

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

Katoomba Dental Practice

19 Russells Crescent, Horley, RH6 7DJ

Tel: 01293782772

Date of Inspection: 17 February 2014

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

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

Details about this location

Registered Provider	Dr. Chih Liu
Overview of the service	Katoomba Dental Practice is a private dental practice. The dental practice offers routine and preventive dental care to adults and children. The clinic also has a special interest in cosmetic dentistry. The clinic provides off road parking and is disability friendly. A disabled parking bay is close to the main door. A ramp and handrail have been installed for wheelchair users or people with mobility difficulties.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

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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 February 2014, talked with people who use the service and talked with staff.

What people told us and what we found

We looked at the treatment plans of five patients, both adults and children. We saw that the records contained up to date medical histories, oral assessments, evidence of consent obtained, x-rays, photographs and referral letters to an implant centre and various different hospitals. We saw evidence of written treatment plans detailing the options discussed at the consultation and the associated costs; we saw that each letter gave the patients a breakdown of what would happen at each of the appointments for example one patients treatment would be performed across four visits, and for each visit there was a description of the treatment that was delivered.

We saw that the practice had a dentist who was the decontamination lead with operators who were authorised to operate the decontamination equipment. The practice had a dedicated decontamination room for the decontamination and sterilisation of dental instruments. We observed a nurse demonstrating the decontamination process undertaken to sterilise re-usable dental instruments. We saw plastic boxes of differing colours were available to store clean instruments.

We were told by the registered manager that all staff underwent annual performance reviews where the main achievements of the year would be discussed and improvements and achievements for the following year would be set. One member of staff told us that "they were quite good especially if you need help, they will point you in the right direction."

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

Care and welfare of people who use services

✓ Met this standard

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 was intended to ensure patients safety and welfare.

Reasons for our judgement

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

Patients spoke positively about the practice. One patient said "It's the first dentist I feel really relaxed with." Another patient said "They always fit you in, they are all very friendly." The atmosphere within the practice was relaxed and friendly and we observed staff were caring and supportive in their approach to patients. We saw the reception area was staffed throughout the day and telephone calls were answered efficiently in a professional, friendly manner. The waiting area and practice was well maintained and clean with a television and magazines to keep patients occupied whilst they waited. Emergency signage was evident throughout the practice. We saw that the practice had treatment rooms on two levels and we were told by the practice manager that disabled patients would be treated in the ground floor treatment rooms. This meant that patients were assured of receiving treatment that protected their safety and welfare.

We looked at the electronic treatment plans of five patients, for both adults and children. We saw that the records contained up to date medical histories, oral assessments, evidence of consent obtained, x-rays, photographs and referral letters to an implant centre and various different hospitals. We saw evidence of written treatment plans detailing the options discussed at the consultation and the associated costs; we saw that each letter gave the patients a breakdown of what would happen at each of the appointments for example one patients treatment would be performed across four visits, and for each visit there was a description of the treatment that was delivered. All letters describing treatment plans and the options available were dated and signed by the dentist before being given to the patient who signed the letters, using electronic sign pads, which were available in the practice. Patients were then given time to make a decision which best suited their needs. One patient we spoke to told us that that "The dentist was very good at explaining" and "All advantages and disadvantages were explained". This showed that the treatments were

planned to meet patients' needs ensuring that consistent care was delivered at each appointment.

The practice manager told us patient pathway procedures were in place to refer patients to Oral Surgeons at East Surrey Hospital, Queen Victoria hospital in East Grinstead and University College Hospital in London if a medical opinion was needed regarding an abnormality found during an oral assessment. We were told by the practice manager that no conscious sedation was undertaken at the practice, we saw that they had recently referred a child to St Faiths in East Grinstead for treatment under sedation. These pathways had feedback processes in place to ensure that the dentist was aware of any ongoing management issues regarding their patients oral health. One patient that we spoke with who had experienced treatment between the dentist and the hospital said " Got a quick appointment and there were no problems, the appointments went well." This showed that the appropriate referrals were being made to ensure that care and treatment was being delivered around patient needs and that patients' safety and welfare were being considered.

We saw evidence that there were arrangements in place to deal with patient emergencies both in and out of hours. We were told by the practice manager that an answerphone message explaining how patients could seek help out of surgery hours along with the call out costs. We were told by staff that two appointments were made available during the day for emergencies. Patients with Denplan cover have the option to call Denplan out of hours to be allocated an emergency dentist. This meant that patients who used the service had access to necessary care, treatment and support when they needed it.

There were arrangements in place to deal with emergencies within the practice. For example, we saw staff had access to emergency equipment such as oxygen and emergency medication. Records confirmed that equipment was kept in a good state of repair and was checked regularly by a dental nurse. We saw evidence that the staff were regularly trained in medical emergencies, such as first aid and cardio-pulmonary resuscitation (CPR) and staff records confirmed this with the next training taking place in February 2014. We saw that the practice had policies for emergencies, these included fire, equipment and utilities failure. This meant that patients would be supported by trained and informed staff in an emergency situation.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection.

Policies and procedures covered all areas of infection control from the decontamination process of the dental instruments, to the practice environment, staff uniforms and personal protective equipment (PPE).

We saw that the practice was clean and well maintained. In all the patient areas, including the examination rooms, the surfaces and floors were covered in easy to clean materials which allowed high levels of hygiene to be maintained throughout the working day. We were shown a cleaning schedule that was being implemented within the practice. The cleaning equipment was colour coded; this ensured that the appropriate cleaning equipment was used in the appropriate areas within the practice. We were told by the practice manager that the dental nurses maintained the surgery work surfaces and the cleaning staff performed the general cleaning. We saw that general and clinical waste bins were covered and that appropriate signage was used. We saw that clinical waste was stored safely in a locked container outside the practice, until collection on a monthly basis. We were told by the registered manager that waste was collected by an approved provider. This meant that the registered person was taking reasonable steps to ensure patients and staff were protected from the potential risk associated with waste products and cross infection.

We saw that the practice had a dentist who was the decontamination lead with operators who were authorised to operate the decontamination equipment. The practice had a dedicated decontamination room for the decontamination and sterilisation of dental instruments. We observed a nurse demonstrating the decontamination process undertaken to sterilise re-usable dental instruments. We saw plastic boxes of differing colours were available to store clean instruments. Each dentist was allocated a different coloured box which helped the dental nurses allocate the correct instruments to the correct dentist. A chart confirmed that the autoclaves used for sterilising equipment were tested each morning. The autoclaves had a digital log which was backed up on the computer to confirm the autoclave was working at the appropriate temperature. We saw that there were clear instructions on the wall explaining how to use the washer /disinfector. We observed a

demonstration of the decontamination process. During the demonstration the nurse explained that they were protected from any threat of infection by wearing personal protective equipment including eye protection, mask, gown and heavy duty gloves. We were told by a nurse that each nurse takes responsibility for leaving the decontamination room clean and tidy after use. One member of staff commented "That infection control within the practice is good" and "The central sterilising process are very good." This demonstrated that staff practised good standards of hygiene.

The decontamination room was clearly segregated into dirty and clean areas along with a separate area for staff hand washing. Hand washing technique posters were displayed at all the hand washing sinks throughout the practice along with liquid soap and paper towels. A good supply of aprons, gloves, masks and eye protection was available; ensuring that staff were protected during the procedure and high levels of infection control were being maintained.

In the treatment rooms we visited, clean and dirty areas were clearly marked. We saw that the registered nurses wore clean uniforms and that personal protective equipment (PPE) was available for use by both staff and patients, for example masks and eye protection. A separate hand washing basin, hand wash and sanitizer were used in the treatment room. Staff we spoke with were able to describe good infection control and hygiene practices before, during and after a consultation. This demonstrated that staff practised good standards of hygiene.

We were told by staff that Infection control audits were undertaken within the practice. We saw evidence of a checklist that was completed in the surgery after each patient and at the end of the day. We saw evidence that the practice completed an Infection Prevention Society self-assessment in January 2013. We saw evidence that Infection control was raised as an agenda item at staff meetings. At the staff meeting on 7th November 2013 we saw records that confirmed that the new sharps directive and the removal of clinical waste were discussed. This showed that high levels of infection control procedures were in place, staff were given access to the most up to date guidance about infection control.

We saw records that demonstrated that all staff had received Occupational Health checks including receiving vaccinations against Hepatitis B. We saw that the practice held records of the vaccination history of staff including TB, rubella and diphtheria. This helped to ensure patients would be protected against the risk of infection.

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 to an appropriate standard.

Reasons for our judgement

Staff were supported to enable them to deliver care and treatment to patients to an appropriate standard.

We spoke with three staff, of differing job roles, about their experience of the support they received to enable them to carry out their roles. One staff member told us they "Felt supported, it's a good team here, very approachable." Another staff member said they "felt supported and felt they could speak openly." Another member of staff said "The registered manager looked after the staff and patients well." Clinical staff told us that they had opportunities for continuing professional development (CPD) and were allowed time to undertake this during their working week. CPD training is undertaken electronically with clinical staff attending certified training days to keep their clinical skills up to date and develop new skills. One member of staff told us that they attended courses in the evening at a dental practice in Reigate and courses ran at East Surrey Hospital, we were told that a course in basic life support had been attended by staff in February 2013. We looked at three staff files and saw that staff undertook training to meet their ongoing professional development to keep their registration with the General Dental Council.

We were told by the registered manager that all staff underwent annual performance reviews where the main achievements of the year would be discussed and improvements and achievements for the following year would be set. One member of staff told us that "They were quite good especially if you need help, they will point you in the right direction." We were told of an example where the objectives set last year had been achieved as training had been completed. The practice manager explained that trainee staff will have more support as "the newer they are, the more help they need." This meant that patients were being cared for by well supported staff that had their clinical and non-clinical skills kept up to date and relevant.

Nursing staff were supervised by the dentists on an on-going basis. Nursing staff told us that they felt supported in their work. We were told by the registered manager that systems were in place to spread good practice through a variety of practice and nursing staff meetings which took place quarterly. One member of staff told us that the staff meetings were "Helpful and a good thing to do". We were told by the practice manager that as it was

a small practice, staff were able to raise issues and share information when any relevant clinical or managerial updates become available to ensure information is kept up to date and relevant. This meant that, along with their training, staff received appropriate support.

We were told by the registered manager that an induction programme was in place for new staff which was tailored to either administrative or nursing staff. We were told by the practice manager that nurses would undergo a 2 week induction period which would include reading policies such as health and safety and emergency procedures along with getting to know the practice and how equipment works. We saw evidence that the induction training for a nurse would include competencies to achieve including "setting up the surgery, decontamination room operation, surgery tidiness and cleanliness and cross infection control procedures". We were told by the registered manager that a mentor was assigned to new staff members to support them through the induction period. This meant that the provider was supporting staff to undertake their job role effectively.

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 the service provided.

Reasons for our judgement

We found that the service regularly assessed and monitored the quality of the service provided.

We were told by the registered manager that the practice was part of the Denplan excel accreditation programme which ensured that high standards were set and maintained across all areas within the practice for example during the Denplan excel assessment, records were checked to ensure that "medical histories were updated", "notes were written up after each consultation" and patients had consented and signed." We were told by the practice manager that patients and their representatives could complete a Denplan questionnaire which, after being completed were placed in a sealed box and taken to Denplan to be analysed. We were told by the registered manager that the results of the questionnaire were discussed at staff meetings to inform staff and ask "what could we do better" so involving staff in improving the quality of the care provided. This showed that the provider was responsive to improving processes and procedures to improve the quality of care delivered.

We saw that there was a policy in place about dealing with accidents. Accidents and incidents were recorded with a description of the event. We observed a notice within the practice that contained information for patients about how to lodge a complaint. The practice manager told us about the complaints policy and how patients would receive an acknowledgement within two working days and a meeting in ten days to discuss the complaint. We were told by the practice manager that if the complainant was not happy with the outcome they were signposted to the Dental Complaints Service. We saw the complaints book and the last entry was in 2004. This meant that the provider had an effective complaints system in place.

We saw records that the practice held a variety of staff meetings along with team practice meetings. We were told by the practice manager that being a small team any issues that arose were dealt with on a daily basis. Staff we spoke with told us that they felt comfortable to discuss all subjects. One member of staff gave examples of how suggestions had been carried through by the registered manager for example the addition

of a water dispenser in the waiting area. We were told by the practice manager that the Dentists would organise lunchtime meetings where technology updates, samples and demonstrations of new equipment would take place. We were told by the practice manager that anyone attending interesting courses would give feedback at the practice meeting. This showed that the provider was responsive to continually improving the quality of care because staff were kept up to date and well informed about new techniques.

We looked at the risk assessments for the service and saw that these included, but were not limited to the management of hazardous substances, sharps, daily environment, waste disposal and hand hygiene. We saw that these assessments had been reviewed recently. We saw that the practice carried out monthly legionella checks and yearly a risk assessments were undertaken by an outside company who submitted a report, this last took place in April 2013. This meant that patients were assured that the appropriate assessments had been completed in order to help maintain a safe environment.

We found that management audits were undertaken to support continually improving standards of care. We were told by the practice manager that a recent audit undertaken was to monitor the quality of the x-rays performed where they would be rated as excellent, diagnostically acceptable or unacceptable. This showed that the provider was responsive to improving processes and procedures to improve the quality of care delivered.

We were told by the registered manager that the quality of care delivered by the professional dental team is continually assessed through a peer review process in which the skills available within the team allow treatment options and complex cases to be assessed and the best treatment options agreed. We were told by the registered manager that clinical practices were discussed to ensure that all staff are "doing the same thing." Auditing takes place, such as the success rates of root filings, porcelain crowns and monitoring post extraction issues to ensure that standards remained consistent. One staff member told us that "the practice only uses good quality materials and that they are up to date with technology." This showed that there was a culture of openness and joint working between clinical staff and good materials were used that supported improving standards of care.

We saw that all equipment in the practice was regularly serviced and maintained for example the autoclave, x-ray equipment and portable appliance testing (PAT) for all electrical equipment. We saw that that the autoclaves and washers had undergone pressure checks in January 2014 to ensure no pressure was leaking, we saw records that confirmed that the x-ray equipment was last serviced in November 2013. This meant that the provider had taken steps to identify, monitor and manage risks that affect the health, welfare and safety of both patients and staff within the practice.

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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