

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

Croxley Dental Clinic

138 Watford Road, Croxley Green,
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Tel: 01923775135

Date of Inspection: 28 November 2013

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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

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

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

Complaints ✓ Met this standard

Details about this location

Registered Provider	Croxley Dental Clinic
Registered Manager	Mrs. Reena Amish Zakharia
Overview of the service	Croxley Dental Clinic provides primary dental care to adults and children.
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 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 28 November 2013, talked with people who use the service and talked with staff.

What people told us and what we found

People we spoke with were happy with the service they had received. One person we spoke with said of the staff "they always do their best; it's a pleasure to come here". People told us that treatment options were always explained to them and that they consented to any treatment they had.

The clinic had a robust system in place to prevent cross contamination. We saw evidence that health and safety checks had been carried out to ensure that medical equipment was safe and properly maintained. We saw evidence that the clinic had a complaints policy and procedure in place and that the clinic had sought to obtain the views of people who used the 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 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 we spoke with told us that during consultation the dentist always gave them the opportunity to ask questions and that their questions were always answered. People told us that they never felt hurried and the dentist was patient and made them feel at ease.

This meant that people were given the opportunity to express their views and were involved in making decision about their treatment.

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

People we spoke with all said that prior to treatment taking place; they were asked to complete a consent form to provide the clinic with consent to treat them. We were shown a copy of the consent form which stated that people agreed to the proposed treatment and that the relevant treatment options had been explained to them. A dentist that we spoke with told us that verbal consent was also obtained prior to treatment such as x-rays taking place.

This meant that the provider had taken reasonable measures to ensure that people understood what treatment they were consenting to.

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

People we spoke with were happy with the service they had received; two people told us that when they required emergency treatment they had been seen at short notice. A dentist and people we spoke with told us that consultations with dentists took place in the privacy of the treatment room, prior to treatment taking place. People were provided with details of different treatment options suitable for them as well as the costing. People told us that they were given enough information to make an informed decision as to what treatment was suitable for them. We saw that the clinic had leaflets situated in the reception area which provided people with details of the cost of private treatment. We also saw that NHS costing was displayed.

We were told by the receptionist that when people joined the clinic they are required to complete a medical questionnaire before they were seen by the dentist. This was to ensure that the dentist was made aware of any pre-existing conditions to ensure that the appropriate treatment was offered. We saw on the wall in the reception area that there were photographs of staff, we were told that this was for people to be able to 'put a face' to a name of staff who may be providing treatment.

We saw that the clinic had an emergency medication kit and emergency oxygen which had been regularly checked by staff. We also saw that the receptionist had a copy of the protocol to be used in the event that a patient collapsed in the clinic. We saw evidence that staff had received training in emergency first aid.

This meant that the provider had taken reasonable steps to ensure that people experienced effective, safe and appropriate treatment.

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

During our tour of the clinic we were shown the designated decontamination room we were able to see that clear instructions had been posted around the room for staff to refer to should the need arise. We observed that the room was clean and tidy. The dental nurse talked us through the decontamination process for dental instruments and the clean and dirty flow adopted during the process.

We were told that following decontamination, instruments were placed in sealed bags and dated. We were told if instruments were not used within a year they were re-sterilised. We saw that the dental nurses had a checklist for the autoclave, to ensure that it was in working order. The dental nurse also talked us through how they cleaned the treatment room at the beginning of the day, after each patient and at the end of the day.

We were shown the records of staff training in connection to infection control. We saw that the practice had an infection control and hand hygiene policy. We saw that the clinic had three colour coded mops and buckets, one was used to clean the kitchen, the other was for the surgeries and the third was for the toilet.

This meant the clinic had a robust process in place to minimise the risk of cross contamination.

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 in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

The clinic had recently conducted a patient's survey in order to obtain the views of people who used the service. The results showed that people were very happy with the service they had received. We saw that a person had described the service as 'absolutely brilliant' and another person said that they had always received an excellent service. This meant that the provider had taken reasonable steps to assess and monitor the quality of the service people received.

We saw that the clinic had undertaken risk assessments in connection to infection control, surgery hazards, exposure to radiation, hazardous material, electrical equipment and slip, trip and falls.

Health and safety checks had been carried out to ensure that the premises and equipment such as the x-ray machines were safe.

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

We saw that the provider had a complaints policy and procedure in place; this was displayed in the waiting area as well as a comments box. This meant that people had been provided with clear information on how to make a complaint. The manager showed us the complaints book which detailed the complaints that the clinic had received. However, the provider did not always document the outcome of the complaint. The provider may wish to note that a documented audit of the steps taken and the decision reached should be kept. We saw that the clinic staff had received several thank you letters and cards from people who had used 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.

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