

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

Essence Dental Clinic

219-221 Straight Road, Romford, RM3 7JP

Tel: 01708346212

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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
Safeguarding people who use services from abuse	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Dr Satvir Sing Atkar
Overview of the service	Essence Dental Clinic provides both NHS and private dental treatment.
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
Safeguarding people who use services from abuse	7
Cleanliness and infection control	8
Assessing and monitoring the quality of service provision	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 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 13 January 2014, talked with people who use the service and talked with staff.

What people told us and what we found

People we spoke with told us they were respected and treated well. They felt they were able to express their views and were involved in making decisions about their treatment. A person we spoke with said "the staff here are polite, respectful and very good. They are always friendly and it is an excellent service." Another person said "I try to avoid the dentist but they put me at ease here."

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. We found measures had been taken to reduce the risks of people receiving unsafe or inappropriate care.

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse. There was a safeguarding policy in place for the protection of vulnerable children and adults

The provider had taken steps to ensure there were systems in place to assess the risk and control the spread of health care associated infection. We saw people had written positive comments on the surveys they had recently completed.

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's privacy, dignity and independence were respected.

Reasons for our judgement

People expressed their views and were involved in making decisions about their treatment. We looked at the medical records for four people who used the service and all of them had written treatment plans in place, a record of available treatments and their costs. These had been signed by people, consenting to receive the treatment they required. A person we spoke with said "they normally let me know of costs. The dentist is excellent."

Leaflets and posters were displayed in the reception area informing people of the range of treatments available to them. The medical notes we examined evidenced that dentists discussed the best treatment options with people and had made referrals to other dental healthcare services where appropriate. For instance, one person had been referred to a local hospital for further assessment. This meant that people were involved and enabled to make decisions.

The three treatment rooms provided a private environment so that any discussions about treatments were held in private. We saw treatment room doors were shut during treatment to ensure people's privacy was respected. People told us they were satisfied with the service provided and that they were treated with respect. One person said "the staff here are polite, respectful and very good. They are always friendly and it is an excellent service." Another person said "I try to avoid the dentist but they put me at ease here."

The practice accessed an online telephone interpreting service to meet the needs of people whose first language was not English. Posters were displayed in the reception area informing people about the service. There was a ramp at the front of the building, making the practice accessible to people who used wheelchairs. One treatment room was on the ground floor and was specifically designed for those in wheelchairs. This meant that people's needs were recognised and treatment was arranged accordingly.

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. The four medical records we looked at had a completed medical history which was taken as part of their initial consultation and was updated at each visit. Dental nurses also checked people's records prior to their visit to ensure there was a completed medical history in place. If patients had an allergy of any type, it was highlighted on their paper and computerised medical records, to ensure their health and safety was protected. Two people we spoke with confirmed that when they visited their dentist they went through their medical history with them. This meant that measures had been taken to reduce the risks of people receiving unsafe or inappropriate care.

All dental staff working at the practice were registered with the General Dental Council and kept up to date with relevant research and guidance by attending training as part of their continued professional development. This meant they took account of published research and guidance to ensure people received safe and effective care.

There was allocated surgery time each day allowed for emergency appointments. The practice was open until 7pm in the evening once a week to ensure people could access services at times that was convenient to them.

We found arrangements were in place to deal with foreseeable emergencies. All members of staff had attended a three hour cardiopulmonary resuscitation training course last year, which was updated annually. This ensured all staff were appropriately trained to deal with medical emergencies that might occur within the practice.

The service had a supply of oxygen, an emergency drugs kit and a defibrillator. We looked at the drugs kit and all medications were seen to be in date. Drug expiry dates were checked weekly and a monthly check also took place of the oxygen tank and defibrillator to ensure it was in working order. This meant that procedures were in place to ensure the safety of people using the service.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. There was a safeguarding policy in place for the protection of vulnerable children and adults. The policy was displayed in all three treatment rooms for staff to follow in the event of an incident. It included clear guidelines and instructions for staff on what to do and who to contact if they believed a person was being abused. The lead dentist was able to tell us what they would do if they suspected abuse of children or vulnerable adults. All staff had completed an online training course in safeguarding and the lead dentist had completed a one day course on safeguarding. We were informed by the dentist they had not had any safeguarding incidents.

Staff informed us that there were always at least two members of staff present during any treatments, to protect the safety of people using the service and staff. Evidence was also seen of all staff, including the two reception staff, having a Disclosure and Barring Service check. This enabled an employer to check the criminal records of its employees. We found measures were in place to protect people from the risk of abuse.

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.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection. The lead dentist showed us the procedure for disinfection and decontamination of dental equipment. All used dental tools were placed in a sealed box and then transferred to a separate decontamination room, to reduce the risk of infection. The decontamination room included three sinks. There was a separate sink solely for hand washing. Dirty instruments were washed manually before being placed in a washer/disinfector for further cleaning. An illuminated magnifying glass was used to check for debris before being sterilised in the autoclave (a machine used for the sterilising of equipment in dental care). We saw that all sterilised dental tools were stored in sealed pouches with the date of sterilisation on them. All tools were within the use by date when we checked.

Records demonstrated that staff completed daily checks to ensure that the autoclave machine was in safe working order. We looked at the maintenance certificates which evidenced the machine was serviced annually.

Treatment areas were visibly clean. All surfaces including dental chairs were wiped down with disinfectant wipes after every patient by the dental nurses. Disposable gloves and aprons were available. A cleaning schedule was followed by an external cleaner at the end of each day for the whole practice. Clinical waste was disposed of appropriately through the use of a contractor. We were informed the dentists and dental nurses changed their uniform every day and were not worn outside the surgery to reduce the risk of any spread of infection.

Staff training records showed that all staff had attended infection control training. The surgery had an infection control policy in place which was reviewed every six months by the lead dentist. All staff had received their Hepatitis B immunisations, which we saw records of. This reduced the risks of them getting the infection and meant the provider had taken steps to ensure there were systems in place to control the spread of health care associated infection.

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 to regularly assess and monitor the quality of service that people received.

Reasons for our judgement

The provider took account of complaints and comments to improve the service. Surveys were completed annually with people using the service and were last done in May 2013 with fifty people participating. We found that people were happy with the services provided and had written positive comments on their surveys. These included "staff are very pleasant," and are "brilliant."

We saw an audit checklist to ensure there were effective systems in place to monitor the quality of services. These included audits of infection control, health and safety, hand hygiene, radiograph (x-ray machine) and an audit of protective equipment. An audit of medical records took place annually. Dentists audited each other's medical records and discussed the results with each other. Any shortfalls were actioned and were checked by further auditing.

Staff meetings took place on a monthly basis to discuss the latest guidance and procedures which affected people using the service. This meant people were protected against the risk of unsafe practices and the risks relating to their health and welfare.

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.

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

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