# Inspection Report

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

## Dr Sandra Mira Pritlove-Carson

118 St Leonards Road, Windsor, SL4 3DG Tel: 01753857707

Date of Inspection: 27 September 2013

We inspected the following standards as part of a routine inspection. This is what we found:

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|---|---|
| **Consent to care and treatment** | ✓ 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 |
| **Assessing and monitoring the quality of service provision** | ✓ Met this standard |

## Details about this location

| | |
|---|---|
| Registered Provider | Dr. Sandra Mira Pritlove-Carson |
| Overview of the service | Dr Sandra Mira Pritlove-Carson provides specialist periodontal treatments to private patients. The practice also has associates who are specialist endodontists. |
| Type of service | Dental service |
| Regulated activities | Diagnostic and screening procedures<br>Surgical procedures<br>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'.*

## 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 27 September 2013, 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.

We reviewed all information held about the provider.

### What people told us and what we found

We spoke with three people who were attending the practice at the time of our visit. They were highly complementary about the quality of services they were receiving. One person said "If I hadn't come here I would have lost my teeth. I can't recommend them highly enough." Another person told us "This dentist is brilliant. They tell you what is involved and are up front about the costs involved."

People told us they were involved in their care and treatment. They said that after an examination the dentist would explain the possible treatment options and the various fees. They said they were given choices and could have a say in how their treatment was provided. They said the dentist always explained the risk and benefits of various treatments and provided details of the expected outcome.

We saw from the records that consent was sought in writing for various treatments and a record was kept on file. We saw detailed records of dental examination and observed that all patients' records contained well documented medical information, including full dental charts and treatment plans.

We saw the practice was clean and well maintained and staff followed infection control guidelines.

The practice had an effective quality assurance system in place and staff told us they actively sought feedback from patients about their experiences. The dentists told us information received from patients was used to improve practice.

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

**Consent to care and treatment** ✓ Met this standard

**Before people are given any examination, care, treatment or support, they should be asked if they agree to it**

### Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

### Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. We saw from the records that consent was sought in writing for all treatments and a record was kept on file. Patients told us the dentist always discussed treatment options with them and gave them an outline of the risks and benefits of various courses of treatment. Following discussions the dentist gave them a copy of their treatment plan, along with a breakdown of the costs involved. One person said "I was sent a highly detailed plan of my treatment. It gave me the opportunity to ask questions and to understand what was involved." Another person told us "I had to sign my treatment plan."

We looked at six patient's records of treatment. All of the files contained detailed dental and medical histories and signed consent forms. The service was aware of the Mental Health Act 1983, the Mental Capacity Act 2005 and the Children Act 1989 and knew who could agree and consent to treatment. All of the staff had received appropriate training in safeguarding children and vulnerable adults and the practice principal took the lead in such matters. Staff were aware treatment could be refused and patients had the right to withdraw consent after it had been given.

**Care and welfare of people who use services** ✓ Met this standard

**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 people's safety and welfare.

## Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Most of the people attending for specialist periodontal and endodontic treatment were referred to the practice because their case was complex or not responsive to more conservative treatment. We were told that the practice received 99% of their referrals from approximately 400 dentists in London and the south of England area. However, occasionally patients self-referred to the practice after receiving a recommendation from another patient, or a clinical specialist. We saw letters on file from referral dentists requesting the specialist care provided by the practice for their patients. The majority of referrals are initially telephoned through to the practice and followed up by a completed referral form.

We saw from the records of six people who attended for treatment that patients were asked about their dental and medical history. They were asked to update their medical history including giving details of their prescribed medication at every visit.

All new patients were offered a full examination where diagnostic treatments including x-rays were carried out. The possible treatments were discussed and the various costs were explained. Information about complex treatments was provided to patients in writing, along with the proposed cost of any treatment. This provided people with the time to consider their options and the opportunity to ask questions about the proposed treatment plan. If necessary patients would be referred back to their GP before complex treatment and surgery were carried out. In particular patients on anticoagulant therapy (medicines that reduce blood clots) were referred to their GP for blood tests (INR) before any surgery was undertaken. Likewise patients receiving treatment such as radiotherapy, chemotherapy and people with other major health problems would often be referred to their GP before treatment began.

We saw copies of referrals to other dental specialists on patient's files. For instance, patients could be referred to a hygienist, specialist endodontic surgeon or orthodontist for further advice and/or treatment. The practice also could provide nervous patients with a prescription for medication that would relax the patient before and during treatment. If patients required treatment under sedation or general anaesthesia they would be referred to other specialist clinics with the patient's consent. We saw that there was also a 'fast-

track' referral system in place for people who were at risk of developing oral cancers.

People's care and treatment reflected relevant research and guidance. Staff told us they kept up to date with clinical developments by attending conferences, seminars and reading relevant information. We saw evidence of this in the practices' staff training records.

We were told by patients and staff that the dentists gave people information following their treatment, which could include advice about eating and drinking and pain relief. Patients would also be provided with information about what to do if they were worried or concerned out of hours, or how to contact the dentist in an emergency.

We spoke with three patients and saw testimonials from patients who were praising the quality of care provided by the practice. One patient commented "I would recommend this dentist, absolutely brilliant." Other patients commented "First class treatment.", "Very friendly staff. I'm extremely satisfied with all aspects of her work."

There were arrangements in place to deal with foreseeable emergencies. Staff told us they had been trained to deal with medical emergencies and there was guidance and protocols for staff to follow. Resuscitation equipment and drugs were available on site and staff were trained in their usage.

**Cleanliness and infection control** ✓ Met this standard

**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. The service had policies and procedures in place in relation to infection control. We asked staff to tell us how they prepared the consultation room between patients and decontaminated the equipment. They told us the dentist's chair was thoroughly cleaned and equipment was cleaned and covered to prevent cross infection.

We were shown how instruments that required decontamination were processed at the practice. Used instruments were scrubbed and cleaned manually and inspected under a magnifying glass. The instruments were then immersed in an ultrasonic bath for a timed period before being rinsed and sterilised using a vacuum autoclave. The instruments were then removed from the autoclave, labelled, dated and put onto treatment trays.

The practice had robust measures in place to prevent cross contamination between clean and dirty equipment. There were designated 'clean' and 'dirty' areas in each consulting room. The consulting rooms were equipped with a separate hand washing sink.

Equipment was maintained and serviced in-line with manufacturer's recommendation and requirements. The autoclaves were regularly serviced and there were regular audits carried out on the processing of instruments. The service had an up-to-date infection control procedure in place that was routinely followed by staff. Stock, files and equipment were well maintained and there were records of regular audits.

The service was compliant with the essential requirements of Health Technical Memorandum 01-05: Decontamination in primary dental practices (HTM01-05). The HTM 01-05 was designed to assist all registered primary dental care services to meet satisfactory levels of decontamination. We were told by the principal dentist and shown architects plans for the creation and development of a separate decontamination room in the practice. When completed a washer/disinfector would be installed into the decontamination room. This would provide an automated and validated process for the effective cleaning of instruments and would achieve 'best practice' standards.

Cupboards and general storage was well organised and clean and tidy throughout. Staff told us they wore protective equipment such as disposable gloves, aprons, masks and eye

protection and were required to launder their uniforms daily. Staff also removed their uniforms before leaving the practice to reduce the risk of cross contamination.

Clinical waste was removed from the premises by a recognised waste contractor. We saw records of clinical waste disposal including the disposal of amalgam and sharps boxes.

We were shown audits that had been undertaken by the practice's equipment and copies of their maintenance records. The practice carried out an infection control audit in March and August 2013. The results showed us the practice met required standards of infection control.

People who used the service told us the practice always smelled clean and fresh and was always tidy and adequately maintained. They told us they had seen staff washing their hands between patients and staff always wore protective equipment such as gloves and aprons, goggles and masks.

**Supporting workers** ✓ Met this standard

**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.

Staff received appropriate professional development.

## Reasons for our judgement

Staff received appropriate professional development. We spoke with the nurse from the practice who told us they felt well supported by management and had opportunities to keep their training up-to-date. We saw files contained details and certificates of training which had been undertaken by staff. All nurses had undertaken 150 hours of training over a five year period in order to maintain their registration. The training included topics such as law and ethics, radiation, medical emergencies, safeguarding, infection control and decontamination.

We saw the dentists' training portfolios. Dentists completed 250 hours of training in five years, 75 hours of which was verified, in order to maintain their registration and to keep informed about new developments in the field of dentistry.

All staff had completed various training courses to enhance their knowledge and skills. Training had been provided in infection control in May 2013, resuscitation in May 2013 and safeguarding adults and children including the Mental Capacity Act 2005 in February 2012. There was additional refresher training planned for October 2013.

We saw the minutes of staff meetings which were held quarterly. They were patient focused and followed a shared agenda. Staff met to discuss new policies and procedures and ways of working. Staff told us they enjoyed working at the practice and felt involved in the way the service was delivered. The nurses and dentists were regularly observed in practice. We were informed that a new round of appraisals were due to take place in October 2013.

**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 receive.

## Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. We saw the practice had a quality assurance system and policy in place that regularly sought the views of people who use services. We saw patients were encouraged to complete on-line testimonials and paper questionnaires. We were shown the results. The testimonials were very complementary about the quality of care provided. One person said "The dentist offers a highly professional, flexible and reliable service. I personally would go nowhere else." Another person said "I have no doubt the care I get is the best available." We saw that 65 patients had responded positively in completed questionnaires in 2012/2013. In addition, referring dentists had also been asked for feedback about the care provided. 12 dentists had responded very positively about the quality of care, expertise of the dentists and friendliness of staff. The outcome of the survey was discussed in staff meetings.

A number of regular audits took place at the practice to ensure patient safety. There were regular checks on the record system, infection control procedures, hand hygiene, waste management, quality of x-rays and training records. The results were collated and analysed to identify areas that needed improvement.

We saw the practice had a robust complaints procedure in place. Although no complaints had been received in the past year we were told all complaints would be investigated fully by senior management and a written response provided to the complainant. People we spoke with told us they felt confident in raising any issues or concerns with the practice. However, none had actually made a complaint to the service as they were happy with the quality of  care provided.

## 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.

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| ✓ **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.<br>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.<br>We monitor the implementation of action plans in these reports and, if necessary, take further action.<br>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:

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| 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.

## Contact us

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