

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

## Bloomsbury Dental Practice

7 Bury Place, Bloomsbury, London, WC1A 2LA

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

<b>Respecting and involving people who use services</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Safeguarding people who use services from abuse</b>	✓	Met this standard
<b>Cleanliness and infection control</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard

## Details about this location

Registered Provider	Dr. Ian Cline
Overview of the service	Bloomsbury Dental Practice provides general dental services to private patients. It is located in the London Borough of Camden close to local transport links.
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

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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 unannounced 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 6 November 2012, 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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All the six patients we spoke with were happy with their care and treatment. They told us "they [the dentists] tell you what they do and how much it [the treatment] costs". They told us the dentists explained their treatment in a way they understood and they felt that staff were "very friendly". A patient told us that they were "very satisfied" and that this was why they "kept coming back".

We noted that staff spent time listening to the patients and explaining to them about their dental treatment. Patients told us their privacy and dignity were respected and the dental practice was clean.

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

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The provider was meeting this standard.

People's privacy, dignity and independence were respected.

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### Reasons for our judgement

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All the six patients we spoke with confirmed that they had been using the dental practice for many years and they had been very satisfied with their treatment. They told us treatment plans were explained in a plain language and the "break-down of the costs" of their treatment were made clear before treatment commenced. Patients told us the dentist gave them copies of their treatment plan so they could make informed decisions about their treatment. They told us the dentist explained to them how to look after their dental care.

We saw different leaflets and magazines in the waiting area that included information about dental care. Information about the services provided was also available on the dental practice website.

All the patients we spoke with told us the staff were "very friendly". Two of the people we spoke to commented: "The hygienist is excellent". Patients told us that the dentist had explained to them the advantages and drawbacks of having or not having a particular dental treatment. They said this helped them to make their own decisions.

Patients told us the dental practice was "efficient, well-run, and friendly". All patients we spoke with told us that they were so confident with the dental practice that they would recommend it to friends and relatives. Two patients told us they had recommended it to others.

The dental practice manager told us that most of the patients spoke English but, if there were patients with communication problems, the practice would arrange an interpreter.

We noted that staff had a good understanding of the importance of ensuring patients had their privacy respected. We saw that the consultation and treatment rooms were located away from the waiting area.

**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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We reviewed some patients' care records which were kept both electronically and in handwritten form in filing cabinets. The practice manager confirmed that the documents were securely kept in a locked filing cabinet to ensure patients' privacy. We were informed that patients' records were regularly updated with information such as medical history and any allergies they might have. This was to ensure patients' received appropriate care and treatment. Patients we spoke with confirmed that they had signed and obtained a copy of their consent form.

Staff showed us the emergency equipment and emergency drugs kept at the practice. We were informed that there were procedures in place to manage medical emergencies and all staff had training in using the emergency equipment. We noted that an auditing system was in place to ensure all emergency drugs were not expired and that equipment, including the oxygen cylinder, was effective and in good working order.

The dentist told us that reminder calls, emails and texts were sent to patients so they would not miss their appointments. This was confirmed by patients we spoke with. We noted that the dental practice had outsourced this service so appointments would not be missed.

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

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### **Our judgement**

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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.

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### **Reasons for our judgement**

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The dental practice had a policy on safeguarding and staff we spoke with were aware of the signs of possible abuse and knew how to respond to a suspicion or allegation of abuse. Staff confirmed they had read the practice's safeguarding policy. The dentist confirmed that all staff at the dental practice had undergone a criminal record bureau check.

All the patients we spoke with told us staff were friendly and respectful. They told us they trusted staff and felt safe using the dental practice.

**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 cared for in a clean, hygienic environment.

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**Reasons for our judgement**

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Patients told us that the practice was "always very clean and lovely".

The waiting area, a surgery and the decontamination room we saw were clean. The dentist told us that the practice had an infection control lead and a named person for health and safety. We were told by staff that a system of monitoring was in place to ensure that the practice was safe and free from hazards.

The dental nurse explained to us how dirty or used instruments were placed in separate containers, before being washed in a sink and checked both visually and under a magnifier for any debris. They were then placed in the autoclave to be sterilised. The dental nurse said that if debris were detected the instruments would be washed and checked again before being placed in the autoclave. This was to ensure that the process of sterilising dental instruments was effective and safe.

We saw the records that confirmed that regular inspection of the autoclave had been carried out to ensure that it was working effectively. We saw sterilised instruments were sealed, dated and kept in clean containers.

We saw that appropriate bins were used for clinical waste. A yellow sharps bin was in use for the disposal of needles and other sharp objects. The dental nurse confirmed that equipment, including the dental chair, was wiped and made clean after each patient.

Discussion with the dentist indicated that staff received training in infection control.



## 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

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

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### Reasons for our judgement

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All the patients we spoke with were satisfied treatment. They told us the dentists listened to them. We noted from information we hold that patients were happy with the service they received.

We noted a book in which people could leave their comments regarding their experience of the service was kept in the waiting area. One patient wrote: "...great as usual". Another patient commented: "Thanks for your caring, highly dedicated, considerate, efficient, entirely pleasant dental service...."

The dentist had a quality assurance system which involved survey questionnaires being sent out to be completed by patients. A review of the outcome of feedback received by the practice indicated that patients were satisfied with the service. The dentist told us that staff had discussed the outcome of the last survey. He said a new patient survey was being prepared to be sent out to patients.

The dentist told us that staff were given lead responsibilities for different activities which included health and safety at work, and infection control. He said there was a monthly staff meeting in which staff discussed how they could improve the service.

## 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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