

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

Waterside Dental Health

1 Raleigh House, Admirals Way, London, E14 9SN

Tel: 08443756000

Date of Inspection: 14 February 2013

Date of Publication: May 2013

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
Records	✓ Met this standard

Details about this location

Registered Provider	Dr Laleh Sharifian
Overview of the service	Waterside Dental Health provides private dental treatment which includes the full range of cosmetic care. The practice is contracted by the NHS to undertake specialist care on referral. The practice is staffed by a number of dentists and specialists supported by qualified staff.
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:	
Respecting and involving people who use services	5
Care and welfare of people who use services	6
Cleanliness and infection control	7
Supporting workers	8
Records	9
About CQC Inspections	10
How we define our judgements	11
Glossary of terms we use in this report	13
Contact us	15

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 14 February 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

The practice was modern, clean and well equipped with the latest technologies situated on the Quay side in Docklands.

Patients told us they were happy with the service provided. They felt they were given enough information about their treatment options as well as the fee scales. We were told they had no hesitation in asking questions in relation to their treatment or cost.

Patients told us they found staff to be friendly and accommodating. They were happy to report they were treated with respect and dignity as well as maintaining privacy. Consultations took place within private surgeries where privacy and confidentiality were ensured.

Patients were able to make comments about their experience via feedback cards on display in the waiting room. They were also encouraged to make suggestions for the better running of the practice.

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.

Patient's privacy, dignity and independence were respected. Patient's 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

Patients understood the care and treatment choices available to them. We spoke to two dentists who told us that new patients were routinely assessed and treatment options and costs were provided to patients. Patients signed consent forms and completed medical history forms. Price guides and posters for private treatments were displayed in the waiting area along with an interactive computer information system for patients use. All consultations took place in a surgery area which ensured patient privacy.

Patient's views and experiences were taken, about the service provided and delivered with respect to their care. Feedback questionnaires were available for people to complete, and we saw a selection of completed forms. The provider had analysed the information and we saw a feedback graph detailing all areas of patient satisfaction, as well as how the results were acted upon. We saw that audits on feedback had been undertaken and the results discussed at practice meetings. The premises were located on the ground floor and were wheel chair accessible.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Patient's experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

Patient's needs were assessed and treatment was delivered in line with their needs. A dentist took us through the 'patient journey' on the computer system used by the service. We looked at six patient records on screen and observed several examples of how a treatment plan was made which included all advisable treatment and the relevant cost. Private charges were clearly identified. The dentist showed us how, by the use of animations on a screen next to the dental chair and by the use of a close up camera, he was able to show patients varying types of treatment and their advantages and disadvantages. One patient was observed signing their treatment plan and consent form at the reception desk.

Patients were treated with dignity and respect, we observed a receptionist providing information about appointments. The information given was concise and accurate and the patient offered an appointment at their convenience.

We reviewed six patient records on computer. All had an up to date medical history, and signed cost estimate forms, which were held electronically. The medical history forms were updated at every consultation. The computer system was able to flag up those patients with medical alerts as soon as their records were accessed. We also observed that regular scoring of gum problems was recorded as well as a risk assessment on both dental decay and gum disease.

There were arrangements in place to deal with foreseeable emergencies. We saw an emergency drugs kit and oxygen cylinder with a portable suction unit. All were observed to be in good order and the drugs were all in date. These were checked at regular intervals and we saw records of those checks. We were shown evidence that staff had undergone medical emergency training.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

Patients 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.

The head nurse showed us around the decontamination area which was a separate self contained room. We observed relevant signage for clean and dirty areas as well as a coded method for the separation of dirty and clean instruments.

We were shown the process of decontamination and saw autoclave test results as well as up to date maintenance and certification on the equipment. We saw evidence of a recent Legionella survey that had been carried out. We observed staff wore protective equipment appropriate to the job they were performing. Dental water lines were regularly flushed out and dental water lines were regularly tested for the presence of bacteria.

We noted the practice underwent an audit by the NHS commissioners in order to bid for the Specialist contract, and that the audit, including the management of infection control, returned a result of 100% compliance.

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.

Patients 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. We spoke to the head nurse who told us that she had been with the practice for many years and was registered with the General Dental Council. She confirmed the provider was active in supporting the staff in their professional development. We were shown evidence of courses attended and induction policies. We also spoke to the nurse who confirmed that all staff were provided with a staff handbook and policies once they start their induction.

There was a whistle-blowing policy in place. The senior nurse demonstrated a good understanding of her responsibilities and was aware of who to report to both inside and outside the practice. Practice meetings were held on a regular basis with agendas and minutes. Staff were encouraged to air their views and were also given opportunities to share their knowledge with the team at the meetings.

Records

✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

Patient's personal records including medical records were accurate and fit for purpose. Records were kept securely and could be located promptly when needed. Patient's paper records were scanned and once transferred onto the computer they were shredded securely. There was a practice management computer system in place in all the surgeries with a monitor and keyboard at the reception area. The monitor was not visible to anyone in the waiting room and the reception area was enclosed.

The software system had safeguards and passwords to protect patient confidentiality, as well as automatic backups to an offsite secure storage.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

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

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
