

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

## Leon Marnitz - Burlington Road

31 Burlington Road, Chiswick, London, W4 4BH

Tel: 02089943088

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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	Leon Marnitz
Registered Manager	Mr. Leon Marnitz
Overview of the service	Leon Marnitz- Burlington Road is one of the two locations where the provider is registered to provide regulated activities. The practice provides general dental services and some cosmetic dental services to people under the NHS or privately. It is staffed by four dentists, an hygienist, dental nurses and a practice manager.
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'.*

	Page
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
<b>Our judgements for each standard inspected:</b>	
Respecting and involving people who use services	6
Care and welfare of people who use services	7
Safeguarding people who use services from abuse	8
Cleanliness and infection control	9
Assessing and monitoring the quality of service provision	10
<b>About CQC Inspections</b>	11
<b>How we define our judgements</b>	12
<b>Glossary of terms we use in this report</b>	14
<b>Contact us</b>	16

## 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 9 January 2013, talked with people who use the service and talked with staff.

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### What people told us and what we found

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During the inspection we talked with two people using the service and four members of staff to get their views about the service that was provided in the dental practice.

People who talked with us said they were very happy about the care they received. One person said "I am very happy with my dentist and would recommend them anytime".

People's dental and oral condition was appropriately assessed before the dentists recommended treatment to people. Most treatment records confirmed this. The practice had arrangements for the dentists to explain the various treatment options and the costs, so people could make an informed decision about the treatment they wanted. One person said "the dentist explains everything for me to understand my treatment".

The dentists ensured that a full medical history and information about their medicines was available for each person to ensure they had all the relevant information to consider before treating people. There was a procedure to deal with medical emergencies and staff had received training in this area so they could provide appropriate first aid to people, if this was required.

The practice carried out audits to assess and monitor the quality of the service that it provides. A satisfaction survey had been carried out to formally ask people for their views of the service. Where areas for improvement had been identified, actions plans were in place to address these.

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 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 were given appropriate information and support regarding their care and treatment. People who talked with us said they heard about the practice through personal recommendation and were pleased with their decision to use the practice. One person said "I am very happy with my dentist and would recommend them anytime".

The practice used electronic records and there was a computer screen in each surgery. These could be used to provide information to people about the condition of their teeth and gums and to advise people about oral care. There was a camera which could be viewed on the screen. Information about various treatment options could also be provided in this manner to people so they could make informed decisions about their treatments. The fees for various NHS and private treatment were displayed in the practice or available on the provider's website. People could therefore weigh their treatment options with the costs and make their decisions. One person said, "the dentist explains the problem, the possibilities and I can choose the treatment".

The provider had an informative website that people could access if they wanted information about the various treatments or to learn about good oral health. The website contained useful links to other websites which offered more in depth information about various dental conditions and treatments.

The practice had been recently refurbished and consideration had been given to making the internal environment suitable for people with a physical disability. It was however not accessible to wheelchair users. The manager said wheelchairs users were referred to the other practice which belonged to the provider and not far away. That practice was accessible to wheelchair users.

**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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People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. The manager told us that the dentists always carried out a full assessment of people's dental and oral condition before they recommended treatment. Most treatment records showed that the dental condition and the oral health of people had been appropriately assessed.

The dentists ensured that a full medical history was available for each person, as well as information about their medicines. We saw that people were asked about any changes to their medical history and medicines when they visited the dentist following recall intervals to ensure the dentists had all the relevant information to consider before treating people.

There were arrangements to deal with foreseeable emergencies. The practice had a procedure to deal with medical emergencies and kept a number of emergency medicines in stock. Staff we talked with were aware of the location of the medicines so they could access these in an emergency. The medicines were checked weekly to ensure these were available and up to date and records were made of the checks. Clinical staff had also received recent training in cardio-pulmonary resuscitation so they could provide appropriate first aid to people if this is required.

In addition to treating people the dentists provided advice to people about promoting good oral hygiene. There were information booklets available in the reception area for people to read if they wanted to find out about maintaining good oral care and various dental conditions and the relevant treatment.

**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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People who use the service were to some extent protected from the risk of abuse because staff mostly understood abuse and knew the action to take if they come across suspicions of or if people alleged abuse to them.

The provider may find it useful to note that the practice had better arrangements to safeguard children than to safeguard adults. There was guidance and appropriate procedures in place to inform staff about recognising child abuse and of the action to take if they come across or have suspicions of child abuse. Staff told us they had received training on child abuse and knew who to contact if they come across incidents of child abuse.

The practice did not have a procedure on safeguarding adults and staff had not had training on this subject to understand adult abuse and the action to take if they came across signs or had suspicions that an adult was being abused. The manager said that training have been arranged for staff with The London Borough of Hounslow so they could learn and become familiar with the relevant policy and procedures in respect of adult abuse.

**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 against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

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**Reasons for our judgement**

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People were protected from the risk of infection because appropriate guidance had been followed. We observed that the surgery was clean. The treatment rooms were all clean, tidy and well maintained. Cleaning schedules were in place to ensure areas of the practice were cleaned as necessary. People who spoke with us were very complimentary about the quality of the environment and about the standard of cleanliness in the practice. One person said "it is always very clean, welcoming and good".

The practice had appropriate arrangements for the sterilisation of dental equipment. There were two sterilisation rooms with equipment for the washing and disinfection of instruments and then for their sterilisation. The equipment was tested daily to ensure they operated at the necessary parameters. Items of equipment were maintained, serviced and validated annually to ensure they were operating appropriately. The appropriate protective clothing were used by staff when they were involved in the cleaning and sterilisation of equipment to reduce the risk of cross-infection.

Protocols and procedures were in place with details about the cleaning, decontamination and sterilisation of various instruments used for treating people. There were also instructions about the detergents and other chemicals that were used in these processes for staff to use these appropriately.

The practice had arrangements to ensure that the water supplied through the water lines for people to use, was appropriately tested to ensure it was safe for people to use.

We saw staff wearing uniforms and using protective equipment when providing treatment to people to reduce the risk of cross infection. They said they always had enough protective clothing and equipment to maintain good infection control standards. They also cleaned equipment and work surfaces after treating each person. The provider confirmed that infection control was part of the core training for all staff involved in the care and treatment of people.

## 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 a system to assess and monitor the quality of service that people received.

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### Reasons for our judgement

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People who use the service and their representatives were asked for their views about their care and treatment and they were acted on. The practice had carried out one satisfaction survey to get feedback from people about the service they received. The manager said the survey was carried out at the end of 2012, as there were no dates on the questionnaires or on the summary report, about the time when the survey was carried out. The results were analysed to provide an overall picture of people's views. This showed that people were very satisfied with the service. A few areas where the service did not score as strongly as in other areas were identified and an action plan was in place to describe what the practice would do to improve.

The service carried out a range of audits to make sure that appropriate standards of service were maintained. The practice had an infection control audit to assess the risks in relation to the prevention and control of infection. The provider said this was carried out yearly.

There was a records audit which examined the quality of records that were kept about the care and treatment people received. This included an assessment of the radiographs that were made to make sure these were carried out with the necessary skills and to the appropriate standards. We were informed that the records audit was completed in January 2013 and a previous one had been carried out in June 2012. The records audit in June was small (nine people), considering there were four dentists working in the practice. The sample for the January audit was larger (17 people) and provided a better picture of the quality of records kept by the practice. The manager told us that the results of the audits would be discussed with individual dentists as part of their appraisals, so they were supported to improve if any areas for improvement were identified.

There were also health and safety risk assessments in relation to the premises. A fire risk assessment and a fire emergency plan were also available. The manager said fire drills were carried out twice yearly.

## 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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