and they tell you what is going on". A third person told us "They give me different options and the place is clean".

We found that before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes as evidenced in the patient records we looked at. We found that care and treatment was planned and delivered in a way that ensured people's safety and welfare and the premises was appropriate and safe, and that the required safety procedures were in place. The service had robust procedures in place for staff recruitment and support and the provider had an effective quality assurance system in place so that people's feedback on the service was listened to and acted upon.

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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

We found that before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Information about treatment options and the costs were on display in the waiting room, and the practice guide leaflet gave details about treatment options, and patient confidentiality protocols. The dentist told us about the process of describing treatment options that were available including visual aids that were used to support the information given to people. People were provided with a written treatment plan with costs to help them make an informed decision. We viewed records of three people who used the service and found they had signed their treatment plan and consent form during their visit. This demonstrated that people were asked to consent to care and treatment. We also saw that the provider had in place a detailed policy that gave clear direction to staff about people's consent to treatment and it also made provision for considering people's mental capacity to make informed choices when it would be required. We saw template forms for recording people's consent and treatment plans were also available for staff to use when supporting people with their treatment options.

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

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. People told us that the treatment options available to them were clearly discussed prior to any care and treatment being given and that they were kept informed throughout their treatment plan. We saw that dental records contained clear information relating to people's medical history, their known allergies, ongoing assessments, consent and treatment plans. At each appointment people were asked to confirm and update their medical history and we saw this was recorded appropriately. The records that we reviewed showed that people had been given advice about their diet, oral hygiene and aftercare following treatment. People had signed their treatment plans and we saw that different options had been appropriately discussed when required. We also saw that the service had clear records about any laboratory work that was required for people.

There were arrangements in place to deal with foreseeable emergencies. We saw that staff had protocols to follow to deal with emergency situations. There was an emergency drugs box and emergency equipment available. All staff had received annual training in cardiopulmonary resuscitation (CPR). Medicines within the kit were logged and the expiry date noted. The service had a first aid box and its contents were within their use by dates.

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

We found that people who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises. The premises was fit for purpose and well maintained and the provider had effective systems in place to monitor that the environment and equipment was safe for use. The two main surgeries were fitted out to provide zoned areas for practitioner's work and to facilitate effective decontamination procedures. There was a well laid out decontamination room with clear zoned areas for 'dirty' and 'clean' areas. A log was kept that showed the date equipment was cleaned and sterilised. Decontamination and infection control policies were on display so staff had clear directions to follow. The premises had appropriate fire safety equipment and the provider had effective systems in place to check the equipment was well maintained. There were clear systems in place for managing the segregation and disposal of clinical waste. We found that the service had policies in place regarding the safety and suitability of the environment and that records of checks and audits had been maintained. The waiting room, reception room and toilet were all visibly clean and well maintained. Appropriate equipment was in place for effective infection control precautions to be followed by staff. As the premises was a leased and listed building, it had not been possible to adapt access to fully meet the needs of disabled people, but the service had an appropriate referral system to another local practice in place. The entrance had effective security protocols in place. The basement area was being treated for a long standing rising damp problem and the provider had taken appropriate steps to ensure this was being addressed with the landlord of the premises. This issue did not impact on the treatment rooms in use. We found that part of the work surface in the decontamination room and a small part of the floor in a surgery was not sealed but the service took immediate action to address this to ensure all areas had appropriate work surfaces and flooring to ensure effective cleaning could take place.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

There were effective recruitment and selection processes in place. The service had three dentists, four nurses and one receptionist. We looked at the records for three staff and found that there was evidence of professional qualifications and indemnity policies, two written references and criminal record bureaux (CRB) checks in place. We saw that the service had clear recruitment and vetting policies in place.

All dental treatment was provided by a qualified dentist registered with the General Dental Council (GDC), the professional regulator of dental practitioners. The nurses who assisted the dentist were also registered with the GDC. We saw evidence of staff's registration on the GDC register was maintained and that practitioners were registered and suitably qualified to carry out the work. We saw that staff had had training in cardiopulmonary resuscitation (CPR), medical emergencies and safeguarding adults and children in the past year.

Records we looked at showed that professional staff undertook an ongoing mandatory training programme including the completion of the required continuous professional development (CPD) to maintain their registration with the GDC. Staff we spoke with also told us about how they had been supported with their training and development needs by the service, that there were regular practice meetings and that they had had an annual appraisal.

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 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 used the service were asked for their views and feedback about the service and their comments were acted on. The provider took account of complaints and comments to improve the service. A comments/feedback card and comments box were available in the reception. A complaints book was kept and showed details of how concerns had been addressed. Accidents and adverse incidents were logged, investigated and acted upon. Regular audits of medicines had been undertaken and the service had a robust system in place to identify when medicines were about to expire. The service had carried out audits of records to ensure that medical histories were up to date and treatment plans were available. The service had in place detailed policies and procedures in place, which had been reviewed regularly, so that staff had clear direction on the regulations in the Health and Social Care Act 2008 to keep people safe. Equipment maintenance logs were kept which recorded when equipment had been checked and serviced as appropriate. The provider had detailed risk assessments in place including fire safety, infection control, first aid, and control of substances hazardous to health (COSHH), in order to minimise the risk of injury to people using the service and staff. The provider may wish to note that any cleaning materials used and stored on the premises should have safety data sheets available for staff to follow in case of an emergency.

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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