

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

The Elms Dental Practice

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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	Mr. Kenton Payne
Overview of the service	The practice is situated on a road adjacent to the town centre. It has two surgeries seeing private patients only. There are two dentists and a part-time hygienist.
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 14 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

On the day of our visit we only managed to speak with one patient. The one patient we spoke to was very complimentary about the practice. They felt that they were treated with respect and dignity. They told us that they were informed about the choices, alternatives and possible outcomes of their treatment. The patient said "I am very happy with the service". We were told that the staff were friendly, which we observed to be the case, and that they treated people with courtesy.

We noted that a suggestion box was present in the waiting room and that a patient satisfaction survey was ongoing. We saw the analysis from this survey and found that the results were very positive towards both the practice and the staff.

We saw that patients' were listened to in all areas of the practice, which we found to be clean and comfortable throughout. The patient we spoke with also stressed how clean and comfortable they found the practice.

We found that patient's were able to give consent for treatment appropriately and the staff were well trained and caring. The practice was well led and the staff were observed to be well organised.

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

We saw that opportunity was provided for patients to provide feedback about the treatments they had received or the practice in general.

We saw that a comment box was present in the waiting room, in an easily accessible location. We were told that although the opportunity was there to make comments, most patients expressed their views to the staff. These comments would be captured and discussed at practice meetings. Action would be taken when appropriate. One example of this was when a patient remarked that it would be very helpful if more hand rails were present to assist entry at the front door. We were told that the options to address this were being discussed. We were also informed that further action was being planned to re-design the access into the practice by widening the front door.

We saw that a patient satisfaction survey was being done annually. This was carried out by asking a minimum of 50 patient's, at random, to complete the questionnaires. The completed questionnaires would be returned via the comment box in the waiting room to ensure confidentiality. The results would be analysed and discussed at the monthly practice meetings. We saw an analysis showing that the responses were very positive.

We observed staff talking with patients at both reception and in the waiting area and saw that this was done in a kind and friendly manner. We could see that confidentiality was being observed. We were told that any confidentiality issues would always be discussed away from this area in the practice manager's office if required.

Patients were given appropriate information and support regarding their treatment. Leaflets were available to patients describing future treatment options. This demonstrated that people were able to make informed choices about their 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

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

There were arrangements in place to deal with foreseeable emergencies. Emergency medication was available along with emergency oxygen and appropriate equipment.

We saw evidence that the staff had undergone resuscitation training in February 2012 and that an update was being planned. A robust checking system was in place to ensure all equipment and drugs were in-date. The provider may wish to note that the UK Resuscitation Council guidelines 2011 recommend that dental practices have an automated external defibrillator for use in an emergency.

From looking at the six patient record cards good evidence of written treatment planning was seen. Patient signatures on these plans gave a good indication of appropriate consent. It was seen from the records that correct clinical pathways were being followed.

We were shown by the receptionist how patient's were asked about any changes to their medical histories and how they gave consent by signing the appropriate forms, and acceptance of the treatment plan which clearly indicated the costs. This demonstrates that patient's were being treated in the correct manner, able to make an informed decision and to give consent.

We saw that treatment given was planned and delivered to ensure the patient was safe and benefitted from it. We saw that attention was given to how often the patient was to be recalled for a check-up based on their clinical needs. We noted that a quality assurance program was in place regarding radiographs.

Risk assessments had been done, as part of ongoing training. We saw that correct signage was in place regarding fire-escape exits and that a fire evacuation policy was in place. We noted that all fire extinguishers had been serviced in March 2012 and that a fire risk assessment had been done in 2011. We also saw that smoke alarms were in place.

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.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection. We noted that the designated Infection Prevention and Control Lead was a Senior Nurse. Audits of infection control were being done quarterly and we saw that the latest audit had been done in December 2012. We could see that any areas of concern were addressed.

We saw that all the staff received training in the prevention and control of infection, and that this was ongoing. This included the use of personal protective equipment, hand hygiene, the policy for exposure to blood-borne viruses and the handling and disposal of clinical waste.

We saw certificates to confirm that the provider had attended a course on disinfection and decontamination in 2011 and another course to update their knowledge in February 2012. We then saw that the provider gave further training to the staff by means of an in-house presentation which included hands-on training.

We saw that all clinical waste was stored securely and that orange bags and sharps containers were being used.

We saw the clinical waste file and consignment notes relating to the transfer of the clinical waste, showing that the practice had the correct procedures in place. Mops and buckets were present for the general cleaning of the practice and we saw the log (checked by the practice manager) demonstrating that the cleaning duties were being done correctly.

One nurse explained to us the decontamination procedures which took place in the decontamination room. We saw that the decontamination procedures flowed from dirty to clean, as defined by the Department of Health guidance on decontamination procedures (HTM 01 05). We saw that the one autoclave had computerised print-outs to record the autoclave cycles had been completed correctly, following HTM 01 05 guidelines.

We saw that correct maintenance and servicing of the decontamination equipment was being carried out. We noted that plans were in place for further improvements to the decontamination room.

We observed staff using hand disinfectant gels on a regular basis and observed the well equipped decontamination room. Personal protective clothing was present and was readily available. It was noted that all staff changed into and wore correct clinical clothing.

Evidence was also seen to show that a Legionella water test had been done and policies were in place for further checking, which would be reviewed when appropriate.

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

We looked at staff records which showed that all members of staff had received proper training as part of their induction and that this was ongoing. It also showed that they were properly registered with the relevant professional body.

We saw evidence to show that all staff had a training program in place, which was supervised by the practice manager and the provider. We saw certificates showing differing courses which had been recently attended and records showing that staff received training on dealing with complaints, data protection, customer service and health and safety awareness. It was seen that the whole team received annual resuscitation training in February 2012.

We saw evidence to show that all staff were encouraged and supported regarding their continuing professional development (CPD). A five year cycle for CPD in the core subjects, required by the professional body, was seen. This ensured that the practice was up to date with current guidance on service delivery. Staff confirmed that they had enough equipment to be able to carry out their roles effectively, and that they were encouraged and supported in their continuing professional development.

Regular practice meetings were taking place where training updates and support could be given. The staff indicated that they were well supported and that it was easy to raise an issue if required. Practice meeting records were seen that evidenced an open door policy for staff to communicate. We noted that a practice development plan was in place with dates and targets, outlining suggested improvements to the practice for both staff and patients.

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

Our judgement

The provider was meeting this standard.

People's personal records including medical records were accurate and fit for purpose.

Staff records and other records relevant to the management of the services were accurate and fit for purpose.

Records were kept securely and could be located promptly.

Reasons for our judgement

Patient's records were accurate and fit for purpose. We saw that a record keeping audit had been done in January 2013 and that an audit to check on medical history updates had been done in March 2012. We examined six record cards which were detailed and contemporaneously written. Medical histories were regularly updated.

We noted that all patient records were stored in locked drawers in reception in a secure position and could see that all staff were well trained in confidentiality. Information governance training was given to the whole team in March 2012.

Staff records and other records relevant to the management of the services were accurate and fit for purpose. These were easily accessible. We looked at staff records, relating to registration certificates, indemnity records, CRB checks and training. We saw that all staff members had their own personal files which contained their contracts of employment, job descriptions, hepatitis B inoculation records and training courses attended.

We saw the radiation protection file and saw that a radiation risk assessment had been done. We noted that a radiography audit had been done in March 2012, and that an ongoing quality assurance program was in place. We saw records to show that the X-ray units had been serviced in January 2012, which shows the X-ray equipment was properly maintained.

Records were kept securely and could be located promptly when needed. We saw records relating to all practice equipment and saw that it was being properly maintained. Equipment maintenance logs were seen and were up to date. All equipment was in good working order with a robust maintenance schedule. We saw records showing that both the autoclave and compressor had been serviced in April 2012.

Records of risk assessments were of good quality. A fire risk assessment was seen to have been done in January 2011 and records confirmed that the fire extinguishers were serviced in March 2012.

We saw that the portable appliance electrical testing had been done in October 2009. The provider was aware that this need updating. We also saw records confirming the water safety risk assessment for legionella was being done and was ongoing.

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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