

# Review of compliance

## Harley Dental Clinics Limited Davies & Associates

<b>Region:</b>	London
<b>Location address:</b>	111 Harley Street London W1G 6AW
<b>Type of service:</b>	Dental service
<b>Date of Publication:</b>	August 2012
<b>Overview of the service:</b>	Davies & Associates provides private dental services to adults and children from a practice in central London. They provide a range of general dental and cosmetic treatments.

# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**Davies & Associates was meeting all the essential standards of quality and safety inspected.**

The summary below describes why we carried out this review, what we found and any action required.

### Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

### How we carried out this review

We reviewed all the information we hold about this provider and carried out a visit on 14 June 2012.

### What people told us

We spoke to two people who had used the service. They told us that the practice was "excellent", "first rate" and that they would recommend it to other people. They said that they were told about their treatment options, including what the risks and benefits were, and that the costs of treatment were clear. They praised the quality of the treatment they received and said that they felt safe using the practice. They told us that the practice was always clean and "spotless".

### What we found about the standards we reviewed and how well Davies & Associates was meeting them

#### **Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

The provider was meeting this standard. People's views and experiences were taken into account in the way that the service was provided and delivered in relation to their care.

#### **Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights**

The provider was meeting this standard. People experienced care, treatment and support that met their needs and protected their rights.

#### **Outcome 07: People should be protected from abuse and staff should respect their human rights**

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.

**Outcome 08: People should be cared for in a clean environment and protected from the risk of infection**

The provider was meeting this standard. People were protected from the risk of infection because appropriate guidance had been followed.

**Other information**

Please see previous reports for more information about previous reviews.

**What we found  
for each essential standard of quality  
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that 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.

A moderate impact means that 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.

A major impact means that 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.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

# Outcome 01: Respecting and involving people who use services

## What the outcome says

This is what people who use services should expect.

People who use services:

- \* Understand the care, treatment and support choices available to them.
- \* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- \* Have their privacy, dignity and independence respected.
- \* Have their views and experiences taken into account in the way the service is provided and delivered.

## What we found

### Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

### Our findings

#### What people who use the service experienced and told us

We spoke to two people who had used the service. They told us that they understood the care and treatment options open to them. They said that they were told about their treatment options and what the risk and benefits of them were. They said that the costs of treatments were made clear and that they would be happy to raise any concerns they had with staff.

#### Other evidence

People who use the service were given appropriate information and support regarding their care and treatment.

Staff provided verbal explanations of treatment options, their risks and benefits and what they would involve. Written information on treatments was also made available via leaflets and the practice's website. There were written details available on what the costs of treatments were and staff discussed these with patients. Patients could be provided with written copies of their treatment plans by staff, if they requested them.

The practice had a written 'clinical treatment' policy which included details on treating people with respect, confidentiality and equality and diversity. Staff on the practice reception desk had received specific training in customer care. The practice was

accessible for people who use wheelchairs.

**Our judgement**

The provider was meeting this standard. People's views and experiences were taken into account in the way that the service was provided and delivered in relation to their care.

## Outcome 04: Care and welfare of people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

### What we found

#### Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

#### Our findings

##### What people who use the service experienced and told us

We spoke to people who had used the service and they told us care and treatment was delivered in line with their individual treatment plan. They said that the practice was "excellent" and "first class". They praised the quality of the treatment they received and said that they were followed-up by the practice after their treatment.

##### Other evidence

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. Patients were asked to complete medical history forms to ensure that it was safe for them to undergo treatment. Dental assessments were carried out on patients prior to treatment and appropriate follow-up appointments were arranged to check on the treatment outcomes. Verbal post-treatment instructions were provided to patients, as well as in writing where necessary.

There were arrangements in place to deal with foreseeable emergencies. The practice had medical emergency policies in place and all staff had been trained in what to do in such circumstances. The practice had suitable emergency drugs and equipment in place to deal with any emergencies and these were checked regularly. There were out of hours emergency contact details for patients on the practice's answer machine. The practice had a policy where any accidents or emergency situations would be reviewed to determine whether there were ways in which staff could improve and minimise the risk of reoccurrence.

#### Our judgement

The provider was meeting this standard. People experienced care, treatment and support that met their needs and protected their rights.

## Outcome 07: Safeguarding people who use services from abuse

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

### What we found

#### Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

#### Our findings

##### What people who use the service experienced and told us

We spoke to people who had used the service who said that they felt safe using the practice.

##### Other evidence

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.

The practice had child protection and safeguarding vulnerable adults policies in place and staff had been trained in them. Their training included details on possible signs of abuse and what to do in such situations. There was a written procedure on how to escalate concerns which included details on how to contact the safeguarding teams at the local authority.

##### 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.

## Outcome 08: Cleanliness and infection control

### What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the Code of Practice for health and adult social care on the prevention and control of infections and related guidance.

### What we found

#### Our judgement

The provider is compliant with Outcome 08: Cleanliness and infection control

#### Our findings

##### What people who use the service experienced and told us

We spoke to people who had used the service who told us that the practice was always very clean and "spotless", and that staff used gloves and visors when treating them.

##### Other evidence

There were effective systems in place to reduce the risk and spread of infection. The dentist was the infection control lead which ensured there was a named person responsible for overseeing the standards and practices. There was an infection policy that included procedures for the decontamination of instruments. The environment was clean and well maintained.

The decontamination procedure was explained to us by a dental nurse. There was a dedicated decontamination room with separate sinks for hand washing, cleaning and rinsing instruments. The procedure ensured that reprocessed instruments were free from visible contaminants prior to sterilization and included inspecting instruments with an illuminated magnifying glass. There were clearly marked clean and dirty areas that minimised the risk of clean instruments becoming contaminated.

Instruments were cleaned in an ultrasonic bath before being sterilized in a non-vacuumed autoclave. Sterilized instruments were packaged and stored for a maximum of 21 days, which ensured that they would not become contaminated before re-use. Amalgam separators were fitted in each dental surgery so that amalgam was filtered from the drainage system.

We saw evidence that the practice carried out decontamination audits on a quarterly basis in accordance with the Health Technical Memorandum 01-05 (HTM 01-05).

There was also evidence that the autoclave was checked daily for its working effectiveness. We were told by staff that whilst there were no current plans to install a washer/disinfector in the practice, they would be happy to do so once their scientific efficacy had been established.

There was evidence that a legionella risk assessment had been carried out and actions implemented as appropriate.

**Our judgement**

The provider was meeting this standard. People were protected from the risk of infection because appropriate guidance had been followed.

# What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

## Information for the reader

<b>Document purpose</b>	Review of compliance report
<b>Author</b>	Care Quality Commission
<b>Audience</b>	The general public
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