

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

## The Ware Centre of Dental Excellence

23-24 Tudor Square, West Street, Ware, SG12  
9XF

Date of Inspection: 16 January 2014

Date of Publication: February  
2014

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

<b>Consent to care and treatment</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	Hill Smile Academy Ltd
Registered Manager	Mrs. Deborah Stokes
Overview of the service	Ware Centre of Dental Excellence provides private treatment to adults and children.
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 16 January 2014, checked how people were cared for at each stage of their treatment and care 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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When we inspected the Ware Centre of Dental Excellence on 16 January 2014 we found that people were provided with information about their treatment and they were asked for their consent. One person said, "I was given sufficient information about what my options were and how much it would cost. Then I got lots of paperwork to read and signed to say I understood and agreed to go ahead."

People's needs were assessed and treatment was planned and delivered in line with those individual needs. One person told us, "They did an x-ray, assessed my gums and discussed my medication. Very thorough."

Emergency oxygen, medicines and an automatic external defibrillator were available for use in an emergency.

People's perception of the practice was of a safe, clean and hygienic environment. One person told us, "It is absolutely spotless, and they all wear protective goggles, masks and gloves."

The instrument decontamination and packaging cycle was in accordance with 'best practice' as described in the Department of Health guidance on decontamination.

Staff received appropriate training that was relevant to their role and that enabled them, where necessary, to maintain their professional registration. Staff were also supported by annual appraisals and by monthly staff meetings.

The provider had an effective governance process in place that took the form of an on-line compliance management system. We found that the provider carried out a range of audits and responded to shortfalls. The provider also actively sought feedback from people who used the service.

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

### 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

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### Our judgement

The provider was meeting this standard.

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

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### Reasons for our judgement

When we inspected the Ware Centre of Dental Excellence on 16 January 2014 we found that people were provided with information about their treatment and they were asked for their consent. We saw that the practice consent policy was held as part of an on-line suite of policies but was also in a hard copy accessible to all the staff. We saw that staff had signed to say that they had read and understood the consent policy in August 2013.

We noted that new patients were given a comprehensive printed pack containing information about the practice and the treatments offered. This information included a full breakdown of the costs of treatments. We also saw that there was information available in leaflet form in the reception area.

We spoke with the principal dentist and they explained their approach to consent. They said that consent for any procedure amounting to more than a check-up or a hygienist examination was always explicitly obtained. This involved an explanation of the risks and benefits of the treatment options. We saw that people were provided with a written treatment plan that set out precisely what the treatment involved and what its cost would be. People could take their time to consider the treatment before signing the treatment plan to indicate their agreement to proceed with, and pay for the treatment.

One person who was visiting the practice on the day of our inspection told us, "[The dentist] spent some time explaining what I needed and I decided to go ahead." Another person said, "I was given sufficient information about what my options were and how much it would cost. Then I got lots of paperwork to read and signed to say I understood and agreed to go ahead."

We looked at people's records and saw that the explanation provided to people had been noted at the time of the examination. We also saw that people had signed their written treatment plans indicating that they understood the nature and cost of their treatment.

**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.

Treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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**Reasons for our judgement**

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People's needs were assessed and treatment was planned and delivered in line with those individual needs. The principal dentist explained the treatment pathway that people experienced. This began with an examination that included an assessment of people's general health and their declared medical history. The provider also took x-rays where appropriate. They also took photographs which were displayed to people on a screen above the dental chair to assist the dentist to explain their treatment.

We looked at people's records and saw that their medical histories were updated at each visit. The records confirmed that a detailed assessment of their dental needs had been carried out and recorded. They also contained treatment plans that reflected people's individual needs. We noted that people had also been given advice about their future dental care and any follow-on treatments that might be required at a later time.

One person told us, "They did an x-ray, assessed my gums and discussed my medication. Very thorough." Another person said, "I have never regretted coming here. The treatment is very good."

We found that there were arrangements in place to deal with medical emergencies. All of the staff undertook annual training in cardio-pulmonary resuscitation and the use of an automatic external defibrillator (AED). Emergency oxygen, two sets of emergency medicines and an AED were accessible and checked weekly by the practice manager.

**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.

People were treated in a clean, hygienic environment.

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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. The practice operated infection control and decontamination procedures according to their policy. The infection prevention and control policy was held as part of an on-line suite of policies but was also in a hard copy accessible to all the staff. We saw that staff had signed to say they had read and understood the policy in May 2013.

We saw records that showed the provider had arrangements in place for the regular safe disposal of clinical waste.

We spoke with a dental nurse who demonstrated the instrument decontamination procedure. This involved the safe transfer of instruments to a designated decontamination room with clearly separated 'dirty' and 'clean' zones. Thereafter the instruments were scrubbed manually as well as being cleaned in a washer-disinfector. They were then subjected to an ultrasonic clean, visually inspected and sterilised under vacuum and high temperature. The decontamination cycle and the packaging and storage of instruments were in accordance with 'best practice' as described in the Department of Health guidance on decontamination.

People's perception of the practice was of a safe, clean and hygienic environment. One person told us, "It is absolutely spotless, and they all wear protective goggles, masks and gloves." Another person said, "It is immaculate. The nurse is always wiping the work surface and they are always changing their gloves."

**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 treated 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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Staff received appropriate professional development that was relevant to their role. We saw certificates that showed that the dentists and the dental nurses undertook continuing professional development (CPD) that ensured they maintained their professional registration. The CPD records formed part of the practice's online governance process. This enabled the practice manager to monitor people's CPD opportunities and their registration status.

We saw that the provider enabled staff to develop their expertise in other subjects by making training available. For example, we saw that the provider had funded the dental nurses to undertake a 20-hour accredited course on impression taking. The course had concluded with an examination held the week before our inspection.

The dental team had annual appraisals that set out personal objectives for each staff member for the coming year. We looked at staff records and saw that appraisals had taken place on various dates through the summer of 2013. Staff members we spoke with told us that they felt supported by the provider. "One staff member said, "I don't think I have ever been denied an opportunity for training if I felt I needed it."

Staff meetings were held monthly and notes were made of the meetings. We saw that items of importance or interest to the staff team were discussed at these meetings to further support them in their role. For example, we noted that the staff had a presentation and discussion on child protection at the meeting that was held in November 2013.

## 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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The provider had an effective governance process in place that took the form of an online compliance and management system. This ensured they could monitor the quality of service people received and identify, assess and manage risks to people's health, safety and welfare. The practice manager was responsible for co-ordinating activity within this governance system. The system produced alerts to remind the practice manager when, for instance, staff appraisals or practice audits were due.

The practice manager ensured that policies were updated and communicated to staff members. For example, we noted that the practice policies had been updated on various dates throughout 2013 and that staff had signed electronically to confirm they had read and understood them.

We noted that the provider actively sought feedback from people who used the service. At the end of their treatment each person was given their own unique log-in details in order to access the provider's electronic system. They were asked to complete an on-line evaluation of their experience. This was a relatively new initiative and so the results of the process showed overwhelmingly positive comments at the time of our inspection. We also noted that there was a suggestions box together with blank forms in the reception and those people who preferred could leave feedback in that way rather than electronically.

We saw that the provider carried out, and was responsive to, other audits that were important to the safe management of the practice. For example, we saw that the provider carried out six-monthly infection control audits using a self-assessment tool based on the Department of Health guidance. We noted that the audit carried out in July 2013 had identified the need to acquire and use colour-coded cleaning equipment and for staff to receive training in blood-borne viruses. We saw that these actions were time-bound and had been delegated to a specific person for completing. We also saw that these actions had been completed.

## 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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