

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

Wallisdown Dental Practice

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4AD

Tel: 01202517474

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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. Marco Lucchesi
Overview of the service	This is a four surgery practice in the heart of a residential area and sees only private patients. There is one dentist working part-time at the practice and two part-time hygienists. Although the practice has four surgeries currently only two are being used.
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 21 February 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with staff and reviewed information we asked the provider to send to us.

What people told us and what we found

We spoke with four patients all of whom had been coming to the practice for over 30 years. One patient said "They have always been very good - very friendly" and another in referring to the staff said "They are all very approachable". Referring to how easy it is to make an appointment another patient said "It is not that easy since the dentist has been off sick". All the patients we spoke with confirmed that the staff were always helpful and that they found the practice environment clean and comfortable. We were also told that the dentist always provided them with sufficient information to make an informed decision regarding treatment options.

We were told that a patient satisfaction survey was to be started, but with the provider's absence from the practice this has been delayed. However, the receptionist told us that any adverse comments would be captured at reception, discussed accordingly and acted on where appropriate and the provider informed.

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 privacy, dignity and independence were respected.

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 understood the care and treatment choices available to them. We spoke with four patients who stated that they clearly understood exactly what treatment was being offered and that they were well informed as to what was involved and how long the treatment was likely to take. We saw evidence that they had signed the paperwork which outlined both proposed treatment and costs where appropriate. Two of the patients we spoke with indicated that they were "A little vague about costs" and "Concerned". There were plenty of explanatory leaflets in reception.

We were told that a patient satisfaction survey was being planned, but had been delayed. However, the practice was aware of the significance of gathering feedback and any adverse comment would be gathered by the receptionist and shared with the staff.

All four of the patients said that they had been treated with courtesy and respect in their dealings with all members of staff. One patient we spoke with said they are "Always very approachable" and another said "They are always very good - very friendly". We noted that attention was paid to confidentiality and observed this to be the case in reception.

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

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

Good evidence of written treatment planning was seen. Patient signatures on these plans gave a good indication of appropriate consent.

Updates, including the patient's views, were entered in the notes. Medical Histories were scanned on to the computerised patient records and updated as required. Medical alerts were flagged up to protect both patients and staff. This ensured that staff had up to date information on patient medical history and would take this into account regarding any treatments.

We were told that emergency resuscitation training had been given to the whole team in October 2012 and that further training was due to be provided in March 2013. We saw that the emergency resuscitation equipment and associated emergency drugs were present. The drugs were seen to be in date and that a robust system of checking was in place. This was done by means of a monthly log which was signed accordingly. We saw that this was being done. A defibrillator was present and training had been given.

We saw the equipment maintenance files which showed that all equipment was being correctly serviced and maintained, to the benefit of patients and staff. A robust diary system, for showing when equipment servicing was due, was in place.

We were told that all staff had received ongoing training and carried out risk assessments, to ensure the safety of the practice.

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 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.

The four patients we spoke with all commented on the overall cleanliness of the practice and that the staff were seen to be changing their gloves regularly. We noticed that the two surgeries we inspected had disinfection gel dispensers for hand washing. We noted that all staff were trained in hand washing procedures.

We were shown the decontamination room and noted that there were "Clean" and "Dirty" areas. We observed the transportation of dirty instruments to the decontamination room in secure containers. We were shown the decontamination of instruments and equipment by the lead nurse. We noted that personal protective equipment was readily available. The correct procedure flowed in accordance with the Department of Health guidance (HTM-01-05). We saw that all instruments were correctly bagged and stored and that a system was in place for checking to see when they become out-of-date. Three autoclaves were present and we saw that validation of the autoclave cycles for two of the autoclaves was done by means of an electronic data logger and by a computerised print-out for the other.

We saw that a designated infection prevention and decontamination nurse had been appointed and she told us that she had received training by attending courses, reading textbooks and HTM 01 05 to update her knowledge.

Clinical waste audit, protocols and policies were in date and evidenced. They were being followed appropriately, evidenced by the use of orange bags, black bags and sharps boxes. We saw recent consignment notes showing that this was being collected by a registered carrier.

We saw that all staff had been inoculated against hepatitis B and that the records were kept in each staff members personal file. A good understanding of what to do if there was a blood spillage was shown by staff.

The decontamination room was well equipped and met the requirements for the "Essential quality requirements" as defined in HTM 01 05. We were told that the practice is currently drawing up plans to move towards "Best practice".

Only two surgeries were currently being used. One of these was being used by the locum dentist and the other by the hygienist. We observed that there was only one sink in each surgery which were both designated as the hand-washing sinks and it was confirmed to us that no decontamination procedures took place in the surgeries.

In the surgery used by the dentist there was one minor tear on the seat of the dental chair and also signs of wear on the headrest and arm. Also in this surgery we noted that attention was required to the laminate facings of the cabinetry doors, the room appeared to be cluttered and the vinyl flooring edges need to be resealed. Potentially, this could cause difficulty in the wiping down of the chair, work surfaces and surgery in general. However, the provider was aware of this and had plans in place to remedy the situation.

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.

People 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 development. We saw that a part-time locum dentist was working in the practice and confirmation of their registration was seen. We were also shown many certificates to show their continuing professional development.

We saw records showing the staff induction records, and training courses attended. A certificate was seen which confirmed that the practice manager attended a course in July 2012 entitled "Managers, senior dental nurses & team leaders facilitated forum". Staff appraisals were being carried out. This shows that the provider is training staff correctly.

We saw evidence to show that all staff were encouraged and supported regarding their continuing professional development (CPD). We saw certificates showing differing courses which had been recently attended, such as computer training courses, resuscitation procedures, safeguarding vulnerable adults and maintaining water quality. We saw records showing that the staff had historically received training on dealing with complaints, data protection, customer service and health and safety awareness. Plans were in place for this to be updated by on-line training.

We were told that the whole team had received the annual resuscitation training in October 2012 and an update was planned for March 2013.

The staff indicated that they were well supported, that it was easy to raise an issue if required and that regular staff meetings were taking place.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People's personal records including medical records were accurate and fit for purpose. We examined six patient records and could see that they were written contemporaneously. They were of good quality demonstrating that correct clinical pathways were being followed. We saw that medical histories were being recorded, the gum condition was being assessed, oral hygiene was being discussed when necessary and that dietary advice was being given if required. We were told that clinical record audits had been undertaken.

A fully computerised patient record system was in place but envelope record cards were still being used for the storage of historic letters and other forms and papers. These envelope cards had been stored on shelves at the back of the reception area in a location which was inaccessible to patients. We saw that a designated secure room, adjacent to reception, had been recently finished and was now being used for this purpose. In this room we saw that all patient records were stored in locked cabinets.

Staff records and other records relevant to staff training were seen and appeared comprehensive. We noted that these records contained sufficient information to demonstrate that staff training and professional development was taking place. We saw records showing the staff Hepatitis B inoculation records and we saw that each staff member had individual files which contained their contracts of employment, job descriptions, passport and CV.

We saw the radiation protection file and records relating to the X-ray units. We saw evidence showing that a contract was in place with the physics department of Poole Hospital for the assessments of the three X-ray units and that this was done in February 2011. We also noted that a risk assessment had been done in February 2013. A quality assurance programme for quality of radiographs was seen to be in place.

A letter was seen to confirm that an appointment had been made for the servicing of the surgery equipment, such as the chairs and dental units, in March 2013.

We saw records confirming registration with the Information Commissioner relating to Data Protection. This was seen to be current.

We saw records showing that the fire extinguishers had been serviced in May 2012 and

that a fire risk assessment had been done in September 2012. Adequate signage relating to evacuation in the event of fire and fire escape routes was clearly visible. We were shown evidence that the electrical testing of the portable appliances had been done and records seen.

Records were seen confirming that the autoclaves were being serviced and maintained correctly. Records of the decontamination cycles were being recorded efficiently by means of computerised data loggers and computer print-outs.

The compressor was seen to have been serviced in December 2011.

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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