

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

## Tudor Clinic

49 Wolborough Street, Newton Abbot, TQ12 1JQ

Tel: 01626335567

Date of Inspection: 29 April 2014

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2014

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

## Details about this location

Registered Provider	Mr Ian Terance MacDermott
Overview of the service	The Tudor dental clinic is a private practice. It has two surgeries which are used by the practice owner and a part-time hygienist. The practice sees patients belonging to Denplan and other insurers, and on a normal fee-paying basis. Access is available for wheelchair users or patients with disabilities. Car parking is readily available in nearby public car parks.
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

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### Why we carried out this inspection

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We carried out this inspection to check whether Tudor Clinic had taken action to meet the following essential standards:

- Cleanliness and infection control

This was an announced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 29 April 2014, observed how people were being cared for and talked with staff. We reviewed information given to us by the provider and were accompanied by a specialist advisor.

We spoke with the provider.

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### What people told us and what we found

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At our last inspection in December 2012 we judged that this service was not compliant with good practice in relation to the prevention and control of infection. Following this inspection we were sent an action plan to detail what action was planned for the practice to achieve compliance.

At this inspection we found that all the actions sent by the CQC to the provider had been acted upon. People were protected from the risk of infection because appropriate guidance had been followed.

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

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://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

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### Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed and people were cared for in a clean, hygienic environment.

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### Reasons for our judgement

At our last inspection in December 2012 we found that an infection control audit had not been completed within the last six months. Completion of this six monthly audit is listed as good practice in a Department of Health Technical Memorandum 01-05 (HTM01-05) document which sets out in detail the processes and practices essential to prevent the transmission of infections and provide clean safe care. The document lists an audit as an "essential quality requirement" that must be achieved. At this inspection in April 2014 we saw that an audit of infection control had been carried out and confirmed essential requirements were being met. The provider may wish to note that there was no formal action or timelines to state what had been highlighted during the audit and when the issues would be addressed.

At this inspection we saw evidence that all staff had recently attended a course on decontamination in dental practice and on effective hand washing. We saw evidence that hand washing posters were displayed in clinical areas. The provider was compliant with current infection control guidelines.

At our last inspection in December 2012 we saw that there was no evidence to show that the dentist and other members of staff were vaccinated against Hepatitis B. At this inspection we saw evidence to show that staff had been tested for immunity to Hepatitis B or had appointments booked for this to take place. This meant that patients were protected against Hep B infection from staff.

At our last inspection in December 2012 we saw some issues which increased the risk of infection. For example we also observed that there was a tropical fish tank in the surgery and a record card cabinet stored in the treatment room. At this inspection we saw that both items had been removed. Since the last inspection the provider had also introduced a dedicated hand washing facility in the decontamination room. This meant that the risk of the spread of infection had been reduced.

Our clinical advisor discussed ways of further reducing the spread of infection at the practice. These included removing equipment not used for decontamination purposes from the decontamination room. For example an x-ray developing machine was being stored in the decontamination room. The provider gave assurances that this would be removed as a matter of priority. The provider may also wish to note that there was no method of ensuring the correct air flow takes place as advised in Health Technical Memorandum 01-05 (HTM01-05).

At this inspection we found that all areas of the dental surgery and decontamination areas were clean, tidy and free from offensive odours. However, the provider may wish to note that the work surface which supported the autoclave had a missing piece of laminate and the work surface we observed had no backsplash. This meant that effective cleaning would not be possible.

At the last inspection in December 2012 we observed that staff and the dentist were wearing outdoor clothing in the surgery and the decontamination room. At this inspection we found that the clinical staff we spoke with had a good understanding of infection control procedures. We saw staff wearing personal protective equipment which they changed into on arriving at work further reducing the risk of cross infection.

At our last inspection we saw effective decontamination of instruments being performed by staff. At this inspection we also saw correct processes being followed.

At the last inspection there were no service records produced for the compressor and pressure vessel equipment in the surgery. At this inspection we were provided with the latest pressure vessel testing certificates for the autoclave and compressor. This showed that the equipment was safe, effective for use and meant that decontamination equipment was maintained to the standards set out in current guidelines. This meant that patients could be confident of receiving safe and effective care.

At this inspection we saw temperature readings of both hot and cold water taps had been recorded monthly. The results were found to be compliant with recommendations set out in the Health and Safety Executive's 'Approved Code of Practice'. This meant the possibility of contracting Legionella disease was significantly reduced for staff and patients. However, the provider may wish note that there had been no risk assessment carried out by a member of the Legionella control association as advised in the publication referred to above.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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Phone: 03000 616161

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Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

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Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

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Website: [www.cqc.org.uk](http://www.cqc.org.uk)

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