

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

Hook Dental Surgery

Stanley House, London Road, Hook, RG27 9GA

Tel: 01256762353

Date of Inspection: 15 March 2013

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

Consent to care and treatment	✓	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
Assessing and monitoring the quality of service provision	✓	Met this standard
Records	✓	Met this standard

Details about this location

Registered Provider	Dr. Gareth Morris
Overview of the service	Hook Dental Surgery provides dental care for around 4000 children and adults. The practice has three dentists, four nursing staff and two hygienists. They operate from a purpose built building which has well maintained consulting rooms.
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

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 March 2013, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with staff.

What people told us and what we found

We looked at the electronic care plans of six people who used the service. We saw that people's verbal agreement to proceed with treatment was recorded in all cases. Child records had NHS treatment forms signed by the parent or representative.

We saw records of discussions with people about the treatment options available to them. We spoke with five people who had received treatment with the dentist or hygienist. They told us they were happy with their treatment and that staff were efficient and helpful.

People were cared for in a clean and hygienic environment. We observed that the building was clean and tidy. We spoke with people who used the service and they told us that the surgery was always very clean.

All staff including the dentists and dental nurses completed continuing professional development. People we spoke with told us that staff were competent and were well trained.

People who used the service, their representatives and staff were asked for their views and feedback. We saw the results of a recent survey. All of the people who responded said the service was good or excellent.

We found people's records were up to date and stored securely. The provider also had a building and equipment maintenance programme.

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

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

Our judgement

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.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. We looked at the electronic care plans of six people who used the service. We saw that people's verbal agreement to proceed with treatment was recorded in all cases. We also looked at the records of three children. Where possible the agreement of the child was noted and that of the parent or their representative. There were also signed NHS treatment forms in each of the child records we reviewed.

We noted written costs of the treatment were given to each patient, where appropriate. This information was also discussed with the person. Staff we spoke with told us that people had their treatment options explained to them. They also told us that people were given the risks and benefits of treatment and time to consider these. We spoke with five people and they told us how they had always understood the treatment they had received. They also said they were given time to consider the options before treatment was started. This meant that before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

We spoke with one dentist who told us how they obtained consent from a person with dementia. They explained how they would have to repeat the treatment options available and costs involved. They also made sure the persons next of kin was involved so that a best interest decision was made and explained to the person.

The practice used the 'General Dental Council standard for dental professional's guidance: Principles of patient consent'. The manager told us that staff had training on the consent for treatment at induction. They also discussed this at team meetings from time to time. Staff we spoke with told us about the importance of obtaining consent from people. They also explained about the training they had received at induction or through their professional training.

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

Treatment and care was delivered in a way that ensured people's safety and welfare. We spoke with the lead dentist about the care and treatment of six people who used the service. We found people had received information and treatment in accordance with their wishes. In some cases people had been referred to another dental specialist. All of this information was recorded within people's electronic records.

Reception staff managed the appointment system. Appointment times were available on the day, if required. The service was open on a Saturday for dental and hygienist appointments. The dentists also ran their own out of hours service, which only used dentists employed by the practice. This meant that people saw a dentist who knew their medical history and any current treatment they had received. We spoke with the practice manager about appointments. They told us that people who needed an emergency appointment were seen on the same day, where possible. People we spoke with told us that they could always get an appointment that suited them. One person told us that they had been seen on the same day when they needed an urgent appointment in the past. We also saw feedback information from patients. One person said "The Saturday morning appointments are good as I work in London during the week". Another person told us how they were always given options for treatment and time to consider these.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. People's medical history and medication was checked by the dentist or hygienist at every visit. Any new information was updated on the computer system immediately. We saw electronic records had medical information and medication allergies. These were highlighted as alerts on the electronic records. This meant the welfare and safety of people receiving treatment was protected.

We spoke with five people who had received treatment with the dentist or hygienist. They all told us that they were happy with the treatment and the staff were very efficient and helpful. Three of the people we spoke with told us that they had been a patient of the practice for over 15 years. One person said "The staff are excellent. They go out of their way to accommodate me as I travel from 40 miles away". They also explained how much they appreciated the reception staff contacting them the day before the appointment as a reminder. Another person told us "Staff go the extra mile to ensure my appointments run smoothly and I am rarely kept waiting for long". Another person told us that that they had

been a "nervous patient" and the dentist had helped them overcome this. They also told us "My dentist is the best dentist ever and they have really made me feel comfortable with all my dental treatment. I would recommend him to anyone".

There were arrangements in place to deal with foreseeable emergencies. The practice had the recommended emergency equipment. All staff had training in emergency basic life support and two members of staff had first aid training. We spoke with staff and they all told us about the emergency training they had received annually. We saw evidence to support this. The practice also had a business continuity plan which clearly described how they would deal with events that affected the service.

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

People were cared for in a clean and hygienic environment. We observed that the building was clean and tidy. There were toilet facilities which were stocked with soap, hand gel and hand towels. Each surgery had its own cleaning schedule which was followed daily. We saw that after each consultation the treatment rooms were cleaned before the next person was invited in. The cleaning of the rest of the practice was done daily after hours by a cleaner. This was checked regularly by the practice manager. We saw records that the cleaner kept and the checks made.

People were protected from the risk of infection because appropriate guidance had been followed. The practice had a dedicated decontamination room and a clear decontamination process which followed Department of Health guidance. The used instruments were removed from the treatment rooms in sealed plastic containers. Once in the decontamination room there was a process of 'dirty to clean'. At the end of the process the instruments were bagged up ready for use. There was a stock rotation in place and a daily audit check of the sterilisation machines. A dental nurse told us about the daily checks for the autoclave and ultrasonic cleaner. Records showed a time, date and initials or signature of the staff member who completed the check. However, we noted that some of the dates did not have complete recordings. We spoke with the dentist and practice manager. They told us about the process which would be implemented to improve the infection control record keeping. This included how all new and temporary staff would receive infection control record keeping training. We saw records of the temporary staff induction checklist to confirm this.

Appropriate personal protection equipment was worn by staff during the decontamination process and by staff and patients during consultations. The instruments used were opened in the surgeries just before use. There was hand washing guidance in all the surgeries. There was an infection control audit completed quarterly by the Infection Control Lead. Any issues arising were noted and actioned. We saw records to confirm this. This meant there were effective systems in place to reduce the risk and spread of infection. We spoke with people who used the service and they told us that the surgery was always very clean and tidy.

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. All staff completed an induction with the practice manager. Each staff member is given an induction folder to complete and we saw evidence of this. Staff had also received training in infection control and cross contamination, safeguarding and basic life support skills. This training had been refreshed annually. All staff including the dentists and dental nurses completed continuing professional development (CPD). This was necessary for them to maintain professional membership with the General Dental Council.

In addition the staff had an appraisal every year where goals were set and any training identified. We saw records of the appraisals and staff we spoke with told us they had received an appraisal in the last 12 months. One member of staff told us how they had been able to commence a degree course in practice management. This meant that staff were able, from time to time, to obtain further qualifications. People we spoke with told us that staff were competent and were well trained.

The manager told us that they held monthly meetings. These included standard agenda items such as incidents, complaints, clinical governance, CQC training and medical emergency practise. We saw an agenda and minutes of these meetings. Staff we spoke with also told us about the monthly meetings and how they were encouraged to add items to the agenda.

We spoke with three staff who all told us that they felt supported. They said that communication between all members of the team was good and there was an open door policy to raise concerns or discuss ideas.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who used the service, their representatives and staff were asked for their views about care and treatment and they were acted upon. There was a suggestions box in the waiting area. The manager told us that any suggestions were looked into and where appropriate action taken. We saw records of recent suggestions. The provider also sent out regular surveys to people. We saw records of the last survey completed in December. The results were positive. Most people had been able to get an appointment of their choice and were rarely kept waiting. One of the questions from the survey was to ask when people wanted appointments. Those people with children highlighted appointment times after school. This information helped zone the appointments each day, so people had access to the appointment times of their preference.

The provider took accounts of complaints and comments to improve the service. There had been very few complaints in the last 12 months. We saw that the comments and suggestions had been read by the staff and discussed at practice meetings. We saw responses to these complaints and they were addressed in accordance with the provider's complaints policy. People we spoke with knew of the complaints process but had not needed to make one.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others. We saw records of risk assessments. These included fire, health and safety, building maintenance and security, information governance and radiography and x-ray. The manager told us that each member of staff had a responsibility to undertake a regular audit of specific areas within the practice. We saw the audit paperwork. There were minutes of staff meetings which detailed when staff had presented their audit findings. We saw actions were discussed and implemented. Staff we spoke with were clear about which audit area was their responsibility.

There was a process in place for recording incidents and accidents and learning from the outcome. There had only been a few incidents in the last 12 months. These were recorded appropriately within a specific log. We saw incidents and accidents were also discussed at every team meeting and actions agreed. This ensured the provider was monitoring and assessing incidents and accidents on a regular basis.

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

Records relevant to the management of the services were always accurate and fit for purpose. We reviewed the policies and procedures for the practice. The list of policies was comprehensive and included health and safety, manual handling, infection control, patient consent, storage and dispensing of medication and risk management. The policies we reviewed included a review date within the last 12 months.

The manager showed us the maintenance records of the practice. These included equipment maintenance schedules and contracts of clinical equipment. Building maintenance records included a contract for lift maintenance and fire equipment checks. We saw records to confirm the maintenance schedules were up to date and the appropriate checks had been made in the last 12 months. We spoke with staff and they told us they had access to policies and procedures, if they needed them. People we spoke with told us they felt safe in a well maintained environment.

Records were kept securely and confidentially for each person who uses the service. We saw a copy of the provider's information security and data protection policies. Electronic patient records were stored on computer. Staff had passwords to log onto the computers. Paper records were stored in locked drawers in the offices of the practice. Staff we spoke with told us that they had signed confidentiality agreements and received data protection training. We saw evidence of this. We spoke with people who used the service and they all felt their information was kept securely.

Records were kept for the appropriate period of time and then destroyed securely. We saw a copy of the records management policy. We noted the policy included retention and destruction timescales. These were in line with NHS code of practice for records management guidance.

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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