

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

25 Devonshire Place, Dental Practice

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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
Requirements relating to workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	25 Devonshire Place Ltd
Registered Manager	Dr Monica Lucia Rojas Serrano
Overview of the service	25 Devonshire Place is a private dental practice that specialises in general, cosmetic and restorative treatments.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

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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 unannounced 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 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.

What people told us and what we found

People were provided with sufficient information that enabled them make informed decisions about their treatment. One person told us that the dentist "took time to explain my problem and the options available to me". The service website also provides details of treatment costs.

People's needs were appropriately assessed and treatment planned in a way that ensured people's safety and welfare. Arrangements were in place for dealing with foreseeable emergencies.

People were treated in a very clean and hygienic environment. The high standards of cleanliness reassured people. The staff adhered to current government guidance on how to reduce the risk and spread of infection.

Care and treatment was provided by staff that were appropriately qualified, registered with the appropriate professional body and kept themselves up-to-date with their professional development.

The provider had a complaints protocol in place and people were directed how to raise a complaint or concern. At the time of our visit there were no complaints recorded.

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 were treated with care and consideration.

Reasons for our judgement

People who use the service were provided with sufficient information that enabled them make informed decisions about their treatment options. They described to us how the dentist explained their findings and what their treatment options were, they said the dentist was "unrushed, she (dentist) checked to ensure I understood what she was proposing".

The service had a website that provided further information about the treatments provided, relative costs and the experience of the staff team.

People's privacy and dignity were respected; all consultations and treatments took place in private. People told us that they were treated with consideration and respect by a staff team that were "friendly and efficient".

People who use the service were provided with appropriate information and support regarding their treatment. They were given printed information about their dental condition and following treatment the dentist provided verbal or written post treatment instructions.

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

Treatment was planned and delivered in a way that ensured people's safety and welfare. The practice maintained electronic records. We saw from reviewing people's paper records that the provider obtained details of people's medical history, allergies and current medication. We saw evidence that when people had health conditions the dentist appropriately sought further information.

We saw from reviewing records that the dentist undertook a full assessment from oral examination and x-rays before proposing any treatments. One person told us "(the dentist) took time to explain my problem and the options available to me".

We saw detailed treatment plans which were signed by people who use the service, the plans included the post treatment advice at each stage of treatment. All people who underwent treatment were provided with the contact details of the dentist in the event of an emergency.

There were arrangements in place to deal with foreseeable emergencies. The service had access to oxygen and medicines that may be needed in the event of a health crisis. Clinical staff were trained in how to respond in the event of a medical emergency.

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. They were cared for in a clean, hygienic environment.

Reasons for our judgement

People were treated in a clean and hygienic environment. The service including the clinical and decontamination areas have recently been refurbished to a very high standard. People told us they were reassured by the levels of cleanliness.

We reviewed records that demonstrated staff undertook regular infection control audits. There were no actions arising from the recent audit. Staff adhered to clear procedures to reduce the risk and spread of infection, and these complied with current Department of Health guidance. The dental nurse demonstrated to us the cleaning and decontamination process for used instruments and treatment room after the person had left the dental chair. We saw that in the decontamination area there was a clear flow of "dirty"/ used instruments to clean/ sterilized equipment. This instrument flow reduced the likelihood of cross infecting instruments. We were satisfied that best practice was followed. Staff wore personal protective clothing and equipment.

We also saw records that evidenced the dental nurse ensured that the equipment used in the cleaning and decontamination process were properly maintained, tested daily and serviced to ensure its effectiveness. These records were evidence that the service took steps to protect people from the risk of infection.

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 treated by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

People were cared for by staff that were properly recruited. From reviewing records we saw that the service obtained the applicant's employment history and references from previous employers. This showed that the service ensured staff appointed had the right skills, experience and qualifications.

The service had taken steps to protect people who use the service by undertaking pre-employment checks. From reviewing records we saw the service had obtained photographic identification, ensured the applicant's right to work in the UK and had checked the applicant with the Disclosure and Barring Service before appointment.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

We reviewed the service's complaints procedure and saw that it was made available to people who use the service. At the time of our visit there had been no recorded complaints. Staff described to us how in the event of a concern or complaint they would record the issue and try to resolve it to the complainant's satisfaction. One person told us "staff are kind and very approachable, I would have no reservation in speaking to X (staff) if I was unhappy with my treatment".

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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