

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

Ellerdale Dental Practice

Ellerdale, 32 Woodstock Road North, St Alban's,
AL1 4QQ

Tel: 01727850376

Date of Inspection: 16 January 2013

Date of Publication: February
2013

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	Dr. Barry Dytham
Overview of the service	Ellerdale is a private practice based in St Albans and providing primary dental care to people. Some children are treated at the practice under NHS arrangements.
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
<hr/>	
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
<hr/>	
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	7
Safeguarding people who use services from abuse	8
Cleanliness and infection control	9
Assessing and monitoring the quality of service provision	10
<hr/>	
About CQC Inspections	11
<hr/>	
How we define our judgements	12
<hr/>	
Glossary of terms we use in this report	14
<hr/>	
Contact us	16

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 reviewed all the information we have gathered about Ellerdale Dental Practice, looked at the personal care or treatment records of people who use the service, carried out a visit on 16 January 2013 and observed how people were being cared for. We talked with people who use the service and talked with staff.

What people told us and what we found

Ellerdale is a small private family run dental practice based in a private house in St Albans. Dr Barry Dytham, the provider, is the primary dentist at the practice. Treatment is provided to children under an NHS contract. There is also a part time dental hygienist at the practice. The practice has been established for many years and it was clear from our observations that people really enjoyed coming to the practice. Staff and people who attended the practice were on first name terms and it was apparent that people were relaxed in the surroundings.

People who used the service told us that they were always kept informed of treatment options and that Dr Dytham usually gave them a diagram to illustrate the treatment they were receiving. This helped inform people to make choices about what course of treatment to have. There was a price list and a leaflet with all the current information relating to the surgery.

We observed that people's privacy and dignity was respected during their discussions with the staff and when they were in the surgery. Staff told us that they were able to tell us how they made special arrangements to assist individuals with reduced mobility in the surgery located on the ground floor.

We identified that were effective systems in place to reduce the risk and spread of infection.

Dr Dytham told us that he and practice staff had current registrations with the General Dental Council and had regular contact and received updates from the GDC.

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

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People who use the service were given appropriate information and support regarding their care or treatment.

We observed people being greeted and cared for in a small friendly environment where people were relaxed in the waiting room. People told us it was not like going to the dentist at all. They said 'in a funny way they looked forward to seeing people and having a chat, it was a very sociable experience'.

Information leaflets were given to people detailing what they needed to know about the practice including opening times, weekend appointments, and emergency contact arrangements. A price list was also available in the surgery.

People told us they had been registered at the practice for a long time and always found that they had received a good service. One person told us that they 'would not dream of going anywhere else, the service was good and that they had great faith in Dr Dytham'. They said that the dentist and staff were 'kind' and 'understanding', and they had become great friends over many years.

If people wanted to talk in confidence they were able to do so in a room at the back of the practice. The availability of information and the way in which people were treated at this practice demonstrated that people's privacy, dignity and confidentiality were maintained.

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We were told by staff that people attending the practice, for the first time, had been given health questionnaires to complete when they arrived. These had then been updated and referred to on subsequent visits, to ensure the dentist was aware of the effect of any treatment being planned. People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We noted that the dentists kept detailed treatment records recording the discussions they had with people regarding the advice given and treatment provided. People's care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

We noted that people were recalled for appointments according to their clinical need. This meant people's care and treatment reflected current practice and guidance.

We identified that the surgery was equipped with emergency first aid equipment, oxygen and medicines. Staff had received training in managing emergency procedures and annual life support training was taking place.

Regular checks on the availability and maintenance of the equipment had been recorded. This meant that there were arrangements in place to deal with emergencies and ensure that correct equipment was accessible. The x-ray equipment had been regularly serviced and maintained to ensure it was safe and people were protected.

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

Our judgement

The provider was meeting this standard.

People who use 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.

Reasons for our judgement

The provider responded appropriately to any allegation of abuse. The practice administrator told us about their experience and knowledge of safeguarding of vulnerable people. They were able to access the Hertfordshire safeguarding policy.

The practice had not had any safeguarding concerns since it registered. However they were able to describe the process and give details of the relevant people who they would contact if they had any concerns.

The practice administrator confirmed that all staff had current criminal records bureau (CRB) checks in place. Staff had worked at the practice for many years and had undergone all the required checks to ensure people that used this service were protected from any type of abuse. There is no restraint used within the practice.

We noted that the practice had confidentiality and data protection policies and procedures in place to protect people's information. Staff told us about the whistle blowing policy and described how this would be implemented if a concern needed to be elevated. This meant the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection. We observed that the environment was very clean.

Staff talked us through the cleaning schedule and demonstrated how they were compliant with this standard. The process we observed confirmed that there were effective systems in place to reduce the risk and spread of infection.

The practice's infection control processes and procedures comply with current Department of Health Guidance. There was systems and equipment in place for cleaning the practice and work areas and also for the decontamination, sterilising and storing of dental instruments. We noted that there were systems in place that ensured that the instruments that were bagged were used within the required storage dates to maintain sterilisation.

We identified that staff had received training on the prevention of infection to ensure standards were being maintained in relation to national guidance.

Staff were aware of the policy to prevent the spread of blood-borne viruses in the event of a sharps injury and a procedure on the action they should take to protect themselves was available.

Service records for the decontamination equipment were available, demonstrating action had been taken to ensure equipment was being appropriately maintained. The water system was flushed through monthly with hydrogen peroxide and all the instruments attached were cleaned and flushed at the same time.

The practice administrator told us that all waste was securely stored in a locked garage to the side of the building and there were contracts in place for these to be collected on a regular basis. There were also arrangements in place to dispose of clinical waste, sharp items, hazardous fluids and dental amalgam.

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 people who use the service and others.

Reasons for our judgement

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

People who had been attending this practice for many years said they were confident their views were taken seriously and that's why the service was so good. One person told us 'they would not attend if they were not happy, there is plenty of choice'.

The practice is small, family orientated and informal and people who used the service told us that is why it is so good. Formal quality monitoring is not recorded however there is an audit book which records accidents, incident, complaints and compliments.

People who used this service had their views and feedback take into account and the service was very much centred on people who use the service and what they want.

Audits were in place to monitor all aspects of the service.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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

Phone: 03000 616161

Email: enquiries@ccq.org.uk

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

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
