

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

## Orchard House Dental Practice

6 Kings Road, Headcorn, Ashford, TN27 9QU

Tel: 01622890574

Date of Inspection: 24 July 2014

Date of Publication: August 2014

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

**Respecting and involving people who use services** ✓ 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

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

## Details about this location

Registered Provider	OH Dental Ltd
Registered Manager	Ms Mary Colette Watts
Overview of the service	Orchard House Dental Practice provides general dentistry such as treating tooth decay and gum disease, restorative dentistry such as crowns and bridges, cosmetic dentistry including veneers and teeth whitening and orthodontics. The practice treats adults and children funded by the NHS and privately. Wheelchair access is available.
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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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.

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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 24 July 2014, talked with people who use the service and talked with staff.

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### What people told us and what we found

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We spoke with two patients who told us that they were happy with the service provided. One patient said "This is an excellent practice, they are like a breath of fresh air. My sister in law comes here and she is petrified of dentists but she loves it here". Another patient said "The staff are so caring, we have a laugh. I know this sounds funny, but I really look forward to coming here".

Patients said their treatment plans were always explained and discussed with them. Patients said that the practice was always clean, and all the staff were friendly and welcoming.

We found that patients who used the practice understood the care and treatment choices available to them. We found that the provider had an effective system to regularly assess and monitor the quality of service that patients' received.

We found that patients 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

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

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The provider was meeting this standard.

Patient's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

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Patients said that they were satisfied with the service provided by the practice. They considered their dignity and privacy had been respected. They thought that staff were courteous and they liked the way in which staff were willing to answer any questions they asked. All dental treatments were completed in the privacy of the treatment room. Staff were careful to discuss patient's treatments in private so they could not be inadvertently overheard.

There was a range of patient leaflets that gave information relating to the treatments available.

Patients generally booked their next check up examination at the end of each treatment. The date was decided in consultation with the dentist who ensured that patient's whose treatment needed closer supervision were seen more frequently. There was a recall system to remind patients when their next appointment was due. The appointment system in use was effective and meant that patients did not have to wait for long periods of time before being seen.

We looked at patient records to see how patients and their representatives were involved in making decisions about their treatment. We saw that patient records contained a treatment plan, and that the plans had been signed by the patient. The plan showed the proposed dental work and the number of visits required.

The practice manager told us that as well as having a written treatment plan, all treatments were discussed in detail with patients by the dentist treating them. This discussion included talking about health issues, and providing information about possible risks to teeth and gums. For example, the effects of oral hygiene and diet.

Patient records were on a computer system. All records were secured and password protected. All paper records that contained confidential personal information were scanned and held in a secure way so that only authorised staff could access them.

We saw that the practice had a complaints and comments policy and that this was displayed in the patients' waiting area. This included a procedure setting out whom to contact, how the complaint would be investigated and the timeframe for responding. The practice manager told us that if they received a complaint, the patient would always be sent the practice's complaint code of practice, along with a letter of acknowledgement and an explanation of what would happen next. The provider was not dealing with any complaints at the time of our visit.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

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

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**Reasons for our judgement**

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Patients told us that their medical history was discussed at every visit. They said they felt safe and cared for by the dental team, because the clinical staff had made sure they knew their current health needs well, and that this was taken into account when undergoing dental treatment. Patients told us that the appointment system was efficient, and there was never a long wait for an appointment. Patients said that when they had a dental emergency, the practice had always fitted them in on the same day.

Patient records showed that a thorough medical history was taken. These were updated at all subsequent visits. Staff told us, and patients using the service confirmed that a medical history was discussed with patients prior to any treatment.

As well as being given an individual treatment plan in which treatments were recorded, patient's notes also stated that a discussion had taken place with the patient about their treatment.

All staff at the practice were trained in emergency life support. Training was updated annually and records confirmed this. We saw that the provider had ensured that reception staff had protocols in place to summon the emergency services if required.

There were emergency treatment arrangements, including emergency medicines, access to medical oxygen and an automated external defibrillator for cardiopulmonary resuscitation. Records showed that these were regularly checked by the provider to ensure they would be safe and effective if used. Staff had received training in responding to emergencies and records we saw confirmed this.

Patients had been supported to maintain good oral health. This included advice about the correct way to clean their teeth and gums. It also included advice about healthy eating so as to avoid foods that are associated with tooth decay.

**People should be protected from abuse and staff should respect their human rights**

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### **Our judgement**

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The provider was meeting this standard.

Patients 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.

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### **Reasons for our judgement**

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Patients told us they trusted the dentists and staff and they felt safe and well cared for by the team at the practice.

There was a written policy and procedure that described the action staff should take in order to keep patients safe from the risk of abuse, this included phone numbers and contact details should a referral need to be made. All staff had received relevant training in dementia awareness and safeguarding vulnerable adults and children.

We saw that information relating to safeguarding was readily available to staff. Staff we spoke with were able to tell us how they would recognise abuse and they knew how to 'whistle-blow' if they had concerns.

There were informal arrangements to support people who needed special help to give consent to receiving dental treatment. In the case of children this included with the involvement of parents or representatives before treatments were given.

Security checks had been completed on staff that helped to ensure that they were trustworthy to work with patients who were vulnerable. These included a police check and personal references.



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

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**Our judgement**

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The provider was meeting this standard.

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

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**Reasons for our judgement**

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Patients told us they always found the practice clean and had no concerns about cleanliness or infection control. One patient said "I have been coming here for a long time, I have no complaints about cleanliness".

Records showed the practice had policies and procedures in place to manage cleanliness and infection control.

An identified lead for infection control had been appointed and when we spoke to them, they understood their role and responsibilities.

All clinical staff had annual training in infection control. Staff we spoke with told us they had been trained in infection control. Staff training records confirmed this. The notes from recent staff meetings demonstrated that infection control was a regular agenda item. There was information such as posters available to patients using the service, and visitors, about the control of infection.

Audits had been regularly completed to show that good standards of hygiene were being achieved. These considered hand hygiene, instrument decontamination and sterilisation, general infection control and the use of personal protective equipment.

The practice had a designated sterilisation room. There was a system to ensure that reusable items of equipment were only used for one patient before being reprocessed (being decontaminated and sterilised). There was special equipment to undertake this reprocessing and the records showed that this had been completed correctly. Sterilised equipment and used items were kept separately from clean items, which were stored in hygienic conditions to reduce the risk of recontamination. We noted that instruments were packaged and dated after cleaning.

There was a system for safely handling, storing and disposing of clinical waste in order to reduce the risk of cross contamination.

Staff followed good hygiene practices. These included wearing clean uniforms, washing their hands thoroughly and using personal protective equipment such as disposable

gloves, aprons and face masks.

There were procedures to help ensure that water used in the practice complied with purity standards. This included using specially treated water for clinical processes that could generate water vapour which could be inhaled. Records showed that a check had been completed to ensure that no special measures needed to be taken to guard against legionella (a germ found in the environment which can contaminate water systems in buildings).

## 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

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that patients receive.

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### Reasons for our judgement

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Patients told us that they were asked their views about the practice. The practice manager told us that questionnaires and surveys were undertaken each year, to capture the views and comments of patients who used the service.

We looked at the results from the most recent survey and saw that the comments were generally positive and the majority of patients were satisfied with the practice. The practice manager told us that the practice acted on comments and feedback received. For example, some patients had raised concerns about the waiting times being longer than 10 minutes. In response to reduce the waiting times between patients, each dentist had to assess how long they were booking their appointments for. The dental nurse would contact reception staff who would speak to the patient and apologise for any delay.

The practice had regular meetings which all practice staff attended. We looked at the staff meeting records and saw that a range of topics had been included on the agenda. We spoke with staff at the practice and they told us that they attended regular meetings and that they were encouraged to voice their ideas and opinions about how the practice was run.

Records showed that the provider undertook regular audits and safety checks. We were shown examples of audits of patient records and x-rays to ensure consistent diagnostic information was being obtained.

The management structure for decision making and accountability provided guidance for staff, to ensure that care and support needs were met consistently and safely. Staff told us that they were confident and aware of how to raise concerns.

## 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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