

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

Belmont Park Dental

4 Belmont Park, Lewisham, London, SE13 5BJ

Tel: 08443756993

Date of Inspection: 26 June 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

Supporting workers ✓ Met this standard

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

Details about this location

Registered Provider	Mr. John Ginty
Overview of the service	Belmont Park Dental practice provides dental treatment services to patients of all ages. At the time of our inspection, there were approximately 10,000 patient registered at the practice. The staff team at the practice include five practising dentists, two hygienists, one senior nurse, three dental nurses, and an administration team.
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 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 June 2013, talked with people who use the service and talked with carers and / or family members. We talked with staff and received feedback from people using comment cards.

What people told us and what we found

We spoke with five patients along with their parents during our inspection. They were all satisfied with the treatments they had received and made positive comments about the practice. Patients told us they were kept informed about their treatment options and any associated costs.

Patients told us they were kept involved in decisions about their treatments and knew what to expect during their course of treatment. One patient told us, "They've given me advice about my treatment, but I was the decision maker. I feel reasonably aware of what needs to be done." Another patient told us, "The dentist could not be better. They were gentle and answered my questions."

There were arrangements in place to reduce the risk and spread of infection, including staff training, policies and procedures, and appropriate decontamination arrangements.

Staff were supported in their work and had access to continuing professional development (CPD). Subjects covered as part of staff CPD included a range of topics related to their professional work, such as safeguarding children from abuse, infection control and medical emergencies.

Quality monitoring arrangements were in place in the service, including survey questionnaires, practice meetings and audits.

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 understood the care and treatment choices available to them. Patients told us they were kept informed about their treatment options and any associated costs. Patients told us they were kept involved in decisions about their treatments and knew what to expect during their course of treatment.

One patient told us, "They've given me advice about my treatment, but I was the decision maker. I feel reasonably aware of what needs to be done." Another patient told us, "The dentist could not be better. They were gentle and answered my questions."

Patients were given appropriate information and support regarding their care or treatment. Information leaflets were available in the reception and waiting area of the practice, which patients were able to take. Patients we spoke with also confirmed they were given a copy of their treatment plan.

Patients were treated with dignity and respect. Patients told us their treatments were provided in private surgery rooms, without interruptions during their treatment sessions.

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

Patients we spoke with told us they were happy with the treatments they had received. One patient told us, "I have been coming here for many years. Overall I'm very satisfied." Another patient told us, "it's easy getting an appointment and they look after you." Another patient told us, "I have no cause for complaints."

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Patients we spoke with confirmed that their dentist carried out a full dental examination and recorded details of their dental and medical history as part of their initial consultation or further consultations completed every few years. The provider may find it useful to note that some of the information requested in the medical history form was not necessary or relevant to people's medical and dental histories.

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. Patients' allergies and sensitivities were recorded as part of their treatment plans. Patients we spoke with told us they were involved in deciding the best treatment options for them.

There were arrangements in place to deal with foreseeable emergencies. Emergency drugs and oxygen kits were available in the practice. The kits were checked on a daily and weekly basis to ensure all the necessary items remained in place and they were fit for use. Members of staff in the practice had attended relevant training in dealing with emergencies including workplace resuscitation, cardiopulmonary resuscitation (CPR) and medical emergencies.

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

Our judgement

The provider was meeting this standard.

People who used 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

People who used 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. The dentists had completed training in safeguarding people from abuse. However, the provider may find it useful to note that the dental nurses and reception staff had not completed training in safeguarding people from abuse.

The provider responded appropriately to any allegation of abuse. Supporting policies and procedures were in place to guide staff in what to do if they had concerns about any child's welfare, which included the contact details of local safeguarding contacts.

Criminal record checks had been completed for newer members of staff, which verified there was nothing in their history which made them unsuitable to work with children and other vulnerable people. The provider also had a policy in place relating to the recruitment of ex-offenders, which indicated that they would be risk assessed based on the role they were intended to fill. A manager told us that there were no ex-offenders currently employed in the service.

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

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

We inspected the surgery rooms and decontamination room within the practice and found them to be visually clean and well maintained.

We found that personal protective equipment (PPE) including gloves, aprons and face masks were available for dental staff to use during patient treatment sessions.

Suitable hand washing facilities were available throughout the practice, including dedicated hand wash sinks, liquid soap and paper towels. Instructions on correct hand washing practice were displayed on the walls close to the hand wash sinks.

There was a separate decontamination room within the practice. A dental nurse demonstrated the process for the decontamination of instruments. There was a clear process in place, appropriate room design, layout, and equipment, to ensure that clean and dirty instruments did not contaminate each other.

Infection control audits were completed in the practice. The most recent cross infection audit report identified areas of practice improvements required, which the provider was working to address.

Records showed that staff had appropriate vaccinations, as part of the measures taken in the prevention of occupationally acquired infection and preventing and controlling the risk of transferable infections at work.

A number of policies were in place to ensure infection control, including those relating to the operation and maintenance of decontamination and sterilisation equipment, and maintaining a clean environment. Records and our observations confirmed that these were followed.

Staff had training and updates in infection control, and the topic was covered in their professional qualifications and ongoing continuing professional development.

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 patients we spoke with during our inspection were satisfied with their treatment experiences at the practice.

Staff received appropriate training and professional development. Records showed that staff had ongoing continued professional development (CPD). Subjects covered as part of staff CPD included a range of topics related to their professional work, such as infection control and medical emergencies.

A manager told us that the practice meetings held every two months were used to discuss development topics, such as improvements in clinical practice or updated policies and guidance, with the staff team attending.

The provider has safeguarded high standards of care by creating an environment where clinical excellence could do well. Records showed that the dental staff in the practice maintained their professional registration.

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 received.

Reasons for our judgement

Patients and staff were asked for their views about the care and treatment and their responses were acted on. Patients were able to provide feedback using the suggestions box in the reception area. Practice meetings were also held with the staff team every two months. The practice meetings was used to review comments received from the suggestions box, patient case scenarios and other practice matters, such as fees.

The provider completed a range of audits to check of the quality of different aspects of the service. An audit was recently completed on cross infection, and improvement actions identified were in the process of being completed. A manager also told us that x-ray images audits were led by the principal dentist to review the quality of -xray images in the practice.

A number of quality and safety checks were completed on equipment used in the practice. Daily and weekly checks were completed on the sterilisers used in the practice, to verify that they worked appropriately.

No recent complaints or incidents had been recorded at the practice.

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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