

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

## Toothcare Limited

90a High Street, Canvey Island, SS8 7SQ

Tel: 01268683739

Date of Inspection: 19 March 2013

Date of Publication: April 2013

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

<b>Respecting and involving people who use services</b>	✓	Met this standard
<b>Consent to care and treatment</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Cleanliness and infection control</b>	✗	Action needed
<b>Supporting workers</b>	✗	Action needed
<b>Assessing and monitoring the quality of service provision</b>	✗	Action needed

## Details about this location

Registered Provider	Toothcare Limited
Registered Manager	Mr. Mark Preston
Overview of the service	Toothcare Ltd is an established dental practice offering primary dental treatments in Canvey Island town centre.
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 19 March 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

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### What people told us and what we found

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When we visited the provider we spoke with four people who were regular users of the practice over a number of years. They all told us that they were very happy with the care provided by their dentist. One person said, "I wouldn't have come here for so many years if I wasn't happy." Another said, "I am happy, always treated with courtesy and the staff are all very polite."

People told us that they were involved in the decision making associated with their treatment and had received clear explanations about the treatment, costs and aftercare before being asked to consent in writing. Those we spoke with had all been asked to provide a medical history prior to treatment and stated they would be happy recommend the practice to friends and relatives.

We found that infection control procedures were not always being carried out to a satisfactory standard and that staff were not supported in relation to regular supervision and annual appraisals.

We also found that there were insufficient processes in place for monitoring the quality of service provided due to an absence of a variety of audits and service user surveys.

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

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### What we have told the provider to do

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We have asked the provider to send us a report by 07 May 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our

decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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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.

People's privacy, dignity and independence were respected.

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### Reasons for our judgement

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The reception area at the location was small and separated from the treatment room by a door which ensured people's privacy when they were with the dentist. We asked the person on reception how they would deal with a person who wished to discuss a private issue and we were told that they would be seen in the staff area in between patients visiting the dentist. This protected people's confidentiality.

There was some information for people about the practice, treatment costs and oral health and hygiene advice in the form of leaflets and posters displayed in reception. The practice provided NHS treatment only. A suggestion box was available and NHS forms were on display in relation to compliments, concerns, queries and complaints.

The treatment room was close to the reception area and without a door but conversations could not be heard by patients waiting in reception.

People we spoke with told us that they had sufficient information and explanations about their treatment options to make an informed decision and they felt fully involved with their dental care. They told us that staff treated them with courtesy and respect at all times.

The provider did not undertake procedures involving sedation but in order to support nervous patients, information was available to refer people to local practices that offered this type of treatment.

The provider was part of an 'out of hours' rota with other dentists in the area, but tried to fit in emergency patients wherever possible at the location. A person we spoke with had experienced emergency treatment and commented positively on being seen the same day at short notice by the provider.

## Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

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### Our judgement

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The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

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### Reasons for our judgement

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We looked at five records of people who were either in the process of receiving treatments or had completed them. Each record contained a carbonised National Health Service personal treatment plan which outlined the type of dental care required. Each were signed by the people using the service.

People receiving treatment recorded their consent in writing after receiving an explanation about the benefits, risk and costs of each treatment. When we spoke with four people using the service they all confirmed that this took place and that costs were discussed and made clear prior to any treatment being commenced. We were also told that they received a copy of the treatment form for their own records.

Policies we examined also highlighted the arrangements in place when seeking consent from children, whether a parent or guardian was available or required. They were clear and informative and this was good practice.

When we spoke with the provider, practice manager and other staff at the location, they confirmed that consent was only taken once full explanations had been provided about care and treatment options.

**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.

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

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**Reasons for our judgement**

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We reviewed five sets of medical records on the day of our visit. Each contained a medical history form which had been reviewed at subsequent appointments and information changed where appropriate. This included known allergies, current medication and general health issues.

The records also contained a consent form, examination results and post operative information and guidance for the more complicated treatments such as extractions. This showed that people's needs were assessed and the care and treatment was planned and delivered in line with their individual treatment needs.

People we spoke with confirmed that they had been asked to provide a medical history and that when they attended for future appointments the provider went through the form again to ensure that the information remained current.

X-ray equipment was situated in suitable areas and operated from a safe distance by the provider only who was qualified to do so. The dentist was the nominated radiation protection supervisor and there was a contract in place that identified the radiation protection adviser. A copy of the local rules was available which indicated that X-ray work was being carried out in accordance with the Ionising Radiation Regulations 1999. This included a contingency plan in the event of the failure of X-ray equipment.

Medical emergency instructions were present in documents and policies that we examined. These covered health issues such as fainting, angina, cardiac arrest and epilepsy. Instructions included medication that might be required to relieve symptoms and general first aid advice. We were told by a member of staff at the location that it was usual practice to advise people to eat prior to a tooth extraction to reduce the possibility of fainting due to low blood sugar levels.

The provider and medical staff had all received first aid training and when we looked at the first aid equipment, we found that the contents reflected the types of emergency that they might have encountered and all items and medication were in date.

When we spoke with people using the service they told us that they were happy with the treatment and care provided at the location.

**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 not meeting this standard.

People were not protected from the risk of infection because appropriate guidance had not been followed.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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**Reasons for our judgement**

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We looked at the provider's decontamination and infection control practices to see if they complied with regulations and the Department for Health's guidance, Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices.

Used instruments were washed in the treatment room and then transferred to a separate room where they were examined with a magnifying glass, washed again if residue was found, transferred to an ultra sonic bath, then to an autoclave to be sterilised. The provider also had a back-up autoclave and one that sterilised dental hand pieces.

The regulation and guidance required the provider to keep records of 'start of day' and 'end of day' infection control tasks, cleaning checklist and daily, weekly and monthly records of decontamination cycles and tests. However this was not being undertaken consistently with the ultra sonic bath or the autoclaves and so the provider could not be assured that all machines had operated properly throughout the cleaning and sterilisation cycles.

The sterilising room had a layer of dust on all surfaces and equipment that indicated that it had not been cleaned recently. When asked to provide records that the contract cleaners or other staff had undertaken the cleaning of this area, the provider was unable to show that it was being regularly cleaned as there were no adequate cleaning checklists in place.

The location had undergone an NHS infection and control inspection in March 2011 which made a number of recommendations. One such recommendation was to initiate an improved cleaning schedule.

When we looked at the treatment room it was clean and tidy with separate sinks, one to wash hands and one for instruments. We noted that one of the stools had a tear in it which meant that it could not be properly cleaned and was an infection risk. This was pointed out at the time of our visit.

When we looked at whether the instruments were bagged and sealed correctly after

sterilisation we found that this was not being completed to a satisfactory standard. Several instruments that were on display in the treatment room for use on that day, were sealed and dated correctly. However on examination of a drawer containing scalers, probes, tweezers and other regular use instruments we found that they were not bagged, sealed or dated and procedures had not been followed correctly as outlined in the document entitled HTM 01-05. These instruments were grouped together in a cutlery style manner. This put people at potential risk of infection.

During our visit we noticed that one dental nurse wore a sweater in the surgery over their uniform when treating patients. We were told by the practice manager that this happened when it was cold. It was not being addressed by either the dentist or the practice manager and presented a risk of infection.

When we spoke with two members of staff one told us that they wore their uniform to and from work. The other said that they only wore it in the surgery and changed when they left the premises. Both told us about the correct temperatures at which to wash their uniforms. All staff had received infection control training.

All of the issues raised above put people using the service at potential risk of exposure to a health care associated infection.

When we spoke with people using the service we were told that the dentist always wore gloves when treating them and they felt that hygiene standards were good.

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

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## **Our judgement**

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The provider was not meeting this standard.

People were cared for by staff who were not supported to deliver care and treatment safely and to an appropriate standard due to the absence of a satisfactory supervision and appraisal process.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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## **Reasons for our judgement**

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There was an induction process in place for all new members of staff. One staff member told us that they had received the induction training and had been well supported with training and guidance when first employed at the practice. This included assistance and experience to enable the completion of a workbook towards a qualification.

The dentist and a dental nurse were both seen to have completed their continual professional development (CPD) and certificates were provided that reflected the number of hours of training undertaken to maintain their skills levels.

It was evident from examining records and from speaking with the practice manager and staff members that there was no formal supervision or annual appraisal process for any of the staff currently employed at the practice. In addition, staff meetings did not take place. This meant that the provider was not providing formal opportunities to discuss performance and issues with staff members or to identify areas where improvements could be made to the practice or care received. This put people using the service at a potential risk of receiving unsafe care and treatment.

## Assessing and monitoring the quality of service provision

✘ Action needed

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 not meeting this standard.

The provider did not have an effective system to regularly assess and monitor the quality of service that people receive.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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### Reasons for our judgement

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The provider did not have a satisfactory audit framework in place at the practice. There were no assessments or monitoring of the services provided and this may put people using the service at risk of receiving unsafe care and treatment.

We were told however, that an infection control audit had been undertaken in the last year but a copy was not sent to us despite requesting one. There was no other audit evidence available to view.

In addition the practice did not hold staff meetings to obtain views in order to identify areas for improvement.

The NHS did conduct a patient survey in March 2012 and September 2012. The practice was highly rated in both surveys for patient satisfaction and waiting times. This was supported by the views of people we spoke with on the day of our visit.

A suggestion box was available in reception for people using the service to contribute ideas to improve the practice and forms were also available to record compliments, concerns and complaints.

This section is primarily information for the provider

✕ **Action we have told the provider to take**

**Compliance actions**

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Diagnostic and screening procedures	<b>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010</b>
Surgical procedures	<b>Cleanliness and infection control</b>
Treatment of disease, disorder or injury	<b>How the regulation was not being met:</b> The correct procedures for storing sterilised reusable instruments were not consistently followed. Adequate records were not being kept to provide assurance that instruments had been properly cleaned and sterilised. Procedures were not being followed in relation to the wearing of uniforms. The sterilising area was dusty and required cleaning. Regulation 12(1)(a), 12(2)(a) & 12(2)(c)(i)-(ii).
Regulated activities	Regulation
Diagnostic and screening procedures	<b>Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010</b>
Surgical procedures	<b>Supporting workers</b>
Treatment of disease, disorder or injury	<b>How the regulation was not being met:</b> Persons employed at the location did not receive appropriate supervision and appraisals. Regulation 23(1)(a).
Regulated activities	Regulation
Diagnostic and screening	<b>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010</b>

**This section is primarily information for the provider**

procedures	<b>Assessing and monitoring the quality of service provision</b>
Surgical procedures Treatment of disease, disorder or injury	<p><b>How the regulation was not being met:</b></p> <p>Audits were not taking place to regularly assess and monitor the quality of service provided. Views and feedback were not being sought from people employed at the location. Regulation 10(1)(a), 10(2)(b)(iii) &amp;10(2)(e)</p>

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 07 May 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

## 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.

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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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