

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

## The Highgate Dental Practice

21 Highgate High Street, Highgate Village,  
London, N6 5JT

Tel: 02083402138

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2013

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>Cleanliness and infection control</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Records</b>	✓ Met this standard

## Details about this location

Registered Provider	Highgate Dental Practice Limited
Overview of the service	The five surgery practice is situated in an old townhouse in a High Street location. There are four dentists, four specialists three hygienists treating only private patients on four floors.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures 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'.*

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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 22 February 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with staff and reviewed information we asked the provider to send to us.

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### What people told us and what we found

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This practice was welcoming and patient focussed. The staff and patients told us they liked coming here.

The practice manager showed exemplary organisational skills. There were many audits and checks in place to maintain the very high levels of care in this practice.

We saw excellent care and appropriate information given to the patient to improve their oral health. Patients told us they were involved in their care planning. One told us "They are friendly, consistent and give me a tailor made service. The continuity is good."

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.

Patients' views and experiences were taken into account in the way the service was provided and delivered in relation to their care. Patients' privacy, dignity and independence were respected. Patients were involved in all aspects of their care and treatment.

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### Reasons for our judgement

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Patients expressed their views and were involved in making decisions about their care and treatment. We spoke with staff, dentists and one patient. The patient told us he had attended the practice for 15 years. He told us he was always involved in discussions about his treatment options "Even though I sometimes refuse them". He had no complaints and felt he was treated privately and with respect. We were shown a private office available for confidential conversations. He told us if he had a complaint he would talk to the dentist first.

We saw a suggestion box in the waiting area. We observed that customer service was central to this practice. We saw feedback was discussed and acted upon by looking at practice meeting minutes. The practice had extended appointment time slots to resolve overrunning appointments as the result of feedback.

Patients were given appropriate information and support regarding their care or treatment. We observed the hygienist providing instruction and information on how to improve a patients oral health. We saw a signed consent form which detailed costs and explained the patient's treatment. Posters, certificates and patient information was displayed on the walls in the separate reception area and the waiting room. There were plenty of information leaflets for patients to refer to.

**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.

Patients experienced care, treatment and support that met their needs and protected their rights. We observed and confirmed this by speaking with patients and staff. We saw checks were made regularly to maintain high standards of care in a safe environment.

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**Reasons for our judgement**

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Patients' needs were assessed and care and treatment was planned and delivered in line with their individual care. People's care and treatment reflected relevant research and guidance. We were shown signed treatment plans and consent forms. We observed recall information, based on risk factors, being given to a patient. These were in line with published guidance and we saw these were followed at all times. The dentist regularly audited patient records and radiographs. We saw these were reported on and discussed at meetings.

The dentist had not completed formal training for the Mental Capacity Act but demonstrated his understanding gained through safeguarding vulnerable person training the important issues of communication. He told us the practice rarely saw patients with capacity issues. He told us he would do the training soon. Children were treated in the practice and staff confirmed there was a special emphasis on different communication techniques. We were told a specific nurse was involved in children's care as she had the required skills.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. The practice manager showed us policies, procedures and paperwork relating to the practice that was current and frequently updated at practice meetings. We saw the minutes of the meetings. We saw risk assessments had been carried out and a schedule was kept in the practice diary as a reminder of when these were due to be updated. We saw a COSSH file and many audits.

There were arrangements in place to deal with foreseeable emergencies. The emergency drugs and oxygen were in date and records of regular checks were seen. There was no defibrillator present. Staff had received training in basic life support and medical emergencies.

**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.

Patients were protected from the risk of infection because appropriate guidance had been followed. Patients were cared for in a clean, hygienic environment.

We confirmed this by watching staff perform their duties and by examining paperwork relating to infection control.

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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. We were shown two decontamination rooms; one was new and part of the upstairs surgery. A decontamination cycle was demonstrated to us which was compliant with published guidance. Single use instruments were identified and removed at the beginning of the cycle. The practice does not have washer disinfectors installed.

Records showed daily infection control checks were done and an annual infection control report was completed and the findings discussed at practice meetings. The practice manager told us issues which arose were dealt with and discussed as soon as necessary. Water checks were done daily and we saw a Legionella risk assessment had been carried out. We were informed water lines were disinfected and flushed daily.

The premises were very clean and tidy. The surgery drawers were uncluttered and clean as were the work surfaces. Instruments were pouched and stored correctly. We saw that waste was segregated properly. We were shown correctly updated paperwork related to this. We saw posters on the clinical room walls that gave guidance on hand washing and needle stick injury. Sharps bins were correctly designed and placed safely. We spoke with staff who knew how to deal with a blood spillage and told us how they had dealt with a recent spillage.

We saw there were sufficient supplies of personal protective equipment. This was used correctly by the staff. We saw checks were regularly made with regard to the safe operation of equipment. We were shown the records related to the maintenance and servicing of this equipment.

**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.

Patients were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard. We confirmed this by observing the staff. We were shown accurate and fit for purpose paperwork which enabled the staff to deliver care safely.

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## **Reasons for our judgement**

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Staff were able, from time to time, to obtain further relevant qualifications.

The provider has secured high standards of care by creating an environment where clinical excellence could do well. We were shown all appropriate records of staff were current. These related to registration with the General Dental Council, criminal records bureau (CRB) checks and professional insurers. We also inspected immunisation records which were complete for all clinical staff.

Records were well organised and relevant. We saw practice policies were in date and training logs were completed and updated when training took place. They showed that core subjects as required by the GDC were covered. We reviewed the COSHH file and the Radiation protection file which were clear and current.

We saw good levels of communication between the team in this practice and staff told us the manager had an open door policy. Staff showed us the whistle blowing policy and knew what to do if they had a concern. There were good child protection training logs and were confident they knew how to report an issue quickly.

## 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.

Patients 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. We saw patients' records were completed in full and the practice audited these regularly to contribute and maintain a very high standard of care. The records included medical histories, treatment plans and signed consent forms. The practice manager confirmed staff were able to access information safely about patients. They were aware of the need for confidentiality when sharing information with people they referred to.

Staff records and other records relevant to the management of the services were accurate and fit for purpose. Records were well organised and relevant for all areas of the practice. Maintenance records were available for all equipment as were the practice policies and procedures. All organisational paperwork was accurate and current.

Records were kept securely and could be located promptly when needed. Records were kept electronically and paper patient records were securely locked away. The computerised records were password protected. Practice staff demonstrated a knowledge of the Freedom of Information Act and data protection. We noted the provider was not registered with the Information Commissioner's Office. We were told this was an oversight and would be addressed very soon.

## 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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Phone: 03000 616161

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Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

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Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

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Website: [www.cqc.org.uk](http://www.cqc.org.uk)

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