

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

## Chadwell Heath

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4AL

Tel: 02085903284

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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	Chadwell Dental Care
Registered Manager	Mr. Amer Ullah
Overview of the service	<p>Chadwell Dental Care is staffed with six dentists and a part time hygienist. There are 4 dental nursing staff three reception staff including a reception/ manager. The practice is a family oriented practice treating a whole range of age groups mainly under NHS care but it does have a considerable private dental component. The surgery is open Monday to Friday and out of hours emergencies are dealt with by an answer phone serviced by the PCT.</p>
Type of service	Dental service
Regulated activities	<p>Diagnostic and screening procedures</p> <p>Surgical procedures</p> <p>Treatment of disease, disorder or injury</p>

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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

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 26 February 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

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### What people told us and what we found

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We found an extremely well run practice situated in a small block of shops, on a main High Street. Patient's feedback, as well as discussions and observations with a patient confirm they were delighted with the service provided. They felt that they were given enough information about their treatment options as well as the fee scales and had no hesitation in asking any question in relation to their treatment or cost.

Our inspection found the staff to be friendly and accommodating as well as knowledgeable, we can report that patients were treated with respect and dignity as well as maintaining privacy. Consultations took place within private surgeries where privacy and confidentiality were ensured all treatments were explained in great detail.

Patients were able to make comments about their experience via feedback and comment cards on display in the waiting room. They were also encouraged to make suggestions for the better running of the practice. We observed that patients completed a medical history at their first visit and prior to any consultation or treatment with the dentist. We also observed medical histories being updated for several patients. Consent forms were signed before any treatment was commenced.

The majority of patient information was held on a practice management system, electronically, with password protection. Paper files were stored within the confines of the practice and held securely.

You can see our judgements on the front page of this report.

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://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

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### 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

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### Reasons for our judgement

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

We spoke to the manager and the two partners who told us that new patients were routinely assessed, treatment options and costs were provided to patients. People were involved in making decisions about their care and treatment.

In discussions with the manager we were told how feedback was acted upon and how patient's suggestions were discussed both generally as well as at practice meetings. We saw evidence that practice meetings had taken place with signed agendas documentation and outcomes.

The premises were located on the ground floor and were wheel chair accessible. There was a level surface throughout the building so all surgeries could accommodate wheelchair bound patients. There was also a disabled toilet with a wide opening door. The disabled toilet was fitted with low level facilities and aids.

We spoke with a patient of four years attendance at the surgery. She confirmed she was extremely happy with the care she had received. This comment was also reflected in the copious written feedback shown to us.

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

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**Our judgement**

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The provider was meeting this standard.

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

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**Reasons for our judgement**

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Patient's needs were assessed and treatment was delivered in line with their needs.

One of the partners took us through the "patient journey" on the computer system used by the service. We looked at three patient records on screen. We observed several examples of how a treatment plan was constructed which included all advisable treatment and the relevant cost. Private charges were clearly identified with various options for differing treatments. Several patients were observed signing their treatment plan and consent form at the reception desk. The partner showed us various models and diagrams which he regularly used in illustrating to patients various types of treatments.

Patients were treated with dignity and respect. We observed the receptionist providing information about appointments over the telephone. The information given was concise and accurate and the patient offered an appointment at their convenience.

We reviewed six patient record cards. All had an up to date medical history forms, and signed cost estimate forms. The medical history forms were updated at every consultation. The computer system was able to flag up those patients with medical alerts as soon as their records were accessed. We also observed that oral examination scoring was recorded. One partner confirmed that risk assessment on both dental decay and gum disease were routinely done. We were also shown a document explaining how the practice was involved in an audit with several other practices on the quality and value of their dental x rays.

There were arrangements in place to deal with foreseeable emergencies. We saw an emergency drugs kit and oxygen cylinder and other necessary equipment. All were observed to be in good order and the drugs were all in date. These were checked at regular intervals and we saw records of those checks. The practice also had an emergency eye bath station in place. We were shown evidence that staff had undergone medical emergency training.

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

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**Our judgement**

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The provider was meeting this standard.

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

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**Reasons for our judgement**

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

The manager together with the two partners and a qualified dental nurse showed us around the decontamination area in one of the surgeries. We observed relevant signage for clean and dirty areas, as well as a coded method for the separation of dirty and clean instruments. We were taken through the process of decontamination and were shown autoclave test results as well as up to date maintenance and certification on the equipment. The partners told us due to restricted space in the practice it had been impossible to construct a separate room for decontamination of instruments.

We observed staff wore protective equipment appropriate to the job that they were performing. All instrumentation was wrapped and sealed in the correct manner. We observed cleaning rotas, as well as the correct procedure and paperwork for the disposal of clinical waste.

Dental equipment tubes were regularly flushed out in the prescribed manner but the principals may wish to consider regular testing for bacteria in the dental unit water lines.



**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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### **Our judgement**

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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.

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### **Reasons for our judgement**

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Staff received appropriate professional development.

We spoke to the manager who confirmed the principals were active in supporting staff in their professional development. We were shown evidence of courses attended and induction policies. We also spoke to another member of staff who confirmed that all staff are provided with the necessary policies once they start their induction. We saw signed agreements with staff as well a host of supporting paperwork.

There was a whistle-blowing policy in place and when we spoke to a senior nurse she understood her responsibilities and was aware of who to report to both inside and outside the practice.

Practice meetings took place on a regular basis and these were structured and covered a wide range of topics.

There was a very efficient child and vulnerable adult safeguarding mechanism in place. All the staff had safeguarding training and there was a complete flow chart with referral names and actions on display. We were informed of a recent incident when action as per the policy was taken..

## Records

✓ Met this standard

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

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### Our judgement

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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

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### Reasons for our judgement

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People's personal records including medical records were accurate and fit for purpose. There was a practice management computer system available in all the surgeries with a monitor and keyboard at the reception area. The monitor was not visible to anyone sat in the waiting room and the reception area was enclosed.

The software system had safeguards and passwords to protect patient confidentiality, as well as automatic backup. Paper records were stored and locked away from public access.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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