

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

Mr David Cook

Flat 3 40-41 Wimpole Street, London, W1G 8AB

Date of Inspection: 12 September 2013

Date of Publication: October 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 |
| Cleanliness and infection control | ✓ | Met this standard |
| Supporting workers | ✓ | Met this standard |
| Complaints | ✓ | Met this standard |

Details about this location

| | |
|-------------------------|--|
| Registered Provider | Mr. David Cook |
| Overview of the service | Mr David Cook, also known as the London Holistic Dental Centre, provides private general and cosmetic dental treatments to both adults and children. The practice is known to people as the London Holistic Dental Centre. |
| Type of services | Dental service Diagnostic and/or screening 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 | 6 |
| Care and welfare of people who use services | 7 |
| Cleanliness and infection control | 8 |
| Supporting workers | 9 |
| Complaints | 10 |
| About CQC Inspections | 11 |
| How we define our judgements | 12 |
| Glossary of terms we use in this report | 14 |
| Contact us | 16 |

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 12 September 2013, talked with people who use the service and talked with staff.

We also looked at completed feedback questionnaires and letters of thanks that had been sent to the provider.

What people told us and what we found

During our inspection we spoke with one person who used the service who described the service as "absolutely amazing" and "the best I've ever been to". We also looked at completed feedback questionnaires and letters of thanks that had been sent to the provider. Comments included, "wonderful care", "excellent work" and "kept me informed and managed my expectations". People were encouraged to provide feedback on the service and were made aware of the complaints policy and procedure. No complaints had been received in the year preceding our inspection.

People were given sufficient information on the treatment required. They were given an explanation of the different options available to them during their consultation, which was followed-up with a written treatment plan. People were also given written post-operative instructions.

People received care and treatment that ensured their safety and welfare from staff that received appropriate professional development. A detailed medical and dental history was taken for each person and any allergies or medical conditions were highlighted on the provider's electronic records system. There was emergency equipment available and all staff received basic life support training annually. There were systems in place to reduce the spread of infection and we saw reusable instruments were sterilised in accordance with recommended guidelines.

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 views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People who use the service were given appropriate information and support regarding their care or treatment. When a person booked their first appointment they were sent a welcome pack. This included information on the practice and a medical history questionnaire for the person to complete. People could also find information on the practice and the treatments available on the provider's website. Following a consultation with the dental surgeon people were given a written treatment plan, which outlined the costs associated with the treatment.

People expressed their views and were involved in making decisions about their care and treatment. They discussed their dental complaint with the dental surgeon who examined their mouth and took X-rays, if required. The dental surgeon then used their X-rays and/ or models to explain the diagnosis and different treatment options. This information was used to develop a treatment plan. For more complex procedures, people were sent their treatment plan after their appointment. We were shown an example of a person who required a complex procedure. We saw their written treatment plan summarised the discussion had during their appointment and the different treatment options available. Any risks associated with the treatment had been explained.

We spoke with one person who used the service. They told us they always had a consultation before any treatment was provided, so they had time to think about their decision. We also looked at completed feedback questionnaires and letters of thanks that had been sent to the provider. Comments included, "outstanding interpersonal skills" and "kept me informed and managed my expectations".

People's diversity, values and human rights were respected. All consultations took place in private. There was no step-free access, but the provider had an arrangement with another practice nearby to provide treatment there.

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

We spoke with one person who used the service. They described the service as "absolutely amazing" and "the best I've ever been to". We also looked at completed feedback questionnaires and letters of thanks that had been sent to the provider. Comments included, "wonderful care" and "excellent work".

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Before any treatment was undertaken people were required to complete a medical and dental history form. When there were medical conditions or allergies that staff should be aware of this was highlighted on the provider's electronic records system. People's medical histories were reviewed at each appointment, but were formally updated annually. All people were examined and treated by a dental surgeon or hygienist. X-rays were taken, if required and if a CT scan was necessary, people were referred to another service.

The provider did not use sedation routinely. If a person requested sedation the provider arranged for an anaesthetist to attend, but we were told that this happened rarely. If people required complex or multiple procedures and specialist input was needed, this was arranged by the provider. We were told the practice would do simple tooth extractions and reconstruction, but would refer people who required dental implants or periodontal work to a specialist.

If a person had undergone a surgical procedure, they were given post-operative care instructions. We were told that anyone who had undergone a procedure was telephoned the following day to check how they were. Out of hours, the provider's telephone was diverted to a member of staff's mobile number. We were told there were arrangements in place with another practice to provide cover if the dental surgeon was absent.

There were arrangements in place to deal with medical emergencies. All staff received basic life support training annually and there was emergency equipment available, which included oxygen and emergency medication. We saw that this was checked monthly by staff.

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 cared for in a clean, hygienic environment. People were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

People were cared for in a clean, hygienic environment. We were told a cleaner attended the practice daily and there were colour coded mops for clinical and non-clinical areas. The dental nurse was responsible for cleaning the clinical areas between patients. The dental nurse was also the Infection Control Lead for the practice and attended infection control training as part of their Continuing Professional Development (CPD). There were daily infection control checklists in place, which included tasks for the start and end of the day such as, flushing the dental lines and wiping down surfaces. Infection control audits were undertaken every six months. We looked at the audit that had been completed in August 2013 and saw that no action was required.

There were two dental surgeries with separate hand washing facilities. Sharps bins had been correctly assembled and there were suitable arrangements in place for the safe storage and disposal of clinical waste. All taps were lever-operated and personal protective equipment such as gloves, masks and protective eye wear were readily available. We saw that all clinical staff were wearing clean uniforms.

The decontamination of reusable instruments took place in a separate room. Instruments were transported in sealed containers and there was a clear flow from dirty to clean areas. Instruments were manually cleaned, rinsed in a separate sink and inspected using an illuminated magnifying glass. Instruments were then packaged and placed in a vacuum steriliser. We saw instruments had been correctly labelled with an expiration date of one year from the date of sterilisation. Daily, weekly and monthly checks were carried out on the ultrasonic cleaner and steriliser to ensure they were working correctly.

The provider used purified water in its dental lines. We were told that a Legionella Risk Assessment and water testing were undertaken by the owner of the building, but this was not available for us to see. Staff told us that following the most recent risk assessment they had been advised to flush their taps weekly. They told us they flushed them daily.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

At the time of our inspection there was one dental surgeon, two hygienists, one dental nurse and a manager working at the practice. Staff we spoke with told us they enjoyed working for Mr Cook and that he was supportive and approachable.

Staff received appropriate professional development. All clinical staff were required to keep up to date with their Continuing Professional Development (CPD) to retain their professional registration. They attended core training, which included basic life support, infection control and radiology regulations. All staff were appraised annually by Mr Cook. We looked at two examples and saw that staff were given the opportunity to discuss their likes/dislikes about their role and whether there was any further training they felt they needed. Practice meetings took place on an ad-hoc basis, but staff were encouraged to raise any issues or concerns when they arose.

Staff were able, from time to time, to obtain further relevant qualifications. Staff we spoke with told us they were supported to attend training in topics that were relevant to their role and that interested them.

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

People were made aware of the complaints system. This was provided in a format that met their needs. There was a complaints policy and procedure in place, which was on display in the waiting area. Staff told us that people were also encouraged to give feedback or to raise any concerns when they attended their first appointment. We spoke with one person who used the service who told us they felt comfortable making a complaint, but had no reason to do so.

We asked for a summary of complaints people had made and the provider's response. The provider kept a log for complaints, but in the year preceding our inspection he had not received any.

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

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
