Inspection Report

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

ACH Dental Practice

Aldershot Centre for Health, Hospital Hill,
Aldershot, GU11 1AY

Tel: 01604602491

Date of Inspection: 11 June 2013

Date of Publication: July 2013

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
Cleanliness and infection control	✓ Met this standard
Requirements relating to workers	✓ Met this standard

Details about this location

Registered Provider	Rodericks Limited
Registered Manager	Mr. Tinashe Magwenzi
Overview of the service	ACH Dental Practice provides NHS and private dental care. It is located within the Aldershot Centre for Health
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

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 unannounced 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 11 June 2013, talked with people who use the service and talked with staff. We reviewed information given to us by the provider.

What people told us and what we found

We spoke with two people who used the service. Both people were very positive in their feedback. One person we spoke with said; "It was very good and quick. I was every so pleased with them. They gave me options and gave me time to think about things. I was very pleased with the dentist who explained everything to me and gave me very good care." The second person we spoke with said; "I am very happy with the care I received. The dentist took a lot of care and trouble trying to solve the problem for me. The dentist suggested options but only ever did what I wanted. I am one hundred per cent happy with it."

We found people's consent had been obtained prior to any care or treatment being provided. The service had ensured care was provided in a way that was intended to promote people's safety and welfare. All staff had been trained in safeguarding vulnerable adults and children and the service had ensured staff had access to information relation to reporting any concerns they may have. There were appropriate systems in place to ensure cleanliness and reduce the risks of infection. We also found the service had appropriate recruitment systems in place and these had been followed when staff had been recruited.

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 people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

We spoke with two people who used the service. One person said; "They gave me information about the charges and the practice. They asked me for my permission before taking x-rays. They gave me options and gave me time to think about them. I was asked to fill in consent forms." The second person we spoke with said; "The dentist seemed very involved. They discussed things with me. They suggested options but only ever did what I wanted."

Our inspection was facilitated by the branch manager and the operations manager. We were told by the operations manager that when a new person registered with the service they were asked to sign a copy of the practice policy. We looked at this document and saw it contained information about fees and payments, the cancellation policy and treatment termination. The operations manager told us people were also asked to complete an NHS practice record form which consisted of a patient declaration relating to their NHS treatments and fees. They told us this form was completed and signed prior to each examination. We looked at files relating to four people's care and saw each of these contained a signed copy of the practice copy and at least one signed copy of the NHS practice record form. This meant the service had ensured people had consented to their policies and fees prior to any care or treatment taking place.

We saw that every time a person undertook an examination records were created relating to the findings of the examination, the diagnosis and the options available. There was evidence these options were discussed with people during the examination and their consent was obtained; for example: 'Patient understood and says definitely wants a night

guard', 'Verbal consent given by patient for radiographs to be taken' and 'Private options were discussed with the patient. Patient chose NHS treatment.' Once the person had consented to a course of treatment we saw treatment plans had been created, which detailed the course of treatment and the fees payable. We looked at four people's files and saw each of these contained signed copies of treatment plans. This meant people's consent was obtained prior to any care or treatment being provided.

We saw patient information leaflets available on the reception desk. These leaflets contained information about the practice, the staff, the services available, charges, appointment information and complaints information. The branch manager told us people were encouraged to take copies of these leaflets for their information. The operations manager showed us several other leaflets relating to specific treatments such as extractions, crowns and dentures. They told us these were given to people undergoing any of these treatments in order to provide them with additional information. We also saw that people undergoing any of these treatments had been asked to sign additional consent forms relating to the possible risks attached to these. This meant people had been provided with sufficient information to be able to make informed decisions and consent.

We looked at the practice patient consent policy. We saw this detailed steps to be taken in the event of treating children or adults unable to consent. We spoke with the operations manager and the branch manager who were able to tell us which steps would be followed in those instances and when a guardian or advocate would be requested. They were able to describe to us what situations would require best interest meetings to take place. They told us all dentists had been trained in the Mental Capacity Act (2005). This meant where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

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 people's safety and welfare.

Reasons for our judgement

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

One person we spoke with said; "They told me the risks involved in the treatment options. They told me there was no risk in not having the treatment. They explained everything. I was asked to fill in a medical history form and it was checked and double checked. They have asked to me to bring in my medicine prescription so they can see what medicines I am taking in case there are any risks with them." Another person we spoke with said; "I am very happy with the care I received. The dentist took a lot of care and trouble trying to solve the problem for me. They made suggestions and gave me options of treatments available. They talked through my medical history, my medication and my allergies with me."

The operations manager told us that every time a person attended an appointment they were asked to complete a medical history form. This form contained details of people's previous medical backgrounds, any allergies they may have and what medicines they were taking. We looked at four people's files and found each of these contained a number of completed medical history forms. We looked at four people's care records and saw evidence medical history forms were discussed with the person prior to each examination taking place. This meant the service had ensured it had up to date information about people's health prior to any treatment taking place.

We saw that during each initial appointment people had been asked questions relating to possible risk factors, such as smoking, alcohol, allergies and diet. Where risks had been identified in these areas the dentist had provided people with advice and information leaflets. We also saw evidence that risk assessments had taken place following the NICE guidelines and where risks had been identified these had been recorded by the dentist. We saw evidence potential risks had been identified and care and treatment had been altered minimise these. This meant care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

The branch manager told us the service offered emergency appointments within 24 hours.

We saw two examples of these having taken place. We saw that when a person had attended an emergency appointment they had been requested to complete a medical history form and the dentist had gone through the risk assessment with them. The dentist had then completed an examination, given a diagnosis, provided the person with treatment options and then created a treatment plan. These details were all recorded within the person's computerised file. This meant emergency care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

We saw the service had conducted regular checks on oxygen cylinders and defibrillators. We saw the practice had undertaken a recent risk assessment which covered the equipment, biological agents, fire safety, manual handling, waste disposal and treatment. There was a practice policy on dealing with medical emergencies, medical emergency and resuscitation procedures, basic life support procedures as well as a manual handling policy and guidelines. We saw all staff had received training in adult basic life support and resuscitation training. This meant the service had arrangements in place to deal with foreseeable emergencies.

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.

People 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

People 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.

We spoke with two people who used the service and both stated they had no concerns relating to this outcome.

We spoke with the operations manager who told us all staff had received training in safeguarding. They told us this training was completed when staff initially joined the service and that following this further training was provided. We saw evidence staff had undergone this training. We spoke with a member of staff who confirmed this had taken place. The operations manager also told us safeguarding was a topic often discussed during staff meetings and we were shown meeting minutes to evidence this. We were also shown examples of tests staff were made to undertake relating to their knowledge of safeguarding. This meant the service had ensured staff had been trained in safeguarding.

We spoke with the operations manager, the branch manager and a member of staff about safeguarding. They were all able to tell us what types of abuse people could be victims of, what signs they looked out for and ways in which they would report concerns if they had any. We saw the service had a child protection and vulnerable adults policy, a vulnerable adults welfare policy, a safeguarding referral process, child protection contact details, a child protection policy and a referral flowchart for child abuse. These documents were all within easy access of staff and safeguarding contact numbers were also displayed within the decontamination room. This meant the service had ensured people were protected from the risk of abuse by ensuring staff had access to appropriate information and ways of report concerns.

Cleanliness and infection control ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

There were effective systems in place to reduce the risk and spread of infection.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

People were cared for in a clean, hygienic environment.

One person we spoke with said; "Everything was very clean. Everything was spotlessly clean, even the waiting room." Another person we spoke with said; "It was very clean. I was impressed."

We were shown the surgery and the decontamination room by a member of staff who talked us through the cleaning procedures. We saw both rooms were clean and tidy. The member of staff told us that all surfaces as well as equipment and the chair unit were cleaned down using disinfectant sprays between each patient. We saw the cleaning equipment and products were kept securely within the surgery.

There were two different areas within the surgery which were labelled as red for the dirty zone and green for the clean zone. There was a sink within each area at different ends of the room. There were hand cleaning posters and products displayed at each sink. The member of staff told us that used instruments were taken to the surgery's dirty zone where they were placed within a sealed box containing dilution water and pre-disinfectant solution. This box displayed a red label on the top in order to identify its contents as dirty. This box was then transported to the decontamination room.

The member of staff told us staff then put on full protective equipment, including visor, gloves and apron, when they went into the decontamination room. They told us instruments were taken out of the box and scrubbed in one of the sinks. There were two sinks within the decontamination room, one labelled scrubbing sink and the other labelled rinsing sink. Above the scrubbing sink were instructions relating to the water temperature required and the scrubbing processes staff were to follow. The member of staff told us the instruments were then placed within the washer before being placed within the autoclave.

Once the cleaning cycle had finished the instruments were placed in the clean zone where they were inspected under magnifying light. Once this was completed and the instruments were dry and cool they were placed within pouches and date stamped. This meant the

service had effective systems in place to reduce the risk and spread of infection.

We saw the autoclave was fitted with a data logger which was regularly checked. We saw a daily task tick sheet and a weekly task tick sheet which directed staff to check equipment. We saw the washer and the autoclave underwent weekly tests. We saw the practice's infection control policy, results of regular hand washing audits, clinical waste protocols, cleaning instructions for different pieces of equipment and staff roles and responsibilities for decontamination. This meant the service had systems in place to monitor the hygiene levels within the practice and ensure staff had appropriate infection control information.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We spoke with two people who used the service. They told us the staff were very good.

Appropriate checks were undertaken before staff began work.

We looked at three staff member files. We saw each file contained an enhanced criminal disclosure check number which meant the service had ensured staff were of good character and had undergone appropriate checks.

We saw that the service had a completed application form or CV for each person, which contained a full employment history as well as two written references. We saw documentation relating to professional qualifications and registrations to professional bodies. This meant the service had ensured staff had the relevant qualifications and experience before they began work.

We saw forms of photographic identity documentation for each person, as well as pre-employment health questionnaires and signed contracts. This meant the service had an effective recruitment procedure in place which had been followed when staff were recruited.

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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