

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

Robinspool Dental Practice

265 Reading Road, Winnersh, Wokingham,
RG41 5AG

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Date of Inspection: 22 August 2014

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We inspected the following standards to check that action had been taken to meet them. This is what we found:

Cleanliness and infection control ✓ Met this standard

Assessing and monitoring the quality of service provision ✓ Met this standard

Details about this location

Registered Provider	Dr. Paul Nolan
Overview of the service	Robinspool Dental Practice is a family run dental practice offering private dental treatment to both adults and children.
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
More information about the provider	5
Our judgements for each standard inspected:	
Cleanliness and infection control	6
Assessing and monitoring the quality of service provision	8
About CQC Inspections	10
How we define our judgements	11
Glossary of terms we use in this report	13
Contact us	15

Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Robinspool Dental Practice had taken action to meet the following essential standards:

- Cleanliness and infection control
- Assessing and monitoring the quality of service provision

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 22 August 2014, talked with staff and reviewed information sent to us by other regulators or the Department of Health. We were accompanied by a specialist advisor.

What people told us and what we found

When we visited the practice on 28 February 2014, we found the patients were not protected from the risk of infection because appropriate guidance had not always been followed. The practice did not have effective systems in place to identify, assess and manage risks to the health, safety and welfare of patients who used the service and others. We set a compliance action in respect of this. We received an action plan which set out what actions were to be taken, to achieve compliance.

During this inspection we found the practice had taken effective action and achieved compliance. The practice now had robust systems in place to ensure the risk of cross infection was minimised. We saw that water systems were checked for Legionella, which is a bacteria risk in water or cooling systems. There was an up to date risk assessment in place to show that this had been carried out. We found the machines used for the sterilisation and cleaning of equipment were regularly checked and serviced. A comprehensive cleaning schedule was in place with clear responsibilities outlined, which covered all areas of the premises.

We reviewed a number of policies and procedures, which included the infection control and complaints procedures. The policies were dated and a review date was recorded. The complaints procedure had been displayed in the waiting room. One of the dentists was responsible for ensuring any relevant professional standards and guidance was shared with the team. The practice had reviewed and discussed all complaints and accidents and incidents and learning was shared with the team. We saw evidence the practice had completed various audits and used the findings to improve the quality of the service provided to patients.

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

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.

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

Reasons for our judgement

When we visited the practice on 28 February 2014, we found the patients were not protected from the risk of infection because appropriate guidance had not always been followed. The practice did not have cleaning schedules for the premises. The risks of patients contracting infection from waterborne bacteria had not been minimised. There was no risk assessment in place for Legionella. The practice did not have records of staff who had received immunisations and were not able to identify when staff required a booster to their vaccination. We set a compliance action in respect of this. We received an action plan which set out what actions were to be taken, to achieve compliance.

During this inspection we found the practice had taken effective action and achieved compliance.

We saw there were written decontamination procedures for the practice regarding the cleaning of instruments, and staff members we spoke with were familiar with these. We observed how these were put into practice. A staff member demonstrated the process for cleaning dental equipment in the decontamination room. The room had a clear layout going from dirty to clean areas. We saw the instruments were manually washed, rinsed and placed in an autoclave for sterilisation. The instruments were then removed from the steriliser, labelled, dated and put onto treatment trays. We noted during the process the staff member wore appropriate personal protective clothing at all stages of the process. We found the process was completed in line with the current professional guidance and internal policies and procedures. This meant the practice now had robust systems in place to ensure the risk of cross infection was minimised.

We saw that water systems were checked for Legionella, which is a bacteria risk in water or cooling systems. There was an up to date risk assessment in place to show that this had been carried out. The risk assessment ensured that the practice was meeting the necessary regulations to ensure the safety of patients, staff and the public. This meant that the service had taken the appropriate steps to control Legionella bacteria.

We found the machines used for the sterilisation and cleaning of equipment were regularly checked and serviced. We saw logbooks for validation of equipment and saw these were checked regularly and were up to date.

A comprehensive cleaning schedule was in place with clear responsibilities outlined, which covered all areas of the premises. The cleaning schedule was monitored by staff to ensure all areas were cleaned and to the appropriate standard. We saw evidence all clinical staff were up to date with hepatitis B vaccinations and this had been recorded and was reviewed regularly.

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 in place to identify, assess and manage risks to the health, safety and welfare of patients who used the service and others.

Reasons for our judgement

When we visited the practice on 28 February 2014, we found the practice did not have effective systems in place to identify, assess and manage risks to the health, safety and welfare of patients who used the service and others. The practice did not use audits to inform and improve patient care. Systems were not in place to regularly review and update policies and procedures. The complaints procedure was not easily accessible. The practice did not have systems in place to ensure they learnt from complaints and from incidents and accidents. We set a compliance action in respect of this. We received an action plan which set out what actions were to be taken, to achieve compliance.

During this inspection we found the practice had taken effective action and achieved compliance.

We reviewed a number of policies and procedures, which included the infection control and complaints procedures. The policies were dated and a review date was recorded. We saw all staff members had signed to confirm they had read and understood the procedures. We found the procedures were in date and reflected current professional guidance. The practice had designated a staff member to review all practice protocols on a regular basis and any changes were shared with the team.

We saw the complaints procedure had been displayed in the waiting room. We noted the procedure provided information on how to make a complaint, the person responsible for handling the complaint and the how it would be dealt with. Staff told us a complaints leaflet was also available for patients to take with them, should they wish to.

One of the dentists was responsible for ensuring any relevant professional standards and guidance was shared with the team. This was supported by the staff we spoke with. The practice had discussed all complaints, accidents and incidents and learning was shared with the team. Staff told us although formal team meetings did not take place, the team met frequently on an informal basis where information and training was shared.

We saw evidence the practice had completed various audits and used the findings to improve the quality of the service provided to patients. These included; infection control

audits, radiography audits and patient feedback form audit. For example, we reviewed an infection control audit dated April 2014, and saw this had identified the practice did not always date the sharps containers in line with or in accordance with the practice procedures. We saw evidence this had been actioned and the learning had been shared with staff. We saw all audits had a review date recorded, to ensure these took place regularly.

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.

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