Inspection Report

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

Hilltop Dental Practice

340 Hill Lane, Southampton, SO15 7PH

Date of Inspection: 29 August 2014

Date of Publication: September 2014

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
Management of medicines	✓ Met this standard
Safety and suitability of premises	✓ Met this standard

Details about this location

Registered Provider	Hilltop Dental Practice Limited
Registered Manager	Mrs Wendy Swinn
Overview of the service	Hilltop Dental Practice is a private practice providing dental care to patients in the Southampton and surrounding areas.
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 announced inspection.

How we carried out this inspection

We carried out a visit on 29 August 2014, talked with people who use the service, talked with staff and reviewed information given to us by the provider. We were accompanied by a specialist advisor.

What people told us and what we found

Patients told us that they were very satisfied with the treatment they had received. They were given clear instructions and guidance for the aftercare following their treatment this meant that they understood and were involved in their dental care.

All the patients we spoke with at the practice told us the dentist and nurse checked with them whether they were happy to receive treatment. They said that the dentist always talked to them and explained what they were going to do.

A comprehensive recording system was available for the prescribing and recording of the medicines and drugs used in conscious sedation and other areas of clinical practise. This meant that appropriate arrangements were in place in relation to the recording of medicine.

Hilltop Dental Practice was located in a purpose built premises on one floor. The design, layout and security of the premises were fit for purpose and met the needs of patients who received care and treatment at the practice.

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

All the patients we spoke with at the practice told us the dentist and nurse checked with them whether they were happy to receive treatment. They said that the dentist always talked to them and explained what they were going to do. Patients confirmed that staff respected their wishes and that they could change their minds about things if they wanted to. Before people received any treatment they were asked for their consent and the dentist acted in accordance with their wishes.

We spoke with two dentists and two dental nurses who demonstrated a good understanding of their responsibilities for obtaining valid consent from patients. Patients we spoke with confirmed that they understood about giving consent and did not feel pressured into agreeing to treatment. Staff and patients understood that people could withdraw their consent at any time and that they needed to check people's consent when delivering treatment.

We saw that patient records included initial assessment forms where consent from the patients was confirmed. This practice also offered sedation to patients and we saw that there was a specific consent form for sedation requirements that included medical history, information for the patient before treatment and after treatment. Patients were required to sign this form confirming that they had read and understood the sedation requirements and gave their consent.

Where required, written correspondence was sent to the patient fully explaining the proposed treatment plans. This included details of what the results of the treatment would be and any other issues the patient should be aware of. The patient was also requested to sign that they understood that variations to the treatment plan may occur during any course of treatment and that they agreed to have the treatment carried out.

We saw that the practice had up to date policies dealing with the various types of consent, voluntary decision making, the ability to consent and details of the general dental council's

standards and principles to consent.

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

Both the dentists at the practice carried out intra-venous sedation for patients who were very nervous of dental treatment; to assess the quality and safety in this area of clinical practice we used a Specialist Dental Adviser during our visit. We found that the care and treatment was planned and delivered in a way that ensured patients' safety and welfare.

One of the dentists described in detail the patient's journey through a course of treatment involving intra-venous sedation from the initial assessment of the patient to discharge following a session of dental treatment. We found that Intra-venous sedation was delivered according to the standards set out by Royal College of Anaesthetists and the Department of Health Standing Committee Guidelines in Conscious Sedation of 2007.

We found that patients were appropriately assessed for sedation. The clinical records showed that all patients undergoing sedation had important checks made prior to sedation; this included a medical history, height, weight and blood pressure. We saw that during the sedation procedure important checks were recorded at regular intervals which included pulse, blood pressure, breathing rates and the oxygen saturation of the blood. This was carried out using a specialised piece of equipment known as a pulse oximeter which measured not only the patient's heart rate, oxygen saturation of the blood but also blood pressure.

We looked at a sample of four patient records that were used in recording the patient journey during a conscious sedation session. We noted that these records were comprehensive and complete. The practice used a system of bespoke data recording sheets which had been developed over a number of years by the practice. A comprehensive medical assessment form began the patient journey. The dentist's assess if the patient is suitable to undergo conscious sedation.

The sedation record sheet contained the details of the assessment, treatment plan, consent, pre-operative checklist, premedication, the sedation itself, monitoring and the personnel involved, post-operative check list and a section on clinical audit. The sample of records we looked at were completed in full which meant that the clinical records were accurate and fit for purpose.

The dentist who carried out sedation was supported by appropriately trained nurses on each occasion who had received professional development in relation to sedation. Both dentists were members of the Society for the Advancement of Anaesthesia in Dentistry (SAAD). The dentist's attend the annual scientific conference organised by SAAD which enable the practice to remain up to date with current thinking and practice in relation to conscious sedation. The nurses working at the practice have all completed courses in conscious sedation provided by SAAD and undergo annual refresher training in conscious sedation through SAAD. This Continuing Professional Development in conscious sedation is in line with the recommendations set out by the Dental Sedation Teachers Group for maintaining competency in conscious sedation in a primary care setting. This meant that patients are being treated safely and in line with current standards of clinical practise.

There were arrangements in place to deal with foreseeable emergencies. There was a range of suitable equipment including an Automated External Defibrillator, emergency drugs and oxygen available for dealing with medical emergencies. This was in line with the Resuscitation UK guidelines. The emergency drugs were all in date and the drugs were securely kept along with emergency oxygen in a central location known to all staff. The expiry dates of drugs and equipment were monitored using a daily check sheet which enabled the staff to replace out of date drugs and equipment in a timely manner. This meant that the risk to patients' during dental procedures was reduced and patients were treated in a safe and secure way.

We found that the practice was preventively focused and attached great importance to the prevention of dental disease. To facilitate prevention the practice employed the services of a dental hygienist. We spoke with the hygienist who worked at the practice. She described the effective working relationship that existed between herself and the dentists. We saw effective information sharing between the hygienist and dentists using a variety of means which included regular one to one discussions at each patient appointment when the progress of the patient can be reviewed by both the dentist and the hygienist.

We saw that a camera for use in the mouth was used by the dentist at various times during the patient journey. The pictures could be used by both dentist and hygienist as a motivating tool for a patient to focus on areas of the mouth that needed more attention during tooth brushing. Other information that could be used by the hygienist when treating patients were dental x-ray films and the use of detailed charts which were used to monitor the extent of a patients gum condition. We saw in the sample of records we checked that these charts were very detailed and complete. This meant that patients could be informed effectively in changes to their oral health.

During our visit we spoke with five patients who received treatment from the practice. They confirmed they had discussed their options with the dentist and agreed a treatment plan in advance. All the patients told us that the dentist always explained the treatment and when required gave them a written treatment plan with cost estimates. Patients were therefore aware of any costs and commitment required for treatments.

Patients told us that they were very satisfied with the treatment they had received. They were given clear instructions and guidance for the aftercare following their treatment this meant that they understood and were involved in their dental care.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

A comprehensive recording system was available for the prescribing and recording of the medicines and drugs used in conscious sedation and other areas of clinical practise. The systems we viewed were well completed, provided an account of medicines prescribed, and demonstrated that patients were given their medicines as prescribed. This meant that appropriate arrangements were in place in relation to the recording of medicine.

We saw from a sample of clinical records that when drugs were prescribed the name of the drug, dose, timing and patient instructions were noted. The batch numbers and expiry dates for sedative drugs, antibiotics and painkillers were always recorded. The sedative drugs used in conscious sedation belong to a group known as Schedule 3 and must be stored securely to prevent inappropriate access by members of the public and other unauthorised persons. We found these drugs were stored safely for the protection of patients.

The storage cupboard used was found to be very tidy and orderly. We also found that medicines for emergency use were available, in date and stored correctly. This meant that medicines were handled appropriately and the risk to patients' during dental procedures was reduced.

Safety and suitability of premises ✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

Hilltop Dental Practice was located in a purpose built premises on one floor. The design, layout and security of the premises were fit for purpose and met the needs of patients who received care and treatment at the practice.

The practice conformed with the Disability Discrimination Act 1995 by ensuring that disabled patients had the same access to services as non-disabled patients. The inside of the premises was bright and well ventilated. Decoration was up to a good standard and the waiting area was spacious and comfortable with information which promoted patients' wellbeing. Patients we spoke with all told us that they felt comfortable whilst waiting in the waiting area and found the practice to be calm and peaceful.

We saw that there were arrangements in place to comply with all legislative requirements relating to the classification, collection, segregation, storage, handling, transport, treatment and disposal of waste.

We saw evidence from documentation and policies that risks to safety were identified and managed and the premises were adequately maintained. We noted that the last risk assessment took place in July 2014. We saw that the practice had an up to date Health and Safety Policy and the registered manager was the person designated as lead person.

There was a practice contingency continuity plan that detailed the actions to be taken to maintain services. The staff we spoke with explained the arrangements that were in place to provide safe and effective care in the event of a failure in major utilities, fire, flood or other emergencies.

Staff, patients and people who used the surgery were provided with information on the risks to their health and safety and what to do in the event of an emergency, for example fire. These measures were displayed throughout the practice. Emergency evacuation procedures were in place and records showed they were practiced annually.

The practice conducted regular inspections of the main services and current certificates were in place such as air compressor servicing. We saw details of contact telephone

numbers that dealt with all contracts with the relevant services for emergencies and arranging regular maintenance of equipment. This meant that the provider had taken steps to provide care in an environment that was suitably designed and adequately maintained.

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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