# Inspection Report

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

# Odiham Dental Care

45B High Street, Odiham, Hook, RG29 1LF

Tel: 01256636472

Date of Inspection: 18 August 2014

Date of Publication: September 2014

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

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|---|---|
| **Consent to care and treatment** | ✓ Met this standard |
| **Care and welfare of people who use services** | ✓ Met this standard |
| **Cleanliness and infection control** | ✓ Met this standard |
| **Supporting workers** | ✓ Met this standard |

## Details about this location

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| Registered Provider | Odiham Dental Care |
| Registered Manager | Mrs Anna-Marie Warnakulasuriya |
| Overview of the service | Odiham Dental Care provides private dental treatment for adults and children. The practice is situated on the High Street in the centre of Odiham, Hampshire. |
| Type of service | Dental service |
| Regulated activities | Diagnostic and screening procedures<br>Surgical procedures<br>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'.*

## 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 18 August 2014, observed how people were being cared for and talked with people who use the service. We talked with staff and reviewed information given to us by the provider.

### What people told us and what we found

Before patients received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. We saw that patients were given written, personalised information regarding their treatment. Patients signed to indicate they were happy with the treatment plan and associated costs.

Patients' needs were assessed and care and treatment was planned and delivered in line with their individual treatment plan. During our visit we spoke with four patients about their care and treatment. All of the patients we spoke with commented positively on the way the dentist explained their treatment plan and communicated throughout their treatment. All the patients we spoke with praised the caring, understanding attitude of all the staff.

We saw there were systems in place to reduce the risk and spread of infection. The practice had a designated decontamination room which had been designed to accommodate all the equipment necessary for decontamination and to separate decontamination procedures from the clinical area. This meant that contaminated and sterilised instruments did not come into contact with each other.

The practice had a training policy which gave staff detailed information about how the provider would support them to complete relevant training for their role. The staff we spoke with said they were well supported by the provider and felt able to discuss any issues regarding their work or training.

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.

### 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. During our visit we spoke with all the staff who were working at the practice that day. They explained how treatment options were discussed with their patients. We saw that patient records contained a record of the treatment options that had been discussed to enable patients to make informed decisions. We spoke with four patients who confirmed that they were always given sufficient information before consenting to their treatment. One patient told us; "Everything is explained in detail and [the costs] quoted fully".

We saw that patients were given written, personalised information regarding their treatment. Patients signed to indicate they were happy with the treatment plan and associated costs. The forms contained clear information about the teeth requiring treatment and the materials to be used. During our visit we spoke with four patients who all told us that they understood the treatment they were consenting to and why it was necessary. Patients told us that the risks and benefits of treatment options had been explained in a way they could understand.

The practice had printed consent forms for various treatments they provided, such as tooth whitening, implants and extractions. These consent forms gave clear information for their patients about the treatment, why the treatment was necessary, the benefits and any possible risks.

One of the dentists at the practice provided treatment under inhalation sedation (IS). This is a form of sedation, a mixture of nitrous oxide and oxygen breathed through a nosepiece. This helps patients to feel relaxed and accept treatment. We saw that when patients agreed to IS they were given written information about the procedure and were required to attend a pre-treatment appointment to ensure they understood what was involved before signing to indicate their consent. We saw that these discussions were documented in the patient record. This form of sedation was often used to help children accept dentistry. We saw that all discussions with the child and their parent were documented and consent

forms signed by the parent were completed before any treatment took place.

The practice had a policy on consent which had been regularly reviewed. It documented that patients could change their minds and withdraw their consent at any time and this principle was understood by all staff. However this policy did not provide guidance for staff about the legal requirements relating to consent for patients who lacked capacity. We discussed this with the dentist who was also the provider of this service. They understood the principles of the Mental Capacity Act (2005) and were clear about the actions they would take should they have occasion to question the capacity of any of their patients to provide consent to treatment.

**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

Patients' needs were assessed and care and treatment was planned and delivered in line with their individual treatment plan. During our visit the dentist explained the information recorded at each patient's initial examination and at subsequent visits. They recorded their examinations of soft tissues and teeth and other relevant observations. We saw that patient records contained a record of the examination and the findings. The dentist had recorded information received from the patient such as, their medical and social history, smoking status and the date of their last dental visit. This information was used in the assessment of each patient's oral health. New patients were also given an oral health questionnaire to complete. This meant that the dentist was aware of all factors which may influence the treatment or advice they offered. We spoke with four patients who were all aware of the checks the dentist had made at their examination. One patient said; "[The dentist] always checks my whole mouth, my neck and glands". Another said; "It is a whole round picture".

Diagnostic tests, such as radiographs (x-rays), were carried out if they were clinically necessary. The justification for any diagnostic tests was clearly recorded in patient records.

The receptionist told us that each patient was asked to provide a medical history and at each subsequent examination they were asked to check if there had been any changes. We saw patients being asked to check their medical history and record any changes. We saw that the written medical history was given to the dentist to review before the patient entered the surgery. This meant that the dentist would be aware of any medical issues which could affect the planning of the patient's treatment. Patients we spoke with confirmed that they were always asked if there was any change to their medication or health.

During our visit we spoke with four patients about their care and treatment. All of the patients we spoke with commented positively on the way the dentist explained their treatment plan and communicated throughout their treatment. All the patients we spoke with praised the caring, understanding attitude of all the staff. They told us they were very satisfied with the standard of treatment provided. One patient told us: "The attitude has made me stay and not worry about coming back". Another patient described the way in

which the dentist was able to help them relax; "I have just had a root canal I could have fallen asleep through".

Another patient was complimentary about the treatment they received from the practice and the way the practice was able to offer evening and Saturday appointments. They said: "They fit around my work time" and "I am not terrified like I used to be".

One of the dentists at the practice provided treatment under inhalation sedation (IS). This is a form of sedation, a mixture of nitrous oxide and oxygen breathed through a nosepiece. This helps patients to feel relaxed and accept treatment. We saw that there were procedures in place to ensure that appropriate safety checks were made of equipment before treatment was started. There was an effective system in place to ensure that all pre sedation checks had been carried out such as checks of the equipment, patient's signed consent had been obtained and that patient health and wellbeing had been assessed. Each patient record contained a copy of the checklist which had been completed for each episode of treatment under IS. A log was kept of throughout the treatment to record all aspects of the sedation process. The dentist who carried out treatment under IS was a member of the British Society of Paediatric Dentistry and The Society for the Advancement of Anaesthesia in Dentistry (SAAD) and along with their dental nurse had completed appropriate SAAD training in the use of IS.

There were arrangements in place to deal with foreseeable emergencies. We saw that the practice had emergency drugs and oxygen available which may be needed to deal with any medical emergencies should they arise. Regular checks were made of the emergency drugs and oxygen to ensure they were in date and ready for use should they be needed. The practice also had a defibrillator (AED) which staff had been trained to use should somebody have a cardiac arrest. All staff had taken part in training in medical emergencies. This had included cardio pulmonary resuscitation (CPR) and medical emergency scenarios. The training had taken place at the surgery which meant that staff were clear about their responsibilities in an emergency situation and the location of emergency equipment.

**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.

People were protected from the risk of infection because appropriate guidance had been followed.

## Reasons for our judgement

In November 2009, and updated in March 2013, the Department of Health published a document called 'Health Technical Memorandum 01-05 Decontamination in primary care dental practices' (HTM 01-05). This document describes in detail the processes and practices essential to prevent the transmission of infections and promote clean safe care. It is used by dental practices to guide them to deliver an expected standard of decontamination.

We saw at this practice there were systems in place to reduce the risk and spread of infection. The practice had a designated decontamination room which had been designed to accommodate all the equipment necessary for decontamination and to separate decontamination procedures from the clinical area. This meant that contaminated and sterilised instruments did not come into contact with each other. Staff were able to describe the decontamination process to us and explain the dirty to clean workflow which they adhered to.

During our visit we spoke with all the staff at the practice that day; the receptionist, who also carried out decontamination of instruments, the dentist and their dental nurse. They were all able to demonstrate their awareness of the safe practices required to meet the essential standards of HTM 01-05. They were aware of the need for personal protective equipment (PPE). They also described the checks they carried out to be assured that decontamination equipment was functioning properly. There were regular checks of the autoclave and washer disinfector (items of equipment used in the decontamination process) to ensure they continued to operate effectively.

Staff were able to describe the decontamination procedures in operation within the surgery. They ensured that clinical areas were cleaned between patients and explained the workflow to separate clean and contaminated areas in the surgery. The practice used single use equipment wherever possible. This is equipment that is designed to be used once and then discarded to prevent cross contamination.

The dentist who was also one of the providers of this service was the lead person responsible for infection prevention and control procedures. They had audited the infection control procedures within the practice. The most recent audit had shown that the practice

was 99% compliant with best practice procedures. The provider had also produced an infection control annual statement in October 2013 which complied with the Code of Practice on the prevention and control of infections. This meant that all information in relation to infection prevention and control had been reviewed and recorded.

The practice had carried out a risk assessment for Legionella. (Legionella is a bacteria found in water storage systems which can cause illness in people.) The provider continually monitored the water systems at the practice. Regular checks of water temperatures were carried out and recorded to check that optimum temperatures, to minimise the risk of Legionella, were maintained. Water from all outlets was sent for testing annually. Dental unit water lines were flushed at the beginning and end of the day and between patients. This was done to minimise the risk of both Legionella and cross infection.

There was a cleaning schedule in place for the cleaner to adhere to. This provided detailed guidance for the frequency of cleaning and the equipment to be used in certain areas. This meant that equipment used for high risk areas was not used for clinical areas to minimise the risk of cross contamination. The practice appeared clean and tidy.

**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.

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

## Reasons for our judgement

It is a requirement of the General Dental Council (GDC) that all people registered with them complete a specified number of hours of Continuing Professional Development CPD, including training in medical emergencies, to maintain their registration. Training records showed that everyone working at the practice had taken part in basic life support. This training was organised on a regular basis by the provider and included role play and practise of simulated medical emergencies.

Staff had completed feedback for the provider in the form of a survey. They had been able to comment on the practice and their work. This meant the provider valued the members of the staff team and their opinions for the improvement of the practice.

Staff were able, from time to time, to obtain further relevant training. The practice had a training policy which gave staff detailed information about how the provider would support them to complete relevant training for their role. We spoke with the provider who was aware of the training that each member of staff had taken part in. The provider gave staff paid time to complete some of the training or study required as part of their continuing professional development.

The staff we spoke with told us they had been supported to access necessary training as well as specific training for their role. For example all staff had attended training in vulnerable adult and child safeguarding, infection control and medical emergencies and the receptionist had attended a receptionists' study day.

We spoke with the dental nurse and receptionist who told us that all staff had taken part in an annual appraisal. We saw records of the appraisal meetings, a performance and development review. This had given staff the opportunity to discuss their job satisfaction and career development. The appraisal process enabled the practice to identify the skills available in the practice, where update training may be required and where skills may need to be developed.

One member of staff told us that they had discussed with the provider the possibility of gaining further qualifications in order to develop their career. They told us they would be supported by the provider to acquire skills which would also benefit the practice. The staff

we spoke with said they were well supported by the provider and felt able to discuss any issues regarding their work or training. They were confident that any concerns would be acted on.

## 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.

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| ✓ **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.<br>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.<br>We monitor the implementation of action plans in these reports and, if necessary, take further action.<br>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:

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| 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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