

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

## St John's Dental Practice

56 Western Road, Romford, RM1 3LP

Tel: 01708749611

Date of Inspection: 10 June 2013

Date of Publication: July 2013

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>Complaints</b>	✓ Met this standard

## Details about this location

Registered Provider	St John's Dental Practice Limited
Registered Manager	Dr. Henry Leung
Overview of the service	This service provides dental services to children and adults on an N.H.S. and private basis.
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 10 June 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

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### What people told us and what we found

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People told us that they were treated with dignity and respect by staff at the service. One person said "we've driven fifty miles to get here today, it's a benchmark for dental services." People told us that treatment options were explained to them and that they were able to have confidential discussions in private.

We found that treatment plans were in place which included details of any fees payable. These were signed to indicate people gave consent to treatment. The service took details of the medical histories of people before providing treatment to them.

People told us that they found the environment to be clean, and that staff wore protective clothing. One person said "it's spotless here." We found that the service was visibly clean, and procedures were in place for decontaminating and sterilising dental equipment.

We found that staff had regular training, including dealing with medical emergencies and infection control. People told us they knew how to make complaints, and we found that there was a complaints procedure in place.

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

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

People expressed their views and were involved in making decisions about their care and treatment. They told us that the dentist explained treatment options to them. One person said "they (staff) always explain the choices available, I'm always pleased." People also told us that any fees they had to pay were clearly explained. All five sets of patients' records we looked at included treatment plans and details of fees payable. They had all been signed by the patient indicating consent to their treatment.

People said that staff treated them with respect. One person said "they are perfect, that's all I can say." Staff told us that any discussions about treatments were held in the privacy of treatment rooms. This promoted people's privacy and dignity. We observed that staff spoke with people in a friendly and polite manner, and we did not hear any private discussions taking place in public areas.

Staff told us that between the dentists and dental nurses working at the service, they spoke seven different languages. They also told us that if needed arrangements could be made for an interpreter to be present. This meant people were able to understand their treatment.

The service had recently run a patient satisfaction survey and some people had requested music in the waiting area. As a result of this feedback the service introduced piped music to the upstairs waiting room. This showed the service was responsive to the needs of patients.

**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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People's needs were assessed and care and treatment was planned and delivered according to their individual treatment plan. People told us they were happy with the care and treatment they received. They told us that at each appointment they were given the date of their next appointment, and of any on-going dental needs. People told us that both planned and emergency appointments were catered for. One person said "they are always very accommodating, very flexible about appointments here."

We found that treatment plans were in place for all five of the people we randomly selected. These included a section on people's medical history, for example if they had any allergies. Staff told us that they were expected to check to see if there had been any changes regarding this at each appointment. Records showed this had been done for all five patients.

The service had a supply of oxygen and medications for use in emergencies. These were stored in a locked cupboard in the x-ray room. We checked the medication and oxygen and found them to be in date. Dental staff carried out a weekly audit of medication to check that the right medication was in stock and in date. We saw records of these audits. This meant that the service had taken steps to deal with medical 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 protected from the risk of infection because appropriate guidance had been followed.

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**Reasons for our judgement**

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There were effective systems in place to reduce the risk and spread of infection. People told us that they found the practice to be clean. One person said "it's spotless here." People also told us that when receiving treatment dental staff wore protective clothing including face masks and latex gloves.

We examined the treatment areas, and found them to be visibly clean, as were other areas of the service. There was a procedure in place which clearly set out staff responsibility for cleaning the different areas and equipment. Records showed that cleaning had been carried out according to the cleaning schedules. Staff were aware of and followed the Department of Health guidance (HTM01-05) on cleanliness and infection control for dental practices.

A dental nurse showed us the procedure for disinfection and decontamination of dental equipment. Used instruments were transferred from each of the six treatment rooms to a separate decontamination room. Instruments were placed into a washer/disinfector, inspected under an illuminated magnifying glass for any remaining debris and then disinfected in an autoclave (a machine used for the sterilising of equipment in dental care). After drying, items were sealed in pouches to ensure they remained sterile. These pouches were stamped with the date they needed to be used by. We checked several sterilised items in all six of the treatment rooms and all were found to be within one year of sterilisation. This meant that the service used items that had been properly sterilised and safe for use.

**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 care and treatment safely and to an appropriate standard.

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## **Reasons for our judgement**

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People we spoke with voiced positive opinions about the staff. One person commented about the staff "they are fantastic, absolutely fantastic." We spoke with dental staff who demonstrated a good understanding of their roles and responsibilities. They were aware of infection control procedures and of how to raise concerns through whistleblowing.

Staff received appropriate professional development. All of the three staff files we looked at showed evidence that staff undertook training which contributed towards their Continuing Professional Development. This included training on infection control and dealing with medical emergencies. We were told that all staff at the service had undertaken training on cardiopulmonary resuscitation and records confirmed this information.

Dental nurses undertook a planned induction when they began working at the service which included local authority contact information about safeguarding vulnerable adults and children. This meant that staff were sufficiently trained and skilled to support people, and promote their health, safety and wellbeing.

## 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.

Comments and complaints people made were responded to appropriately.

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### Reasons for our judgement

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People were made aware of the complaints system which was provided in a format that met their needs. People's complaints were fully investigated and resolved, where possible, to their satisfaction. We spoke to four patients who felt that they could raise issues with staff at the surgery and that they would be listened to.

The provider's complaints procedure was clearly displayed on the wall in the waiting room. Copies of the complaints procedure were available on request. The practice manager led on complaints initially with unresolved complaints being referred to the dentist concerned.

We looked at two general complaints. Both had been acknowledged within the two day time limit set out in the provider's complaints procedure. They had been fully investigated with a written response sent to the complainant within the set time limit of 20 days.

## 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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Phone: 03000 616161

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Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

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Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

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Website: [www.cqc.org.uk](http://www.cqc.org.uk)

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