Inspection Report

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

Quaintways Cottage Dental Surgery

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Tel: 01252842553

Date of Inspection: 22 January 2014

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ 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. Susan Westhead
Overview of the service	Quaintways Cottage Dental Surgery is based in Hartley Witney, Hampshire. The premises are situated in a listed building which has well maintained and up to date consulting rooms. The surgery has three dentists, two nursing staff and one hygienist who all provide dental care for around 2000 adults and children.
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

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 22 January 2014, 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 and talked with staff.

What people told us and what we found

We found that before patients received any care or treatment they were asked for their consent. Patients told us that the options and costs of treatment were provided before treatment commenced.

Patient needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Patients we spoke with told us that they were happy with the care and treatment they had received.

We found that patients were protected from the risk of abuse because the practice had provided safeguarding training to staff. Those we spoke with were able to describe how they could recognise abuse and who to report concerns to.

Staff received personal development and support which allowed them to effectively carry out their role. Each member of staff had received an induction and had an annual appraisal. Staff we spoke with told us that they were very well supported and felt valued by their employer.

The provider had an effective system for assessing and monitoring the quality of service. We saw evidence of routine audits and risk assessments. Patients were also asked for their feedback about the practice and actions were taken to address any suggestions or concerns.

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 patients 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 patients received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. We looked at the records of seven patients who used the service. We saw that the patient's verbal agreement to proceed with treatment was recorded and where appropriate NHS treatment forms were signed and dated. We also looked at the records of three children. We noted that the agreement of their parent or representative was recorded. There were also signed NHS treatment forms in each of the child records we reviewed.

We noted written costs of the treatment were given to each patient, where appropriate. This information was also discussed with the patient. Staff we spoke with told us that patients were given the risks and benefits of treatment and time to consider these. All five of the patients we spoke with told us how they had always understood the treatment they had received and were given time to consider the options before treatment was started.

Staff we spoke with described the importance of obtaining consent from patients. They also explained about the consent training and information that they had received at induction, or through their professional training.

Where patients did not have the capacity to consent, the provider acted in accordance with legal requirements. The practice manager confirmed Mental Capacity Act (MCA) training had been received by all staff and we saw records to confirm this. The practice had also implemented a MCA toolkit to assist staff with undertaking a MCA assessment and best interest decision.

We spoke with the dentist who told us how they obtained consent from a patient who lacked capacity to make an informed decision. They explained how they repeated the treatment options available and the costs involved several times to the patient. They also confirmed that any decisions considered the most appropriate course of treatment and the best interests of the patient. We looked at the records of a patient who had received a

MCA assessment. The records described the other health professionals involved and the process was recorded clearly in the notes. However, we found that the best interest decision and discussions with the patient about a subsequent specific course of treatment were not recorded within the patient notes or the practice mental capacity assessment toolkit. The provider may wish to note the absence of appropriate records when considering and making best interest decisions.

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.

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

Reasons for our judgement

Treatment and care was delivered in a way that ensured patient safety and welfare. We spoke with one dentist about the care and treatment of three patients who used the service. We found patients had received information and treatment in accordance with their wishes. In some cases patients had been referred to another dental specialist. All of this information was recorded within patient paper records.

Reception staff managed the appointment system. Routine and emergency appointment times were available on the day, if required. Quaintways Cottage Dental Surgery was open on two Saturday mornings per month for dental and hygienist appointments. We spoke with the receptionist about appointments. They told us that patients who needed an emergency appointment were seen on the same day, where possible.

Patients we spoke with told us that they could always get an appointment that suited them. One person told us that their relative had a dental emergency whilst they were out for the day and were some distance away. They said "We called the practice for an emergency appointment and the practice fitted us in later on the same day."

The practice ran their own out-of-hours service, using only dentists employed by the practice. This meant that patients saw a dentist who knew their medical history and any current treatment they had received. The contact details for the out-of-hours service were clearly displayed on the patient leaflet, practice website and outside the entrance of the practice.

Patient needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Patient medical history and medication was checked by the dentist or hygienist at every visit. We noted that patient records included medical information and medication allergies. These were highlighted as alerts on the front of the records. This meant the welfare and safety of patients receiving treatment was protected.

We spoke with five patients who had received treatment with the dentist or hygienist and received feedback questionnaires from others. All of the patients told us that they were happy with the treatment and the staff were very efficient and helpful. Four of the patients

we spoke with confirmed that they had been a patient of the practice for over 15 years. One patient said "We moved away 18 years ago and stayed with the practice because we liked it so much. We travel nearly 20 miles each way and the other staff are helpful and friendly." Another told us "I would and have recommended Quaintways to family and friends because we are treated courteously and with respect and they accommodate our needs." A third patient said "This is a lovely dental surgery and I would definitely recommend it to others."

There were arrangements in place to deal with foreseeable emergencies. The practice had the recommended emergency equipment and medications. All staff had training in emergency basic life support and other members of staff had first aid training. We spoke with staff who told us about the emergency training they had received annually. We saw evidence to support this. The practice also had a business continuity plan which clearly described how they would deal with events that affected the service.

Safeguarding people who use services from abuse ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Patients who used 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.

Reasons for our judgement

Patients who used 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. The practice manager showed us a copy of the safeguarding policy for adults and children which was up to date and reflected national guidance. This gave a clear description of the types of abuse and the process for all staff to report safeguarding concerns. Both policies included local authority safeguarding contacts.

The practice manager told us that all staff had attended safeguarding training and we saw evidence of this. We spoke with three members of staff who told us about their training in protecting vulnerable adults and children. They were able to describe the types of abuse and who they would report any concerns to.

All of the patients we spoke with during the visit told us that they felt safe when they visited the practice and they had no concerns. Patients also explained how staff were really helpful, patient and kind. One patient said "The staff would do anything for you and always reassure me as I am a nervous patient."

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.

Patients were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development. All staff completed an induction with the practice manager and other more experienced staff. Each staff member was given an induction checklist to complete and we saw evidence of this. Staff had also received training in infection control and cross contamination, safeguarding and basic life support skills. This training had been refreshed annually. Dentists and dental nurses completed continuing professional development (CPD). This was necessary for them to maintain professional membership with the General Dental Council.

In addition each member of staff had an appraisal every year where goals were set and any training identified. We saw records of the appraisals and all of staff we spoke with told us that they had received an appraisal in the last 12 months. The practice manager explained how one dental nurse had undertaken a dental implant course. This meant that staff were able, from time to time, to obtain further qualifications. Other staff we spoke with told us the provider arranged adequate training to refresh and maintain their skills. Patients we spoke with told us that they felt staff were competent and well trained.

The practice manager described the regular meetings that took place for nurses, reception staff and dentists. We saw an agenda and minutes of these meetings. Staff we spoke with also told us about the monthly meetings and how they were encouraged to add items to the agenda. We spoke with five staff who all told us that they felt supported. They said that communication between all members of the team was good and there was an open door policy to raise concerns or discuss ideas.

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 patients receive.

Reasons for our judgement

Patients who used the service, their representatives and staff were asked for their views about care and treatment and they were acted upon. The provider also asked patients to complete regular feedback forms. We noted records from the last feedback surveys. The practice manager explained that the results were positive and actions were taken when concerns were raised or improvements suggested. All of the patients we spoke with on the day of inspection were very positive about the practice and staff.

The provider had an effective system to identify, assess and manage risks to the health, safety and welfare of patients using the service and others. We saw records of risk assessments and audits. These included fire, health and safety, radiography, medical records and infection control. We also noted appropriate building maintenance and equipment service records.

There was a process in place for recording accidents and learning from the outcomes. The practice manager explained that incidents and concerns were dealt with as they happened and the practice formally recorded incidents. We reviewed these records and noted that actions and learning outcomes had been identified and completed.

The provider took account of complaints and comments to improve the service. The practice had a complaints policy. We noted that the complaints procedure was displayed in the waiting area, patient leaflet and on the practice website. Staff we spoke with were aware of the complaints process and explained how they would support a patient wishing to make a comment or complaint.

We spoke with five patients during our inspection and they told us they had not had any cause to complain. They told us that if they did ever want to complain, they would speak directly with the practice manager or a staff member. We found a high level of satisfaction with the service, resulting in very few complaints being made. The practice manager told us that they would act on any complaints received to improve the service they 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.

✓ **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. 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:

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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