

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

## Surgery@102 Limited

102 Ealing Road, Wembley, HA0 4TH

Tel: 02089025082

Date of Inspection: 12 June 2013

Date of Publication: July 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

**Safeguarding people who use services from abuse** ✓ Met this standard

**Cleanliness and infection control** ✓ Met this standard

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

## Details about this location

|                         |  |
|-------------------------|--|
| Registered Provider     | Surgery@102 Limited  |
| Registered Manager      | Dr. Nikita Prashant Punater  |
| Overview of the service | Surgery@102 Limited provides a range of treatments from basic preventative care to maintenance to restorative and cosmetic dentistry. The practice provides dental care to NHS and private patients. |
| Type of service         | Dental service   |
| Regulated activities    | Diagnostic and screening procedures<br>Surgical procedures<br>Treatment of disease, disorder or injury   |

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*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 12 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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During this inspection we spoke with two patients. We found that patients understood the care and treatment choices available to them. One patient told us that they were satisfied with the care and treatment received. Another patient told us that the dentist "clearly explained treatment options available and never rushed".

The provider ensured that all patients regardless of their background were treated with respect and dignity and were made to feel comfortable.

The premises were clean and welcoming. There were arrangements for the prevention of infection and staff were knowledgeable regarding infection control and the decontamination procedures for equipment and instruments used.

Staff we spoke with were able to clearly demonstrate an awareness of safeguarding and of reporting procedures.

The practice had a service user guide and information about complaints procedures and private fees in the reception area.

As part of our inspection we looked at three staff files and noted that necessary checks and references had been obtained. Staff told us that they "enjoyed" working at the practice and felt comfortable raising issues with the principal dentist if needed.

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 privacy, dignity and independence were respected.

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

We found that patients understood the care and treatment choices available to them. One patient told us that the dentist "clearly explained treatment options available" and made her feel "comfortable". The patient said that they understood the treatment being offered. Another patient told us that the dentist took time to explain everything and never rushed.

The principal dentist told us that patients were always given time to think about what treatments options they wanted to continue with and that the practice encouraged people to make their own decisions about treatment. The principal dentist explained that they "talk to patients about each stage of the treatment".

Patients were given appropriate information and support regarding their treatment. Information about the practice and the care and treatments available were contained in the practice leaflets displayed in the reception area. Dental aids and dental products were available to patients to support their treatment and aftercare.

We saw that a list of the private fees charged was available for patients to view and was kept at the reception desk. The principal dentist told us that price estimates for treatments were provided to patients in writing.

We found that people's diversity, values and human rights were respected. The provider informed us that they had a diverse patient base and made every effort to accommodate their preferences where possible. Patients were able to see male and female dentists depending on their preference. The principal dentist told us that many of the dentists were multilingual and were therefore able to communicate with a diverse range of patients. The provider also informed us that they did have access to interpreting services if required.

We noted that patients were able to discuss treatment, medical history, fees and other matters behind closed doors in the treatment rooms. This ensured that patient privacy was

respected.

The practice had a suggestion box where patients could comment on the service. We also noted that the practice had a patient meeting scheduled to take place in July 2013 where patients were encouraged to attend and express their views.

**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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Patients told us that they were satisfied with the care and treatment provided and one patient told us that they were "very happy" with the treatment received. During our inspection we observed that staff were friendly and welcoming to people.

Patient records were kept electronically on the practice computer system as well as in paper format. We looked at a sample of three patient records and noted that the records stored on the computer contained detailed clinical notes and treatments plans. The paper format files contained a detailed medical history form, NHS paperwork and brief clinical notes. The principal dentist told us that medical history forms were updated at least once a year.

The principal dentist informed us that patients were assessed and a dental and medical history taken during their first consultation. Following the initial consultation, the required treatment including options available and fees were discussed and a letter was sent to the patient informing them of the treatment options and a quote for the fees where applicable.

The principal dentist explained that she updated her clinical skills and knowledge through regular meetings with other dentists, external courses and reading relevant information from the internet which she then passed on to the rest of the staff at the practice.

We observed that in the waiting area there was a complaints procedure poster providing details of how to make a complaint.

The service had adequate procedures in place for dealing with emergencies. The principal dentist told us that they always accommodated those who required emergency appointments and ensured that an emergency appointment was offered within 24 hours. We observed information about out-of-hours contacts in the waiting room and in the practice front window.

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

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**Our judgement**

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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.

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**Reasons for our judgement**

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Staff we spoke with were able to explain what safeguarding was and how to spot signs of abuse and how to take action when responding to allegations or incidents of abuse.

We observed that staff were pleasant and respectful towards patients who came into the practice. The principal dentist informed us that all staff had received training in safeguarding children and adults through an external training programme.

We saw the practice's safeguarding policy which had last been reviewed in October 2012.

No safeguarding concerns had been brought to our attention during the past twelve months.

**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 cared for in a clean, hygienic environment.

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**Reasons for our judgement**

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We observed that the premises, including the surgery rooms were clean and hygienic. The principal dentist had responsibility for infection control in the practice.

We saw that there was an infection control policy and procedures which had last been reviewed in May 2013.

There were effective systems in place to reduce the risk and spread of infection. The dental nurse explained and demonstrated the procedures they took in cleaning and preparing a treatment room before and after treatment had taken place. They explained the personal protective equipment that was used and demonstrated effective hand hygiene. The staff wore protective clothing, such as aprons, face masks and disposable gloves when attending to people.

The dental nurse explained and demonstrated the decontamination and sterilisation of equipment processes used to clean dental equipment. We noted that the practice had a separate decontamination room which had a clearly marked dirty and clean area. Used instruments were scrubbed by hand and visually checked using a magnifying glass before being placed into the washer disinfectant machine and then the autoclave which sterilised the equipment. Once cleaned, the instruments were bagged and dated. We saw that daily checks of the equipment used in the decontamination process had been undertaken and there were records of this.

One person we spoke with told us that the practice was "very clean and hygienic" and that staff always wore protective clothing.

We observed that the practice had procedures in place for the management of clinical waste and that a specialist contractor was used for the disposal of clinical waste.

## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

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### Our judgement

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The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

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### Reasons for our judgement

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We found that the provider had effective recruitment procedures in place. We viewed three staff files and noted that they contained copies of the checks required for safer recruitment practices, including references, evidence of qualifications and criminal record checks. We found evidence that qualified staff were registered with the appropriate professional organisation, and that the employment of a trainee dental nurse was within the guidelines detailed by the General Dental Council.

People benefitted from staff with clear descriptions of roles and responsibilities within the service, and from staff who were appropriately supported. One member of staff we spoke with told us that staff had regular appraisals and team meetings.

We spoke with two members of staff. One staff member told us that she enjoyed working at the practice. Another member of staff said that "the practice works well" and they felt comfortable raising issues with the principal dentist.

## 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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