

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

The Dental Practice

Stockwell Lodge Medical Village, Rosedale Way,
Cheshunt, EN7 6QQ

Date of Inspection: 26 November 2013

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December 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
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Miss Tazim Hakimji
Overview of the service	The Dental Practice is registered to provide primary dental services.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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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 unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 26 November 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

We spoke with five people who visited the practice on the day of the inspection. They all said that they had been visiting this practice for a number of years and that they were very happy with treatment they received. One person said, "The staff are very welcoming. I use to be fearful of dentists but I like coming here. They make you feel at ease." Another person said, "I like coming to this practice because the treatment is very good. The dentists discuss my treatment plan with me. I have no complaints. I would recommend to others and I have recently recommended it to my son."

We found that the provider was meeting the standards we had inspected. People had been provided with information about the service, opening times, various treatments and the costs. People's privacy and dignity had been respected. People had been involved in the decisions about their treatment. There were systems and procedures in place to control the spread of infection. We noted that the staff had been provided with relevant training for the work they performed. There were systems in place for assessing and monitoring the quality of service.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

The people we spoke with confirmed that they had been provided with information about the types of treatment available and the costs involved. We noted that leaflets about the services provided were available for people in the reception area. We also noted that the NHS 3 bands of fees had been displayed on the notice board so that people were aware of the costs they would have to pay when receiving treatment.

The dentist said that they always discussed people's dental and oral problems with them and provided them with treatment options so that they would be able to make an informed decision. We observed that staff at the reception spoke politely with the people and those on the telephone. The staff said that they only asked people their names when they arrived and asked them to wait. They also said that they respected people's privacy and dignity by ensuring that they discussed confidential matters in the privacy of the surgery and they kept the doors shut when treating people.

We noted that the practice was designed to be accessible to people with mobility problems and wheelchair users.

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 reviewed five of the people's records who had visited the practice on the day of the inspection. We noted that an oral assessment and a full dental mapping had been carried out. The staff we spoke with said that each person completed a medical history so that the dentists were aware of any medical conditions that may affect their treatment. The dentists said that they reviewed each person's medical history during their visits so that up to date information was available to them prior to any treatment.

We observed one person having their dental treatment and noted that the dentist had explained to the person the treatment that had been agreed. They also explained the process of the treatment and they checked with the person whether they were in pain or not. The person confirmed that they felt reassured and relaxed during the treatment and were happy with the outcome. However, the provider may find it useful to note that a record had not been kept to show that a discussion had taken place and the treatment options provided to the individual.

We noted that each patient had signed to indicate their consent and the records showed that patients had been given treatment options so that they were able to make an informed decision. This meant that people had been given safe and appropriate treatment.

We identified that the practice had suitable systems, training, medicines and equipment in place to respond to medical emergencies and ensure people's safety. We evidenced from the staff training records that they had received training on how to deal with medical emergencies. We saw an action plan had been displayed in each surgery to ensure that staff were aware of the measures they should take in an emergency.

We saw records of the emergency medicines that had been audited regularly to ensure these were within the expiry date. Regular checks had been carried out on oxygen cylinders and portable suction machines to ensure that these equipment were in good working order and readily available for use.

We noted that the dental and x-ray equipment had been regularly serviced and maintained to ensure it was safe and people were protected.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

The dentist said that the practice had procedures in place to ensure that the cleanliness of the instruments, equipment and premises were being maintained. We noted that regular checks had been carried out to monitor the effectiveness of the procedures and safe practices.

The practice had a decontamination area for cleaning and sterilising equipment and dental instruments. This area also had an x-ray machine which had been partitioned with a screen. The staff showed us how they cleaned equipment between people and sterilised the used dental instruments before being placed in the autoclave. We saw how instruments had been bagged and dated to ensure that these were used within the expiry dates. However, the provider may find it useful to note that there was not a separate decontamination room.

We saw the staff training records that showed that they had received training on the prevention of infection to ensure standards were being maintained in relation to national guidance. We noted that staff had access to gloves, aprons and masks to ensure the control and prevent the spread of infection. Staff were aware of the procedures to prevent the spread of blood-borne viruses in the event of a sharp's injury and the action they should take to protect themselves. The dentist stated that there were contracts in place for the safe disposal of clinical waste, sharp items and hazardous fluids. However, the provider may find it useful to note that the clinical waste had been stored in a room with other chemical products, medicine box and dental impressions.

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

The dentist said that all staff had completed an induction programme at the start of their employment. This ensured that they were aware of the policies, procedures and practices for their role. They also said that they had received other training relevant to their work including infection control, basic life support, child protection and safeguarding adults from abuse. We noted that information about the General Dental Council (GDC) Standards for the Dental Team had been displayed on the notice board so that people were aware of the standards expected from their dentists when receiving treatment. We also noted that the whistle blowing policy had been displayed so that staff were aware of their responsibilities for raising their concern about a wrong doing within the practice.

The staff we spoke with told us that they received regular appraisals where they discussed issues relating to their work, including their own learning and development needs as part of their continuing professional development (CPD). This was to ensure they were competent in their role.

The staff we spoke with said that they held regular staff meetings and that they worked well as a team and contributed their views on the running of the service.

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

During our inspection visit, the dentist said that they carried out regular people's satisfaction survey. The feedback from the last questionnaire survey completed in April 2013 had been positive. However, it had identified areas for improvement particularly to ensure people were comfortable and relaxed during treatment, using texting for sending reminders and appointments and waiting room chairs could be more comfortable. The dentist said that they had been exploring these suggestions as part of their action for implementation.

The staff we spoke with said that regular staff meetings had been held to discuss issues relating to the day to day running of the practice, training planning for staff and reflective learning so that people received safe and appropriate treatment to meet their needs.

We saw records of other health and safety checks, equipment maintenance and servicing that had been carried out so that the practice continued to provide a safe and comfortable environment for people using the service.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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