

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

## Westbury Dental Care

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3PB

Tel: 02089428943

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

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Cleanliness and infection control</b>	✓ Met this standard
<b>Requirements relating to workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Westbury Dental Care
Registered Manager	Dr. Kunal Jitendra Patel
Overview of the service	Westbury Dental Care provides general, cosmetic and preventative dentistry. It offers both NHS and private dental treatment to adults and children. The practice building is accessible to wheelchair users.
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

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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 27 November 2013, talked with people who use the service and talked with staff.

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### What people told us and what we found

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Westbury Dental Care had recently been taken over by the current owners who had previously worked at the practice as associate dentists with the previous owner. During our visit we spoke with three patients who told us they were satisfied with the information and explanations they received about their dental health. One person said, "I was informed about the procedure and told about the risks".

Arrangements in place to deal with foreseeable emergencies and that infection and prevention control procedures were followed to minimise the risk of cross infection. People we spoke with told us they were happy with the treatment they received and the way it was delivered. Comments included, "Superb service". "I would definitely recommend the practice".

Appropriate checks were undertaken before staff commenced employment. Disclosure Barring Service checks (formally known as Criminal Records Bureau checks) were carried out for all staff. An effective system was in place to identify, assess and manage risks to the health, safety and welfare of people who used the service and others. We saw that the practice carried out regular quality assurance checks on equipment used in the practice.

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

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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.

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### Reasons for our judgement

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People who used the service were given appropriate information and support regarding their care and treatment.

During our visit we spoke with three patients who told us they were satisfied with the information and explanations they received about their dental health and treatment options. One person said, "I was informed about the procedure and told about the risks".

We reviewed four treatment plans and other information provided to people. We saw that a written treatment plan detailed the proposed course of private treatment and estimated cost. Information about the number of appointments and proposed treatment were itemised and included a description of each procedure. NHS patients were provided with a treatment plan and itemised NHS Treatment band cost. All treatment plans we saw had been signed by the patient. This meant that people had been given appropriate information to make informed decisions about their treatment.

Written Information about the price and fees structure was available in the reception area of the practice. This included dental treatments and costs provided privately and NHS dental treatment bands and charges. A range of dental health information leaflets and an audio-visual tape promoting good oral hygiene in different languages were exhibited in the waiting area. Information about the practice opening hours and appointment cancellation arrangements were also prominently displayed.

An appointment reminder system was operated by the practice. We saw that a data protection code of practice was accessible for patients which described the personal data security arrangements followed by the practice.

**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.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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**Reasons for our judgement**

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Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

During our visit we saw that people were required to complete a confidential medical history questionnaire including details about prescribed medications and known allergies. The practice manager told us that medical history details were reviewed and updated at each course of treatment. Completed medical questionnaires were scanned for electronic reference.

There were arrangements in place to deal with foreseeable emergencies. We saw that in the event of an emergency the practice kept emergency equipment and an emergency medication kit. An emergency medication log recorded expiry dates of all medicines held so that out of date medicines could be replaced when required. Records demonstrated that dental staff were trained in dealing with medical emergencies and received annual Cardio Pulmonary Resuscitation (CPR) training. This meant that staff working at the service

The practice had a system in place for the recording and reporting of incidents, accidents and near misses. There was an accident report book that we saw had been completed when incidents had occurred. Fire safety and emergency evacuation instructions were displayed in the reception area.

People who used the service provided positive feedback on the care they had received comments included, "Superb service". "I would definitely recommend the practice".

**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.

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**Reasons for our judgement**

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There were effective systems in place to reduce the risk and spread of infection.

Staff showed us the decontamination processes they followed at the beginning and end of each day and after each patient's treatment. This included decontamination of equipment and surfaces and cleaning and sterilisation of dirty instruments. The practice had a designated decontamination room with defined areas to ensure that clean and dirty instruments were kept separated. We were shown how re-usable instruments were cleaned manually and checked for residual debris prior to sterilisation in the steam autoclave. Sterilised instruments were packaged and dated with an appropriate expiry date of 365 days in accordance with new guidelines.

We saw the infection control checklists used to record the date and time of decontamination cycles. Daily and weekly validation tests were carried out on the steriliser autoclave machine to ensure the equipment was operating safely. We saw that autoclave readings were recorded at the beginning of each cycle for comparison with recommended values. Service maintenance documents demonstrated that the autoclave was annually serviced. Personal protective clothing was available for staff to wear during the decontamination process.

Arrangements were in place for the safe storage, collection and disposal of clinical waste to minimise the risk of injury and cross infection. We saw that separate bins were used for the collection of sharp instruments and clinical waste. Records we reviewed demonstrated that clinical waste was collected by weekly contract. The practice had an infection control policy and procedure that detailed the process and actions to be followed for needle-stick injuries in accordance with national guidelines.

People we spoke with commented positively on the cleanliness of the practice environment, one person said, "Good cleanliness throughout the practice". During our visit we observed that covers to the dental chairs in both treatment rooms were ripped. We were told and saw that this had been identified by the practice for early replacement.

## 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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Appropriate checks were undertaken before staff commenced employment.

Staff records retained electronically demonstrated that Disclosure Barring Service checks (formally known as Criminal Records Bureau checks) were carried out for all staff. Qualification certificates, employment references and identity documentation were also in evidence. The practice manager confirmed that General Dental Council (GDC) checks were conducted annually to confirm registration of dental staff employed at the practice and external laboratory staff contracted by the practice.

Dental staff we spoke with told us that they completed the continuous professional development training in accordance with GDC registration requirements. Role specific induction training programmes were in place for new staff. Infection control and CPR refresher training was included in an annual mandatory training programme delivered to staff. This meant that people who used the service were cared for by suitably qualified and trained staff.

## 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

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive and to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

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### Reasons for our judgement

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People who used the service, their representatives were asked for their views about their care and treatment and they were acted upon.

We saw that patient survey questionnaires and feedback comment cards were available in the reception area for people to complete. This presented people with the opportunity to express their comments and suggestions on improvements that could be made about the service provided.

The practice manager told us that any service improvement comments were discussed with staff and if appropriate, action implemented. One example demonstrated that as a result of comments made by two patients concerning appointment time delays, alternative appointments were now offered to patients who experienced a delay of more than 15 minutes. Comments provided on patient feedback cards we saw included, "Very happy you offer NHS appointments on a Saturday". "Please can we have more evening slots after six pm"?

We saw that the practice carried out regular quality assurance checks on equipment used in the practice. Records we reviewed demonstrated that dental equipment was regularly serviced and included annual radiation surveys and fire safety equipment inspections. Infection control audits were conducted as specified by the Infection Prevention Society and environmental audits were undertaken by the practice in accordance with the Department of Health (DoH) guidelines.

A written complaints procedure was in place and patient comments cards displayed in the waiting area. At the time of our visit there were no complaints reported for us to review.

## 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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