

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

East Finchley Smiles

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Tel: 02084443436

Date of Inspection: 16 April 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
Safeguarding people who use services from abuse	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	East Finchley Smiles Limited
Registered Manager	Mrs. Melissa Freedman
Overview of the service	East Finchley Smiles treats NHS and private patients. It offers a range of dental treatments to adults and children.
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 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 16 April 2013, talked with people who use the service and talked with staff.

What people told us and what we found

Patients were able to discuss treatment, medical history, fees and other matters behind closed doors in the treatment room. This ensured that patient privacy was respected. The provider told us that prior to any treatment, an examination would take place followed by a consultation where treatment and costs were explained and questions answered. Visual aids, diagrams and treatment leaflets were used as necessary, in order to support this explanation.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People we spoke with were positive about the quality of care and treatment received. One person told us, "I like the dentist's approach. Where ever possible, he tries to minimise the amount of surgery."

None of the people we spoke with expressed concern about the safety of the environment where care and treatment was delivered. One person commented, "I'm glad I use this dentist. I feel secure."

We saw that the waiting area, treatment room and decontamination room were clean and clutter free. We spoke with three people. They were positive about cleanliness of the treatment room and overall environment. One person observed that the treatment room, "had the cleanliness of a clinical care setting but without being frightening."

None of the people we spoke with expressed concerns about the accuracy or confidentiality of patient records. One person told us, "the practice meets my privacy expectations."

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. 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

Patients were able to discuss treatment, medical history, fees and other matters behind closed doors in the treatment room. This ensured that patient privacy was respected. The provider told us that prior to any treatment, an examination would take place followed by a consultation where treatment and costs were explained and questions answered. Visual aids, diagrams and treatment leaflets were used as necessary, in order to support this explanation.

People who used the service told us they understood the care and treatment choices available to them. They were provided with a written treatment plan outlining costs, risks and benefits. The provider told us that fees were listed in a patient folder kept in the waiting area. People we spoke with told us they felt comfortable asking questions, with one person observing, "the dentist is very helpful. You do feel as though you can ask questions."

The provider told us that every four months, a patient forum was organised. Approximately ten patients (randomly selected from those who had received treatment in the last 12 months) were invited to meet with dentists and the practice manager to discuss issues. The provider told us that they had redecorated the reception following feedback from one such patient forum. This meant that the provider had taken people's views into account in the way the service was provided.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People we spoke with were positive about the quality of care and treatment received. One person told us, "I like the dentist's approach. Where ever possible, he tries to minimise the amount of surgery."

We selected three patient records at random and saw that the provider was able to explain the care and treatment documented in these records. We also saw that records indicated where a person had a medical condition such as asthma. This meant that the provider was planning and delivering care and treatment in a way that was intended to ensure people's safety and welfare.

We looked at provider records and saw that in February 2013, staff undertook annual Cardio Pulmonary Resuscitation (CPR) training. In addition, the status of bottled oxygen and the expiration dates of emergency drugs were checked weekly and information recorded. This meant that there were arrangements in place to deal with foreseeable emergencies.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

None of the people we spoke with expressed concern about the safety of the environment where care and treatment was delivered. One person commented, "I'm glad I use this dentist. I feel secure."

Staff we spoke with had received safeguarding training (Level II) and demonstrated an understanding of safeguarding children and vulnerable adults. They were also able to describe possible types of abuse such as physical, verbal and emotional abuse.

We looked at the provider's safeguarding policies for Vulnerable Adults and Children. The provider may wish to note however, that these policies did not include the procedure for reporting a safeguarding concern. In addition, they did not include contact details for the local authority safeguarding team (during our inspection the provider amended the policies to include local authority safeguarding team contact details).

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. People were cared for in a clean, hygienic environment.

Reasons for our judgement

We saw that the waiting area, treatment room and decontamination room were clean and clutter free. We spoke with three people. They were positive about cleanliness of the treatment room and overall environment. One person observed that the treatment room "had the cleanliness of a clinical care setting but without being frightening."

There were effective systems in place to reduce the risk and spread of infection. The provider had installed a separate decontamination room for cleaning dental instruments. Staff could explain the process to be followed to ensure that dental instruments were properly cleaned. They used appropriate personal protective equipment in the decontamination room, including eye protection, disposable aprons and gloves.

The provider told us that an infection control audit took place in January 2013 and as a result, plans were underway to purchase a washer disinfectant unit, to improve the cleaning of dental instruments.

We saw that staff continuing professional development included infection control and prevention. This enabled staff to provide care and treatment to patients safely and in a way that minimised infection risks.

The provider was aware of recent changes to Department of Health Essential Quality Requirements contained in Health Technical Manual 01-05 (Decontamination in Primary Dental Care Practices). We were told that a staff briefing was planned for May 2013 to discuss key changes.

Records

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

None of the people we spoke with expressed concerns about the accuracy or confidentiality of patient records. One person told us, "the practice meets my privacy expectations."

The provider told us that patient records were primarily held on its computer system. At the end of each day, any paper records used by reception staff were transferred to a more secure part of the practice. This meant that the provider had systems in place to ensure that patient records were stored securely.

We saw that patient medical history was updated at each visit and that this was reflected in patient records, for example, recording a penicillin allergy. This meant that the provider had accurate records to help identify and manage risks in relation to providing dental care.

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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