

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

## Greystone Dental Practice

68 London Road, Reading, RG1 5AS

Tel: 01189872245

Date of Inspection: 24 July 2013

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

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Cleanliness and infection control</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard

## Details about this location

Registered Provider	Mr Wayne Loubser
Overview of the service	Greystone Dental Practice provides NHS dental care for children and private dental care for adults.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 24 July 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

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### What people told us and what we found

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We spoke with four patients, three dentists, three dental professionals and a receptionist during this inspection.

Patients said they were involved in decisions about their treatment and dental care. One patient said, "the dentist draws pictures to explain any conditions I have and what the treatment they suggest will do for me." Patients' privacy and dignity was respected.

We looked at four patient records and they contained treatment plans, medical histories and information on patient's oral health. Patients told us they were satisfied with the dental care they received. Dentists undertook comprehensive checks on patient's oral health during check-ups.

The practice was clean and met standards required by the Department of Health for decontaminating instruments. There was a hygiene and infection control audit programme in place. The most recent audit was April 2013.

Staff were supported in their professional development. Clinical staff met the professional development requirements set by the General Dental Council.

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

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

The provider was meeting this standard.

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

Patient's privacy, dignity and independence were respected.

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### Reasons for our judgement

Patients understood the care and treatment choices available to them. Dentists told us they explained treatment options with patients and recommended the most appropriate treatments. Patients told us dentists discussed treatment options clearly and enabled them to make informed choices. One patient said "The dentist draws pictures to explain any conditions I have and what the treatment they suggest will do for me."

Patients told us they were made aware of costs before agreeing to treatment. We saw treatment plans included costs for each treatment recommended. We saw prices for treatments were displayed on leaflets at reception. One patient said, "I know the costs before I come for a check-up because I have them on a leaflet at home."

The patient records we saw indicated patients were given consultations as long as 45 minutes when discussing treatments. We looked at feedback from patient surveys. Patients consistently stated they were satisfied with the consultations dentists provided to them. The service ensured patients understood the dental care recommended to them.

We saw surgery doors were closed when patients received treatment. Patients said their medical information was only discussed in treatment rooms. This ensured patients could discuss their treatment privately without other people overhearing.

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

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**Our judgement**

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The provider was meeting this standard.

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

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**Reasons for our judgement**

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Patients' needs were assessed and care and treatment was planned and delivered in line with their individual treatment plan. Patients' treatment records contained medical histories, detailed information from check-ups and dental charts and previous treatment. Patients were asked for updates on their medical history when they came for check-ups and these were discussed with the dentists.

Dentists told us they examined patients soft-tissue to identify any risks of disease. One dentist said they had referred a patient to another medical professional due to a concern with their oral health. We saw patient records contained information on soft tissue examinations. Notes were recorded on patient's gum health. The practice also provided a hygienist service. Patient notes included advice given to patients on how to enhance their gum and dental care.

Patients said they received reminders to come to the practice for check-ups. They said they could get appointments when needed, including for emergency treatment. All four patients we spoke with were satisfied with the dental care they received from the practice. A dentist told us the practice had arrangements in place to refer patients to other dental services if a patient's treatment required a different specialist.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Emergency medical equipment and drugs were available for staff in case of a medical emergency. Staff said they had training in dealing with medical emergencies and this was confirmed when we looked at their training folders. Emergency drugs were monitored to ensure all medications stored were within their expiry date. We saw emergency drugs were within expiry dates. The oxygen cylinders were within their servicing date. The provider may find it useful to note that emergency drugs were neither in a locked container or a locked room. There was a risk members of the public could access them.

**People should be cared for in a clean environment and protected from the risk of infection**

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**Our judgement**

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The provider was meeting this standard.

Patients were cared for in a clean, hygienic environment.

Patients were protected from the risk of infection because appropriate guidance had been followed.

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**Reasons for our judgement**

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The service met the essential requirements of Health Technical Memorandum 01-05: Decontamination in primary dental practices (HTM01-05). The HTM 01-05 was designed to assist all registered primary dental care services to meet satisfactory levels of decontamination. The service had a designated decontamination room and a system to ensure dirty and clean instruments did not come into contact with one another. Instruments were cleaned manually and in an ultra-sonic cleaner before being inspected for any residual debris. They were then sterilised in an autoclave.

Staff told us if instruments were not used the same day after being sterilised, they were packaged and labelled with a date of expiry. We saw instruments were stored away in drawers with labels to indicate when they would need sterilising again.

The service used a recognised hygiene and infection control audit for dental services. This audit was last undertaken in April 2013. The hygiene and infection control lead told us what action had been taken to reduce the risk of infection as a result of the audit. For example a Legionella risk assessment was undertaken by a contractor. There is a requirement in HTM:01-05 guidance for dental services to have a plan for working towards HTM:01-05 best practice. The service had a plan for how it would alter the decontamination area to meet best practice.

The service undertook checks required on their decontamination equipment. For example daily logs were stored on a computer for temperature checks on the autoclave. We saw servicing records were in date for decontamination equipment. This ensured decontamination equipment was effective. The service had consignment notes which indicated clinical waste was removed by appropriate contractors.

Staff had been immunised against infectious diseases such as Hepatitis B where they were at potential risk. We observed personal protective equipment such as gloves, aprons and face masks were available and used when decontaminating instruments. Patients told us staff always used gloves, aprons and face masks when treating them. The dentist and the hygiene and infection control lead said treatment rooms were cleaned regularly.

Another dentist told us they had a process for cleaning treatment areas between patients. We saw the treatment rooms, waiting area and toilet were clean. Patients told us they always found the practice to be clean. Hand wash basins had liquid soap dispensers and paper towels for hand drying.

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

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## **Our judgement**

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The provider was meeting this standard.

Patients were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## **Reasons for our judgement**

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Staff received appropriate professional development. Clinical staff folders contained certificates which counted towards dentists' and dental professionals' continuing professional development, including training verified by external trainers. Staff monitored their hours of professional development to ensure they met the requirements for registration with the General Dental Council (GDC). We saw clinicians had undertaken the level of professional development required to meet their registration requirements. Registration certificates with the GDC for dentists and dental professionals were up to date.

We spoke with a receptionist who told us they were involved in staff training, such as safeguarding children, and team meetings. They told us they felt involved and supported by the service. The provider may find it useful to note that this staff member's training and supervision was not recorded as part of a system to monitor their professional development.

We looked at four staff training folders. Clinical staff received training in safeguarding children, medical emergencies, cross infection control, radiography and other clinical training relevant to dentists and dental professionals. Staff said there were team meetings where they discussed topics to enhance staff awareness, such as decontamination protocols.

The provider may find it useful to note that four staff we spoke with did not have Mental Capacity Act 2005 (MCA) training and three did not have safeguarding vulnerable adults training. Dentists said they were aware of legal requirements concerning consent and one dentist explained the principles of the MCA. Staff had knowledge of how to identify and report abuse. However the service had no formal training process to ensure all staff had an appropriate awareness of safeguarding vulnerable adults or the MCA.

## 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.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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