

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

Elizabeth Street Dentist

85 Elizabeth Street, Belgravia, London, SW1W
9PG

Date of Inspection: 22 August 2013

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

| | | |
|--|---|-------------------|
| Consent to care and treatment | ✓ | 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 |
| Assessing and monitoring the quality of service provision | ✓ | Met this standard |

Details about this location

| | |
|-------------------------|--|
| Registered Provider | Dr Monica Amin |
| Overview of the service | Elizabeth Street Dentist is a private practice providing general, restorative and cosmetic treatment to adults and children. The practice consists of two treatment rooms. |
| Type of service | Dental service |
| Regulated activities | Diagnostic and screening procedures Surgical procedures 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

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 22 August 2013, talked with people who use the service and talked with staff.

What people told us and what we found

We spoke with one person who said that they were satisfied with the care and treatment they received. This person felt that they had been given sufficient information about their care and treatment. Consent had been obtained by the practitioner and the possible risks and benefits of treatment had been outlined.

A detailed medical history was taken from each person and any allergies or medical conditions were recorded and discussed during the initial appointment. People were given aftercare advice following treatment, which included an emergency telephone number. There was emergency equipment available and all staff had received basic life support training.

There were effective systems in place to reduce the risk of infection. Staff were able to describe the decontamination process to us and provided evidence to show that checks were carried out on the equipment used.

There were effective systems in place to monitor the quality of the service. Staff meetings took place on a monthly basis to discuss the feedback that people had provided.

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

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. After the initial consultation people were given a written treatment plan and other relevant written information to take away with them. There was a consent section at the bottom of the treatment plan. and the dentist confirmed that she would explain the risks and benefits of treatment and record these conversations with people in the dental notes. We saw evidence that this was happening. The dentist confirmed that they would only see children when accompanied by their parents or legal guardian. She confirmed that she would discuss any treatment options with them before asking for their consent to treatment.

We spoke with one person who used the service. This person confirmed that they had been asked to give their consent prior to receiving any treatment. This person confirmed that the risks and benefits of treatment had been explained by the dentist and they described the treatment they had received in detail. This person said "the dentist explains everything to me step by step. I understand everything".

We saw that systems were in place for ensuring that consent had been obtained prior to treatment. The dentist was always assisted by a dental nurse who double checked all paperwork. A specific audit of consent procedures had also been undertaken in July 2013 and this did not identify any concerns.

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

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People using the service were required to complete a medical history form prior to their initial consultation. Any health conditions or known allergies were then discussed and documented on their records. The dentist confirmed that a person's medical history was verified at each follow-up appointment and any changes were recorded. This procedure was contained in the clinic's medical emergencies policy. People were always examined and treated by the dentist or hygienist. People were given post-treatment advice, any supporting written information and an emergency mobile telephone number which was held by the dentist 24 hours a day.

We spoke with one person who used the service. They were satisfied with the care and treatment they had received and were complimentary about the dentist and other staff. This person said "everyone is very friendly".

There were arrangements in place to deal with foreseeable emergencies. There were emergency procedures and health and safety policies to keep people safe. Staff explained that they had received basic life support training which was repeated annually.

An emergency drugs kit and resuscitation equipment was available. These were checked by staff every day that the practice was open and all expiry dates were recorded. We saw that all items were in date and in good working order.

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

Reasons for our judgement

There were infection control policies in place and staff ensured that all protocols were followed. There were effective systems in place to reduce the risk and spread of infection. On the day of the inspection the practice was clean and well maintained. There were adequate hand washing facilities and personal protective equipment, such as gloves and protective eye wear which were accessible to staff.

There were checklists of what tasks should be completed every day and these included start, middle and end of day cleaning tasks. Non-clinical areas were cleaned every day by a cleaner who used separate colour coded cleaning equipment for different areas of the practice. The chair and surrounding surfaces were cleaned in between patients. Infection control audits were completed every six months. We saw a copy of the most recent audit completed in May 2013 and this did not identify any concerns.

There were appropriate decontamination procedures in place. The cleaning of instruments took place in a treatment room which had clearly defined "dirty" and "clean" areas.

The dentist explained how staff decontaminated instruments after each session and how they used, checked and maintained the equipment for decontamination and sterilisation. We were told that instruments were soaked in a solution and rinsed in a sink using separate bowls before being placed in an ultrasonic cleaner. The instruments were then inspected under a light and then placed in a non- vacuumed steriliser machine. Instruments were then packaged and dated after sterilisation.

We saw that instruments had been packaged and dated correctly. Daily checks were carried out on the steriliser machine and weekly checks were carried out on the ultrasonic cleaner to ensure they were working correctly and these checks were recorded and up to date.

There were procedures for dealing with blood borne viruses and health and safety policies to keep staff safe. Sharps bins were in use and had been assembled correctly. There were suitable arrangements in place for the disposal of clinical waste and this was collected when required.

Water temperature checks were completed every week and the readings were recorded. The practice used purified water in its dental lines and flushed them daily. However, the provider may wish to note that the last legionella risk assessment which had been performed was over two years ago in November 2010.

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

Reasons for our judgement

There were effective recruitment and selection processes in place. Prospective employees were short-listed, interviewed and asked to do a trial day at the practice before an offer of employment was made.

We saw records to indicate that appropriate checks were undertaken before staff began work. Staff were required to undergo a Disclosure and Barring check (formerly a Criminal Records Bureau (CRB) check) and to provide two references before they could start work. Clinical staff were also required to provide evidence of their professional qualifications and registration.

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 receive.

Reasons for our judgement

People who use the service were asked for their views about their care and treatment and they were acted on. Satisfaction surveys were given to patients and there was a section on the practice website asking for people to give feedback. We spoke to one person who used the service and they confirmed that they had been given a satisfaction survey. However, to date no feedback had been received.

Staff meetings took place on a monthly basis to discuss feedback and other matters. The dentist showed us a copy of the minutes of the last team meeting and confirmed that they had started keeping these records.

All decisions about care and treatment were made by the dentist or hygienist. People who use the service had a comprehensive consultation and dental examination by the dentist. A procedure was in place for logging and investigating incidents, accidents and complaints. However, at the time of our visit no complaints had been received.

The practice undertook numerous audits on a six monthly or annual basis. These included infection control and common areas cleaning audits, clinical waste, x-ray equipment, radiograph quality and involvement and consent audits among others. We saw the most recent copies of all audits which had been completed in 2013. These did not identify any concerns.

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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