

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

Smile Cliniq - Boundary Road

102 Boundary Road, London, NW8 0RH

Tel: 02073281200

Date of Inspection: 12 March 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
Records	✓	Met this standard

Details about this location

Registered Provider	Smile Cliniq
Overview of the service	This newly refurbished single surgery practice is situated in a row of shops. Four part time dentists are supported by a nurse and a receptionist. Sedation is undertaken and an attending anaesthetist helps to provide this service. The practice only treats private patients.
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 12 March 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and reviewed information we asked the provider to send to us.

What people told us and what we found

We found a highly motivated practice with a patient centred approach. Customer care and involvement were at the centre of the practice delivery. A commitment to staff training and attaining excellence were seen to be driving the provider forward. The staff communicated well with patients and were approachable and professional. The manager provided us with high quality governance information to demonstrate the service they provided.

The person we spoke with told us "I don't want to know the details but the dentist always makes sure I understand my treatment".

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.

Patient's privacy, dignity and independence were respected.

Patient'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

Patients who use the service understood the care and treatment choices available to them.

We saw signed treatment plans showing the costs and types of treatment proposed. The record card entries showed us that there were discussions between the dentist and patient. We were told by one person that they were always involved in the planning of their care.

Patients were given appropriate information and support regarding their care or treatment.

We saw plenty of information leaflets in reception. The provider had also compiled an informative patient manual. This detailed the services available and had many pictures to help describe treatments available. There was also a section introducing all the staff members. We saw the results of patient feedback and these were also available in the waiting area for patient's information.

Patient's diversity, values and human rights were respected. The person we spoke with said they had been treated with dignity at all times. They told us they were always treated in private and listened to by the dentist and staff. They told us appointments were easy to make and ran on time. The patient told us "They are friendly. As I am terrified they made me particularly at ease."

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Patients experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

Patient's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Treatment plans were provided with clear involvement from the patient. Their needs were well assessed and the care plan centred on those needs and the patients choices.

We saw audits and checks were being done regularly to ensure standards of care were maintained. Patients' risks were seen to be thoroughly assessed. They were recalled according to the risks and this was done using current professional guidelines.

Care and treatment was planned and delivered in a way that was intended to ensure patient's safety and welfare. We saw risk assessments were done to ensure the safety of all patients and staff. The receptionist told us that there are both electronic and written diaries to ensure services were maintained.

There were arrangements in place to deal with foreseeable emergencies. We saw there was oxygen and medical emergency drugs that were accessible, regularly checked and in date. The practice did not have a defibrillator but we were told the supermarket had one nearby that would be used if required. The practice offered sedation and the provider told us they had been advised that a defibrillator was not essential. The provider has confirmed his intention to purchase one. We were shown records regarding basic life support training.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

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

The practice was very tidy and uncluttered. Cleaning was being undertaken according to the current guidelines. We saw that all infection control procedures were in line with current guidelines and we saw flow charts on the walls to remind staff of the correct procedures.

We were shown a compliant decontamination cycle by the nurse in a separate decontamination room. We were told that there were plans to update the decontamination facilities as part of an overall refurbishment of the practice. Water safety checks were all recorded according to current guidelines apart from water temperature recording. The provider said this was an oversight which would be remedied immediately.

Personal protective equipment was readily available to staff and was worn appropriately.

We saw records of infection control training that was current. Hand washing and inoculation injury guidance was also displayed above the sinks. The staff told us they knew what to do if they did suffer a sharps injury. An accident book was available to record events.

We saw that the sharps boxes were of the correct design and were inaccessible to people using the service. We saw waste was segregated into different coloured bags according to guidance. We saw records showing that the waste was being correctly and safely disposed of. The nurse explained how she would clean a spillage of blood and mercury. We also saw the policy explaining how this was to be done.

All equipment was being maintained and checked in line with current guidance. We saw service records and infection control records and audits.

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.

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

Reasons for our judgement

The provider has secured high standards of care by creating an environment where clinical excellence could do well. We were shown extensive records of checks and audits designed to continually improve the service to patients and the development of workers. We saw all records of registration with the General Dental Council were in line with guidance. We saw records showing all staff were protected by immunisation against blood borne infection.

The practice held records of staff's continuing professional development (CPD) which showed high levels of training and personal development. Practice meeting minutes indicated good levels of communication between all providers. The staff told us how they would register a concern under whistle blowing procedures. They said there was an open door policy for communicating any concerns. We saw there were flow charts detailing what to do if there was a child protection problem identified.

We were shown a complete COSSH file and the radiation protection file was shown to us on line. The nurse told us "I just love working here."

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

Patients were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

Patient's personal records including medical records were accurate and fit for purpose.

We examined two clinical records. The provider had designed a system to ensure nothing was forgotten when completing the records. The notes were written contemporaneously and in sight of the patient for consent and clarity purposes. All current guidelines were seen to be followed. Checks were undertaken to maintain standards.

Records were stored securely both electronically and in locked cabinets. We saw very accurate record keeping and evidence people who used the service were involved in their care plan. We were shown extensive referral pathways to other providers to ensure high quality outcomes for the patients. The practice computers were password protected to ensure access was restricted. Paper records dating back to the previous provider were securely stored in the basement and in locked cabinets. The provider is registered according to Data protection guidance and explained his understanding of the Freedom of Information Act.

Staff records and other records relevant to the management of the services were accurate and fit for purpose. Staff demonstrated they understood the complaints process. We were shown a business continuity plan. A copy of this was stored safely off the premises. We were shown record and radiograph checks designed to maintain high standards. Insurance certificates were seen and the employer's liability certificate was displayed.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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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