

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

Marchwood Dental Practice

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4WU

Tel: 02380663414

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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
Cleanliness and infection control	✓	Met this standard
Supporting workers	✓	Met this standard
Records	✓	Met this standard

Details about this location

Registered Provider	Dr. Carol Bligh
Overview of the service	Marchwood Dental Practice has three surgeries. The practice offer a full range of dental treatments under insurance and private schemes. There is a ground floor surgery which is available for all the dentists to treat patients who may have limited mobility.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

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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 looked at the personal care or treatment records of people who use the service, carried out a visit on 15 February 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

We found this three surgery practice to be well designed and maintained. The staff were most helpful and patients were well cared for. Patients reported that they were well satisfied with the practice and treatment provided.

The practice had good infection control and decontamination processes and was at HTM01-05 Best Practice. There was a downstairs surgery which had easy access for patients with any mobility problems. We found staff to be well trained and offered support to develop their skills further.

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.

Patient's views and experiences were taken into account in the way the service was provided and delivered in relation to their care. Patients privacy, dignity and independence were respected.

Reasons for our judgement

Patients who use the service understood the care and treatment choices available to them. We spoke to two patients who use the service. Both patients had been attending the practice for the last 12 months. One patient explained that they paid for their treatment by a monthly insurance scheme and so knew what costs would be incurred. They stated that the dentist explained exactly what treatment was needed and gave clear instructions for their home maintenance.

The patients stated that they were seen on time and had had no problem when booking their appointments. They were pleased that the receptionist telephoned them the previous day to remind them of the appointment times. The provider showed us the booklet that was given to new patients which gave information about patient charges, out of hours emergency care and treatment options. One patient also commented how well organised the practice was and that they were a "satisfied customer". This showed us that patients who used the service were given appropriate information and support regarding their care and treatment.

We observed that there was a very helpful and informative notice board in the waiting room. This gave feedback to patients about the results of their patient survey. It also showed photographs of the equipment needed for a check up and filling to explain how the cost was worked out. Other notices explained how patients could obtain emergency treatment out of hours and how to make a complaint if necessary. We also observed a suggestion box for patients to add their comments. This showed that patients were able to express their views and were involved in making decisions about their care and treatment.

We observed that the downstairs surgery was suitable for patients with mobility problems and the provider explained that all the dentists were able to use this surgery so that patients were still able to see their dentist of choice. We also observed that there was a disabled parking space outside in the car park. This showed us that patient's diversity, values and independence were respected.

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

Our judgement

The provider was meeting this standard.

Patients experienced care, treatment and support that met their needs and protected their rights. Patients were involved in identifying their treatment options and alternatives. Risks and benefits were explained.

Reasons for our judgement

Patients needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Both patients that we spoke with commented that the dentist had asked details about their medical histories and any medicines they were taking. The provider explained that all patients received an individual care plan which was fully discussed. Verbal consent was agreed for routine treatments such as fillings and a printed plan was signed by both the patient and the dentist for more expensive or complicated treatments. These were stored in the patients record card.

The provider explained that patients had x-rays carried out according to clinical need and we saw copies of the FGDP (Faculty of General Dental Practitioners Royal College of Surgeons) guidelines in each surgery. The provider also explained that patients were recalled for check ups according to their clinical needs. This time varied from six to twelve months and followed NICE (National Institute of Health and Clinical Excellence) guidance which is a risk based assessments that patients care and treatment reflected relevant research and guidance.

The provider explained that they had a few patients who had limited capacity to consent, for example when they had early dementia and they then made sure that they were always supported by family members and given enough time to provide any support needed. The provider showed us that all staff had attended a child and adult safeguarding training course in 2010 and a new one was booked for March 2013. The provider explained that safeguarding was discussed with all new staff as part of their induction programme. This showed that patients care and treatment was planned and delivered in a way which protected them from unlawful discrimination.

We saw that there were arrangements in place to deal with foreseeable emergencies.. We checked the emergency drugs, the emergency oxygen and defibrillator and found all to be working and in date. We saw that there was a system in place for these to be checked every month. We saw certificates for all staff which showed that they had attended training in basic life support, medical emergencies and use of the defibrillator within the last three months. The provider explained that they undertook this every six months and had an experienced and registered provider visit the surgery to allow in surgery demonstrations and scenario training. The three dentists also provided their own rota for emergency dental

treatment out of hours to their patients and had remote access to their records to enable more accurate diagnosis and support.

We were shown the COSHH (Control of Substances Hazardous to Health) file which contained risk assessments and the MSDAs (Material Safety Data Sheets) for all materials used in the practice and would enable staff to provide the correct treatment should an accident occur.

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 and patients were cared for in a clean and hygienic environment.

Reasons for our judgement

We observed that there were effective systems in place to reduce the risk and spread of infection. We were shown the separate decontamination room which was at HTM01-05 Best Practice. A dental nurse showed us the sequence they undertook to clean and sterilise the instruments and equipment. This included the daily, weekly and monthly testing they carried out on the autoclaves, washer disinfector, handpiece steriliser and the emergency manual cleaning plan if the washer disinfector breaks down. We saw the data loggers for the autoclaves and washer disinfector machines. The dental nurses had a good understanding of the processes and need for sterilising and decontamination. A rota of nursing staff stayed an additional hour at the end of the day to ensure all items were disinfected and sterilised and stored ready for the next morning.

We observed that the instrument pouches were all in date and had been signed by each staff member who was responsible for the processing that day. The provider explained that all burs and endodontic instruments were single use.

We were shown the cleaning agent used to clean the dental water lines and saw the Legionella risk assessment and the monthly water temperature testing sign off sheet.

The provider showed us their most recent IPS (Infection Protection Society) infection control and decontamination audit. This showed them to be at a high 98%.

We were shown the different, coloured coded, cleaning mops and buckets and also the daily cleaning log which the cleaner signs. We also saw evidence of the written schemes and servicing of the autoclaves and compressor. And the clinical and special waste contract and assignment notes. We saw the individual boxes used to decontaminate laboratory work both leaving and returning to the practice. The practice used individual re-writable cards to monitor each patients laboratory work items. This showed that patients were cared for in a clean, hygienic and safe environment and we saw that staff were also protected.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

Patients were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional and continuing personal development. Two of the dentists had recently taken part in the postgraduate training programme BUOLD (Bristol University Open learning for Dentists) and two of the dental nurses were undertaking their NVQ dental nurse training course at the local college. All the other nurses were qualified and registered with the General Dental Council (GDC). We saw the induction programme for new members of staff and were shown that they were allocated a mentor to help them in the first few weeks. Staff also took part in the emergency rota and the receptionist (fully registered with the GDC as a dental nurse) also did weekly clinical sessions to keep their skills up to date. We saw that staff were from time to time able to obtain further relevant qualifications.

We saw that there were monthly full staff meetings of about two hours when part time staff were encouraged to attend and lunch was provided by the provider. There was a list available in the staff room for staff to add agenda items and notes were available for all staff afterwards. Additionally the dentists had monthly meetings to discuss specific clinical items. There was also a list available to add agenda item for this session too.

We were shown the CPD file from one of the staff members which contained all verifiable courses attended and some items of non verifiable training. The practice staff had received support from one of the deanery DCP (Dental Care Professional) tutors with their portfolios. We were shown the Hepatitis B immunity certificates for all staff and evidence of their CRB certificates, contracts of employment, evidence of pre employment checks and IR(ME)R certificates for dentists.

The provider showed us their whistle blowing policy and their complaints file and explained how they dealt with any complaints. There was a short cut on the computer to allow staff to access the complaints policy if needed. We saw the local guidance for staff in case of sharps/needlestick injury and were informed that there had been a recent incident for one of the dental nurses which had been fully supported by the local Occupational Health service with whom they have a contract. We saw that staff were aware of the procedure to follow in case of injury. We observed that the provider has high standards of care by creating an environment where clinical excellence could do well.

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

Patients were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

Patients personal records including clinical records were accurate and fit for purpose. The practice had carried out a record keeping audit which had shown good adherence to FGDP (Faculty of General Dental Practitioners Royal College of Surgeons) guidance but had developed an action plan to tighten up on recording verbal consents on record cards. The provider explained that most clinical record entries were placed directly onto the computer and only a few items were retained in the paper record. We looked at three record cards which we noted had a special colour coded sleeve. This identified if the patient was on a Dental Plan, or had a moderate or serious medical alert. Stored in the card we saw that all new patients completed their medical history and a lifestyle questionnaire, consents, estimates and xrays were also stored. These allowed the dentist to help assess any additional risks to the patient's oral health and advise on prevention strategies. We also looked at two of the computer records which showed that national FGDP guidance was followed and dentists recorded additional items such as tooth wear assessments. Also within the surgeries there was a sheet for recording xray audits and a sheet for recording referrals to specialists and hospitals.

We saw that staff records and other practice records relevant to the management of the service were accurate and fit for purpose and that all records were kept securely and could be located promptly when needed. Staff personal records were locked away securely.

The provider explained that old records were archived with a specialist company and although aware of the time limits for destruction they had not yet carried this out.

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.

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