Inspection Report

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

Wolseley Place Dental Practice

Wolseley Place, Ashford, TN24 8UL

Tel: 01233632785

Date of Inspection: 13 January 2014

Date of Publication: February 2014

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Cleanliness and infection control	✗ Action needed
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Dr. Philip Moo
Overview of the service	Wolseley Place Dental Practice provides general dentistry such as treating tooth decay and gum disease, restorative dentistry such as crowns and bridges and cosmetic dentistry including veneers and teeth whitening. The practice treats mostly private patients and a limited number of NHS patients. The practice does not have disability access.
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
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
What we have told the provider to do	4
More information about the provider	5
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Safeguarding people who use services from abuse	9
Cleanliness and infection control	10
Assessing and monitoring the quality of service provision	12
Information primarily for the provider:	
Action we have told the provider to take	13
About CQC Inspections	14
How we define our judgements	15
Glossary of terms we use in this report	17
Contact us	19

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 13 January 2014, talked with people who use the service and talked with staff.

What people told us and what we found

We spoke with three patients. Patients told us they were very satisfied with the practice. They said they never had to wait long for appointments, and in an emergency they had always been seen on the same day. One patient said "I don't like dentists so the fact I come here regularly speaks for itself". Another patient told us "I have no faults with the dentist. The practice is clean enough for me".

Patients said their treatment plans were always explained and discussed with them, including choices about treatment and costs. Patients said that the practice was always clean, and all the staff were friendly and welcoming.

We found that patients were not protected from the risk of infection because appropriate guidance had not been followed. We found that patients 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.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 28 February 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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

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

Our judgement

The provider was meeting this standard.

Patients who use the service understood the care and treatment choices available to them.

Reasons for our judgement

Patients said that they were satisfied with the service provided by the practice. They considered their dignity and privacy had been respected. They thought that staff were courteous and they liked the way in which staff were willing to answer any questions they asked. All dental treatments were completed in the privacy of the treatment rooms. Staff were careful to discuss patient's treatments in private so they could not be inadvertently overheard.

There was a range of patient information leaflets that gave information relating to the range of treatments available. Patients generally booked their next check up examination at the end of each treatment. The date was decided in consultation with the dentist who ensured that patients whose treatment needed closer supervision were seen more frequently. There was a recall system to remind patients when their next appointment was due. The appointments system avoided the need for patients to wait for too long in the reception lounge.

We looked at patient records to see how people and their representatives were involved in making decisions about their treatment. We saw that patient records contained a treatment plan, and that the plans had been signed by the patient. The plan showed the proposed dental work, the number of visits required, and the total cost of the treatment. The practice manager confirmed that patients were given their own copy of the treatment plan.

The practice manager informed us that as well as having a written treatment plan, all treatments were discussed in detail with patients by the dentist treating them. This discussion included talking about health issues, and providing information about possible risks to teeth and gums. For example, the effects of oral hygiene and diet.

Patient records were on a computer system. All records were secured and password protected. Paper records that contained confidential personal information were held in a secure way so that only authorised staff could access them.

The practice did not have systems to reflect patient views or feedback on the quality of service. The practice manager told us that patients were invited to give informal feedback about their experience. If a patient raised a concern, they were contacted to discuss it further.

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

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure patient's safety and welfare.

Reasons for our judgement

Patients said that their medical history was discussed at every visit. Patients said they felt safe and cared for by the dental team, because the clinical staff had made sure they knew their current health needs well, and that this was taken into account when undergoing dental treatment. Patients told us that the appointment system was efficient, and there was never a long wait for an appointment. Patients said that when they had had a dental emergency, the practice had always fitted them in on the same day.

Patients' records showed that a thorough medical history was taken. These were updated at all subsequent visits. Staff told us that each patient's medical history was discussed with them prior to any treatment. This was confirmed by the patients we spoke with.

As well as being given an individual treatment plan in which treatment and costs were recorded, records also stated that discussion had taken place with the patient about their treatment. For adults who may lack capacity to make decisions or choices about their treatment, the practice encouraged a representative to accompany them. Treatment plans were discussed with the patient, and if necessary the patient's representative was involved in the discussion.

All staff at the practice where trained in emergency life support. This was updated annually. We saw that the provider had ensured that staff had protocols in place to summon the emergency services if required.

There were emergency treatment arrangements including emergency medication and access to medical oxygen. Staff had received training in responding to emergencies.

Patients had been supported to promote their good oral health. This included being given advice about the correct way to clean their teeth and gums. It also included advice about healthy eating so as to avoid foods that were associated with tooth decay.

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 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.

Reasons for our judgement

Our inspection on April 2012 found that although patients had their human rights respected, we were not able to verify all parts of the arrangements that had been made to protect them from the risk of abuse because police checks had not been completed for staff.

During our inspection found that security checks had been completed on the dentist to help ensure that they were trustworthy to work with patients who were vulnerable. These included a police check and personal references. However, the provider told us that he had completed an informal risk assessment at the practice, which concluded that police checks did not need to be completed for other staff. The provider may find it useful to note that the risk assessment and the references had not been recorded so we could not confirm that they were sufficient.

There was a written policy and procedure that described the action staff should take in order to keep patients (including children) safe from the risk of abuse. This included contact details should a referral need to be made. All staff had received relevant training. Staff we spoke with were able to tell us how they would recognise abuse and they knew how to 'whistle-blow' if they had concerns.

There were informal arrangements to support people who needed special help to give consent to receiving dental treatment. In the case of children this included liaising with parents before treatment was given. With reference to adult patients who had reduced mental capacity, staff knew about the need to consult with social care professionals so that the person's wellbeing was safeguarded.

Cleanliness and infection control ✖ Action needed

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was not meeting this standard.

Patients were not protected from the risk of infection because appropriate guidance had not been followed.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

Patients told us they always found that the practice was clean and had no concerns about cleanliness or infection control. Records showed the practice had policies and procedures in place to manage cleanliness and infection control. Staff we spoke with told us they had received trained in infection control and the training records confirmed this.

There was a system to ensure that reusable items of equipment were only used for one patient before they were decontaminated and sterilised. There was special equipment to undertake this and the records showed that this operation had been completed correctly. We noted that instruments were bagged and dated after cleaning to show when the sterilisation process had taken place. There was a clear process to ensure that clean and dirty instruments did not contaminate each other.

The practice had a designated sterilisation room. We saw that it did not follow with the Department of Health Guidance in Health Technical Memorandum (HTM) 01-05, Decontamination in primary care dental practices, as there was no clinical hand washbasin for staff to use following decontamination of instruments. When we looked in the treatment room we saw that it also did not follow the Department of Health Guidance, as the two clinical hand washbasins had overflows that were difficult to clean. This meant that there was a risk of cross contamination.

There was a system for safely handling, storing and disposing of clinical waste so that it was unlikely to result in cross contamination.

Audits had been regularly completed to show that good standards of hygiene were being achieved. These included areas such as hand hygiene, instrument decontamination and sterilisation, general infection control and the use of personal protective equipment.

Staff followed good hygiene practices. These included wearing clean uniforms, washing their hands thoroughly and using personal protective equipment such as disposable

gloves.

There were procedures to help ensure that water used in the practice complied with purity standards. This included using specially treated water for clinical processes that could generate water vapour which could be inhaled. Records showed that a check had been completed to ensure that no special measures needed to be taken to guard against legionella (a germ found in the environment which can contaminate water systems in buildings).

A person was employed to clean the premises daily. However, we saw that there were no cleaning schedules. When we looked around the practice, we saw that the carpet in the reception/waiting area appeared to be dirty and stained. We spoke to the provider who told us that he had cleaned the carpet in October but due to the recent wet weather the carpet had become stained. When we looked at cleaning equipment, we saw that mops were being stored head down in the buckets, this meant that they could not dry and there was a risk of cross contamination.

When we looked in the patient toilet, we saw that there were communal non-disposable hand towels. This meant that there was a risk of cross contamination for patients all using the same towel.

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

We saw that there was a record of identified risks and issues with action plans in place where needed. We were shown examples of audits about patient records, risk management and patient safety.

We spoke with the provider who told us that he had informal meetings with his staff so that concerns could be discussed.

There was a written complaints procedure that explained how patients could raise concerns and complaints. There was a system to investigate and promptly resolve complaints. The provider was not dealing with any complaints at the time of our visit.

The management structure for decision making and accountability provided guidance for staff, to ensure that care and support needs were met consistently and safely.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	**Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010** **Cleanliness and infection control**
	How the regulation was not being met: The registered person had not ensured that service users and others who may be at risk, were protected by the means of effective systems to assess the risk of and to prevent and control the spread of infection by the maintenance of appropriate standards of cleanliness and hygiene in relation to premises and equipment. Regulation 12 (1)(a)(b)(c), 2(c)(i)(ii)

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 28 February 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.