

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

Windsor Centre for Advanced Dentistry

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Date of Inspection: 14 January 2014

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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
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	Windsor Centre For Advanced Dentistry Limited
Registered Manager	Dr. Tidu Mankoo
Overview of the service	Windsor Centre for Advanced Dentistry provides a comprehensive range of dental care for private patients - including restorative, aesthetic, cosmetic and implant dentistry.
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

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 14 January 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

We spoke with three patients regarding their experience of the practice. Patients told us they were highly satisfied with the service provided. They told us they felt that staff were friendly and treated them with respect. One patient said, "I cannot speak highly enough of them."

Patients we spoke with told us they were given treatment options and were made aware of treatment costs. We viewed six patient records and found these contained appropriate information regarding previous examinations and treatments.

The practice was clean, hygienic and had effective systems which reduced the risk of healthcare associated infection. Relevant hygiene and infection control guidance was followed.

Staff told us they felt supported by management. We saw staff were appraised annually and attended regular team meetings. Staff undertook appropriate training and were supported to deliver effective care and treatment safely.

Patients we spoke with were happy with the care provided and had no complaints. The practice's complaints procedure was clearly displayed in the waiting room. We also noted a comments box was available for patients.

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

On the day of our inspection we observed patients were treated in a helpful and professional manner when arriving at the practice. Patients we spoke with were complimentary about the dental teams. They told us that procedures were always explained in detail and they were made aware of the costs of treatment before making a decision on their choice of treatment. We saw detailed treatment plans including options available and the costs involved in patients' records. We saw there was a separate room where treatments and costs could be discussed privately with the patients. We noted that treatment prices were displayed in the waiting room.

We spoke with the practice manager about patient surveys. We were told that the practice had started to complete yearly surveys. Patients were asked questions about their specific dentist as well as the overall practice. Questions asked related to topics such as the cleanliness of the practice, helpfulness of the reception staff. As well as, treatment plans, the quality of treatment and if dentists were caring and helpful. The provider sent us the result of the last survey completed and we noted that feedback was positive. We saw in a staff meeting that the summary of the patients' survey was discussed. The practice responded to comments that patients had made. For example, one patient had commented that the practice was looking 'tired'. The practice manager informed us that because of this comment it had been decided to re-decorate. This had been completed in December 2013.

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 patient's safety and welfare.

Reasons for our judgement

Patients were satisfied with their care and treatment. All of the patients we spoke with told us the practice had been recommended to them. One patient told us, "I was recommended this practice and it has not disappointed me. I travel a long way to get here and I am happy to do it because of the service I receive." Another told us, "I would not hesitate in recommending them, I have received brilliant care."

We viewed six patient files. Patient records contained information about the patient's examination and treatments. We saw that files also contained treatment plans explaining in detail the different treatment options and the costs involved. The dentist we spoke with told us they used a range of methods to help patients to understand problems with their teeth and the options available. This included reviewing x-rays, taking photographs of the teeth and showing models.

Patients told us the dentists provided them with information following any treatment they had undergone. Patients were also provided with information about what to do if they were worried or concerned. One patient told us, "The dentist gave me his number in case I had concerns. Instead he called me to check I was okay the following day."

The practice scanned in signed medical histories and we were told by both the dentist and the patients that these were checked at each appointment. We reviewed six files and found the medical history had been recorded as checked at each visit. The dentist we spoke with told us, "I check every time. Even if I have seen them a week before, you need to check nothing has changed in that time." Any medical conditions that may affect a patient's treatment appeared as a medical alert 'pop-up'. This ensured that dentists were aware of patients' medical conditions that could be affected by dental treatments.

The practice had procedures in place to deal with medical emergencies. Emergency medical equipment and drugs were available for staff to use in case of a medical emergency. The emergency drugs were all in date and kept securely in a central location. All staff had been trained during 2013 in basic life support, medical emergencies and how to use a defibrillator (a device which when applied will give a brief electroshock to the heart). This meant that staff had received training so that they could deal with any

complications arising from 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.

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

Reasons for our judgement

Patients were protected from the risk of infection because appropriate guidance had been followed. Patients were cared for in a clean, hygienic environment. Patients we spoke with had no concerns over the cleanliness of the practice. One patient told us, "The cleanliness is superb." Patients told us staff always used gloves, aprons and face masks when treating them.

The practice was situated over four floors. The basement area was used by staff and contained a meeting room, offices, kitchen and toilets. The reception area, waiting room, x-ray room and two surgeries were located on the ground floor. The first floor contained two surgeries and a patient toilet. The second floor had one surgery and a patient toilet. The dentists and the hygienist each had their own surgeries. The practice operated with a separate decontamination room for the cleaning of dirty instruments located on the first floor. We toured the practice and found it to be clean, modern and well maintained.

The practice worked to essential standards in line with infection control guidelines within the Department of Health's guidance known as Decontamination Health Technical Memorandum 01-05 (HTM 01-05). This document describes in detail the processes and practices essential to prevent the transmission of infections and to provide clean safe care. It is used by dental practices to guide them to deliver an expected standard of decontamination. The provider may like to note that there was no written plan as to how the practice was going to achieve 'best practice' as required by the HTM01-05 guidance.

There were effective systems in place to reduce the risk and spread of infection. We viewed all of the surgeries and saw there were designated clean and dirty areas. This system ensured that clean and dirty instruments did not come into contact with one another. Surgeries contained designated sinks for hand washing and clear instructions on suitable hand washing procedures. We noted there was liquid soap, hand hygiene gel and paper towels available in the surgeries and toilets for staff and patients to use.

We asked staff to tell us how they prepared the surgeries between patients. They told us all work surfaces and dental equipment, including the dentist's chair and light were thoroughly cleaned between patients. This helped to prevent the risk of cross

contamination. We saw schedules for daily and weekly cleaning were completed and regularly checked and audited. We saw checklists were completed by staff to confirm that the necessary cleaning had taken place. The provider may wish to note that guidance from HTM01-05 states that infection control audits should be completed every six months. However, we noted the provider was able to demonstrate other appropriate infection control measures. Such as using HTM01-05 daily cleaning schedules for the surgeries and decontamination room.

Staff told us they wore protective equipment such as disposable gloves, aprons, masks and visors. We saw these were available throughout the practice, and observed staff wore appropriate equipment while completing tasks. The practice manager informed us that staff removed their uniforms before leaving the practice to reduce the risk of cross contamination. We saw evidence of staff adhering to this policy. We reviewed files that demonstrated staff were vaccinated against infectious diseases such as Hepatitis B where they were at potential risk.

We saw evidence that equipment was maintained and serviced in line with the manufacturer's recommendation and requirements. Daily checks took place on the ultrasonic cleaner to ensure that it was working to the correct temperature. The practice had an up-to-date infection control policy in place and staff we spoke with were able to explain the procedures of this policy.

We viewed the decontamination room and asked the infection control nurse to explain how instruments were cleaned. After each patient, instruments that required decontamination were put into a designated lidded box within each of the surgeries. The box was transported to the decontamination room where instruments were scrubbed clean in a designated sink. After rinsing in a separate sink, they were placed in the ultrasonic cleaner for a timed period. Instruments were then inspected under an illuminated magnifying glass to check they were clean and dried using lint free cloths. Any instruments found not to be clean were put through the whole cycle again. Once inspected, instruments were placed on trays and sterilised using an autoclave. Instruments were placed into pouches and dated before being transported back into the surgeries via a clean lidded box.

We observed that sharps containers were well maintained. The practice disposed of hazardous waste using an appropriate contractor. We saw evidence of the most recent consignment notes from this contractor.

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

Reasons for our judgement

The practice employed four dental nurses, two patient co-ordinators, and a practice manager. There were four associate dentists and a self-employed hygienist. During our visit we spoke to one dentist, two nurses and a patient co-ordinator. We also spent time with the practice manager. They told us they felt the practice valued their opinions and supported their training needs.

The practice manager informed us that several meetings took place regularly. These consisted of staff meetings, nurses meetings and dentist meetings. Meetings for the administration team were also held. Staff told us these were open discussions and helped with the running of the practice. We viewed minutes for each of the meetings held. We noted that discussions were held on patient treatments, training, appraisals and feedback from patients.

Staff received appropriate professional development. We viewed the personnel files for three nurses and a dentist. We saw evidence that the dentists and dental nurses were registered with the General Dental Council (GDC). The GDC requires all clinical staff to complete specified hours of training in a five year cycle. This ensures that clinical staff have current knowledge of dental procedures and are fit to practice. Files we reviewed evidenced that staff were keeping up to date with the training required. We saw evidence that there had been training in core subjects such as, radiation, safeguarding children and vulnerable adults, and infection control. Files also included training on basic life support and medical emergencies. This meant the practice ensured that patients were protected from the risk of harm by employing suitably trained staff.

Staff we spoke with told us they received yearly appraisals and regular supervision. They told us that appraisals allowed them to talk about work progression, training opportunities and any problems or concerns. Files we reviewed confirmed these meetings took place and we saw evidence that the practice encouraged staff to obtain further training. One staff member we spoke with told us, "I feel very supported here, I love my job." This was echoed by other staff we spoke with.

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. Comments and complaints patients made were responded to appropriately.

Reasons for our judgement

We spoke with patients regarding complaints. They told us they had no concerns and none had needed to make a complaint. One person told us, "I have not had anything to complain about but if I had any concerns I would talk to my dentist."

We observed a comments box situated in the waiting room of the practice. Patients were able to write any concerns or complaints anonymously if they wished. We also noted the complaints policy on display in the waiting room. This explained the steps for managing complaints and the details of two organisations that could be contacted if the complainant was not satisfied.

The practice manager told us, if they received a complaint in writing, they would acknowledge the complaint within three working days. An investigation would take place and a response was provided to the complainant within 10 working days. We noted the practice kept a summary list of any complaints received and the outcome of the complaints. We reviewed two complaints received in 2013. We saw these had been responded to in line with the provider's policy and to the satisfaction of the complainant.

This meant the practice gave patients the opportunity to raise concerns anonymously and responded appropriately to complaints received

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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