

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

Harwood Dental Practice

8 Watts Road, Tavistock, PL19 8LF

Tel: 01822615694

Date of Inspection: 17 September 2013

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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
Safeguarding people who use services from abuse	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Harwood Practice Limited
Registered Manager	Ms. Magdalena Laskowska
Overview of the service	Harwood Dental Practice provides general dentistry to private patients. NHS treatment is provided for children.
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 17 September 2013, talked with people who use the service and talked with carers and / or family members. We talked with staff and reviewed information given to us by the provider.

What people told us and what we found

During our visit we toured the premises and spoke with the registered manager who was the dentist, and the receptionist, the dental nurse and the practice manager. We spoke with four people who used the service. We looked at records relating to the running of the service.

People who spoke with us said they were "more than happy" with the service. One person said "She really is excellent – incredibly thorough". Another said, "All the staff are friendly and courteous." One person told us they had seen a frail person being treated with particular kindness and respect.

People said they had been pleased with the use of technology to show them images that helped explain their need for treatment. They said they were given information and enabled to make choices about treatment. People felt they were offered referral to other services appropriately.

We saw that staff had been given training and guidance to help them protect children and vulnerable adults from potential abuse and to support people who might lack capacity to make decisions about their treatment.

We saw that systems were in place to maintain a safe and hygienic service and to monitor the quality of the service.

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.

Reasons for our judgement

People told us that all the staff were courteous and always friendly. One person said, "we get a great deal of guidance". Another said that the dentist "really is excellent, incredibly thorough. She gives you all the alternatives and costs." One person told us how well they were informed; "I get shown what is happening" by the dentist using photos on a screen. We saw that people were given a treatment plan with the estimated cost which they signed to show that they understood and gave their consent.

We saw that the practice had a policy on maintaining confidentiality. A newly recruited member of staff had read and signed it during their first week, demonstrating that the practice gave it priority. We saw that the reception desk was separate from the waiting room so that people would not be overheard while giving details to staff. One person who used the service said, "they respect confidentiality. Other members of my family come here but staff don't discuss their business with me."

We saw that an assessment of the premises had been carried out with respect to the Disability Discrimination Act 1995 showing that the practice understood its legal responsibilities. There was a flight of stairs from the front door down to the practice. The receptionist told us that she checked with new patients whether this would pose a problem, told them of the bannister on each side and offered to meet them at the top if that would help.

We asked how they would help people when language was a barrier to communication. Staff told us they had access to an interpreter service but had not yet needed to use it.

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that would ensure people's safety and welfare.

Reasons for our judgement

People who used the service told us they were very pleased with the care they received. One person said, "The care the dentist gives is excellent. I had a problem recently and have found she really looked after me." Another person said, "I had an extraction, and staff phoned the next day to see how I was." One person told us they had observed the dentist support a frail person after their treatment. "She (the dentist) brought them out and waited with them until their relative arrived."

The practice offered alternate Saturday appointments and evenings on Thursdays. Staff told us they would stay open for emergencies if necessary. This was confirmed by a person who used the service who was pleased to tell us, "If you have a problem, she (the dentist) will fit you in the same day, even at 7:30pm."

Staff told us that they checked that people's medical histories were kept up to date, to ensure that they would be given treatment that was suitable for them. People who spoke to us confirmed this; "Every time I go they ask about changes to my medical history."

The dentist told us and showed us patient records showing that she started each examination with the soft tissues of the mouth. She had purchased equipment to enable her to identify problem tissue and pick up earlier on potential health problems. She told us that when referring a patient to a consultant she attached an image to clarify the problem.

One person who spoke to us was impressed that the dentist offered the choice of being referred to another dentist for complex treatment. "When I needed more treatment, she said that because of the nature of my teeth she recommended me to go to a specialist. She said that she could do the work but because of the complexity it might be advisable to go to the practitioner with more specialist experience. I was given the choice." This person considered that the dentist was working their best interests.

We saw certificates showing that staff were trained in emergency life support including use of the defibrillator. The practice had obtained a defibrillator as recommended by the Resuscitation Council UK. Staff showed us the emergency medicines and the records of the daily checks they made of the equipment and the expiry dates of medication. We saw there was a first aid kit and that staff had been trained in emergency first aid. The dentist

described how she made sure that staff had practice in using equipment so that they were well prepared to deal with foreseeable emergencies.

We found that the practice had systems in place to maintain safety while taking X-rays.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We saw that the practice had policies giving guidance to staff on protecting children and safeguarding vulnerable adults from abuse. We saw certificates showing that most staff had received training that prepared them to recognise different types of abuse and to know how to respond. Training had included dental neglect, domestic violence and scenarios had been used to help staff understand the relevance to their own work. Not all staff had yet undertaken training but had registered for e-learning. Staff showed us that they had taken advice from the local authority safeguarding team and obtained training materials suitable for this purpose.

Staff told us of the types of unexplained bruises that would raise their concerns. They said that they talked informally with patients and considered that people would be able to share anxieties with them. One staff member said, "We know our children" so would notice if they were acting in a different way from what was normal for them.

We saw flow charts designed to help staff make decisions about how to respond and when to raise an alert. We saw that the practice had contact details so that staff would know who they should discuss concerns with.

The dentist told us of situations when a person's capacity to understand and make decisions had been assessed. One person with a learning disability who was being supported by their carers to develop their skills of independent living was able to attend for examination unaccompanied. However, a carer attended to check the medical history, as the person may not have achieved accurate answers. This person needed to be referred to hospital for treatment and was able to give informed consent but needed support with financial decisions. This showed that the practice responded appropriately with the support people needed.

We saw that the proper checks had been made when staff were recruited to work at this practice. We saw that checks made by the Criminal Records Bureau (CRB) were on file, along with written references from previous employers. Proof of ID and checks on registration had been made. These checks were made so the registered manager could be sure that staff were suitable to work with vulnerable people.

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 cared for in a clean, hygienic environment and were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

People who spoke with us said, "The premises are always pristine. The dental nurses are always cleaning surfaces and covering things – state of the art"; "Very clean and tidy"; "Massively clean".

We saw the practice had a policy for infection prevention and control (IPC). It stated the procedures in place to deal with the following;- minimising blood borne virus transmission; decontamination of instruments used in dentistry; hand hygiene; clinical waste; personal protective equipment (PPE) which refers to disposable gloves, aprons, visors etc.; blood spillage; and environmental cleaning. The dental nurse had taken responsibility as IPC lead for the practice to ensure that procedures were followed consistently and rigorously.

We saw that floors and work surfaces were sealed and in good condition so that they could be cleaned effectively.

We saw that clinical waste was kept in a cupboard clearly marked as dangerous and not for the public to access. When ready for collection it was stored in a locked external cupboard to maintain safety. We saw the consignment note demonstrating that it was disposed of legally.

The Department of Health published in November 2009 a document called Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05). It set out in detail the processes and practices essential to prevent the transmission of infections and deliver clean safe care.

The lead nurse showed us the process used to provide clean instruments for the qualified staff to use. Instruments used by the hygienist were put in a lidded box and brought to the dentist's treatment room where the system for decontamination had been provided. There was a clear flow from dirty to clean, to avoid recontamination of cleaned items. Instruments were soaked then loaded carefully into the washer disinfectant. At the end of the morning session and again at the end of the day this was set on a long hot cycle. We saw that equipment was available for staff to clean instruments effectively by manual scrubbing if the washer disinfectant were to be out of action. After cleaning staff examined each item under a magnifying lamp and returned them to be cleaned again if any dirt was evident.

If seen to be clean instruments were bagged and put into an autoclave to be sterilised. When dry they were stamped with the date by which they were to be used.

Staff showed us the records of the daily and weekly checks they carried out on the machines to ensure they were clean and working properly. Staff showed us the audits they had carried out at three monthly intervals to ensure this system was working effectively.

This treatment room was ventilated by an external window. Due to the construction of the building it was not possible to install an extractor fan at the dirty end of this process which would ensure that sterilised items were not contaminated by drawing potential contaminants in the air away from the clean end of the work process. However, airborne contaminants were minimised as there was not normally manual scrubbing and moisture from the autoclave was contained in bottles. The dentist told us they were working towards providing a separate room for the process of decontaminating instruments and its design would follow best practice.

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

We saw that the registered manager had joined a clinical audit scheme for dental practitioners run by a local assessment panel of the NHS. The record showed that the dentist had completed all the audits over a five year period. These included quality of radiographs, patient records, management of emergencies and periodontal monitoring. This system involved peer review for monitoring the quality of the audits.

We saw that the practice had carried out patient satisfaction surveys. People had been given the opportunity to give feedback on their experience. This included convenience, waiting times and cleanliness and asked for suggestions. The results had been collated and a newsletter written to give the results and show what had been done in response. For example, the registered manager recognised that some people found the reception area cold in winter. She wrote that this had been a cold store in the original house and that she would review heating arrangements before the next winter. We saw that a heater was provided in the toilet and was turned on during our visit. We saw that most responses to the survey were positive and people were happy with the service.

We saw the complaints procedure. It gave the response times that people could expect and gave the contact details that people could use if they were not satisfied with the local resolution. The provider may like to note it was not displayed in the waiting room. However, we saw a notice telling people this was available at reception. People who spoke with us said they knew who to speak to if they were worried about anything. There had not been any recent written complaints. Reception staff told us that they informed the practice manager if people had any concerns. She phoned them to discuss the issue and would refer to the dentist if appropriate.

We found that quality was assured by the commitment of the team to providing a good and caring service. Communication, planning and recording were seen to be reliable and accurate.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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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